

CHAPTER-I

INTRODUCTION

1.1 Background

Good health is fundamentally intrinsically important for living a worth while human life. The state of good health and the absence of disease or the state of positive well being whether psychologically and mentally or both involves not only the definitions and theories of diseases but also of all those cultural and social conditions including the belief systems that define the state of health. In this sense, health and illness are related not only to biological factors but also to people's cultural resources and social behavior that utilize these resources.

Health and illness are fundamentally connected with the reproduction quality, preservation and loss of life. In view of significance of these phenomena for human societies, it is very important to have an anthropological study of health. The occurrence of disease and means of coping with the disease can involve one deeply in the manner in which people perceived the world, in the characteristics of human social systems and in social values. In this perspective medical anthropology, is not only a way of viewing the state of health and disease in society but a view of viewing society itself, (Lieban 1973). Medical anthropology is the study of cultural belief and behavior associated with the origin, recognition and management of health and disease like HIV/AIDS in different social and cultural groups. It is also concerned with issues which are related to different cultural views of "Self in terms" of health and diseases, as well shared beliefs, image and practices associated with perception of the human body and mind (Subedi, 2002).

UNAIDS defines AIDS as a fatal condition that develops people ten years in average after they are infected with HIV (Human Immune Deficiency Virus). HIV is a sexually transmitted disease like some other sexually transmitted. It can also be transmitted by blood and during pregnancy. HIV destroys the

ability of body to defend itself against certain infections and cancer and that complication is called AIDS (Acquired Immunity Deficiency Syndrome), which ultimately leads to death.

For years, many AIDS researchers believe that the HIV-I virus, the humane AIDS virus had its origin in African chimpanzees. However, there was very little conclusive evidence to support the theory of "cross-species transmission". It was believed that the transmission of the virus occurred from chimp to human when chimpanzees were hunted as food. The recent discovery by the researchers at the University of Alabama at Birmingham seems to give a more definitive relationships between chimps and the HIV-I virus. Although the source of HIV-II virus, another strain of the AIDS virus has "clearly been identified as originating from the sooty Mangabey (*Cercocebus Atys*)," substantial link could not be established between chimps and HIV-I (Miasohn White, 2002).

HIV causes gradual weakening of an important part of the immune system. AIDS is the condition, which results, anything from months to years later, as the body becomes increasingly unable to fight opportunistic infections, A person cannot 'catch AIDS', but can be infected by HIV, which in time may cause the development of AIDS. In addition, a person, who contracts HI, does not immediately or automatically develops AIDS; it can be several, or many years before the first symptoms appear (sally o' Heary, 1992).

As the world enters the third decade of the AIDS epidemic, the evidence of its impact is undeniable. Wherever the epidemic has spread unchecked, it is robbing countries of the resources and capacities on which human security and development depend. In some regions, HIV/AIDS, in combination with other crises, is driving ever-larger parts of nations towards destitution. The world stood by as HIV/AIDS swept through these countries. It cannot be allowed to ignore an epidemic that continues to expand in some of the most populous regions and countries of the world (UNAIDS/WHO, 2002).

HIV/AIDS though harmful to human being, it is fully preventable too. Primarily it is sexually transmitted diseases and other way of transmission is regarded as secondary. Therefore, we can generalize that the span of HIV/AIDS is directly and entirely associated with the sexual behavior i.e. common, universal and natural behavior of human being. That is why it is essential to be alert from unprotected and unnatural sexual behavior to achieve that goal awareness is essential. Changes is inevitable in the world, nothing is rigid. Everything is changing along with time and context. The level of knowledge, attitude and practice is every aspect of social life is changing or replaced by the new one. Technological advancement, behavioral change and individual liberty are considered as primary characteristics of modern society. The conventional norms and values toward sexual behavior are changing and people are being liberal toward sex. They are considering it as a fun game and symbol of one's own liberty and bravery. The changing attitude toward sexual behavior and other abused behavior i.e. drug addiction, in the name of modernity are considered as prime casual factor for the expansion of HIV/AIDS.

It is common that People with HIV/AIDS are socially excluded and discriminated in the society. The HIV/AIDS is spreading from "developed" (core) country to "developing" (periphery) countries leading to more vulnerable and high risk due to grim poverty, poor literacy, poor health delivery system and less critical consciousness about safe sexual behavior (Thapa, 2002).

AIDS was recorded in Southern Africa is 1970 (Joshi, 2003) while it was first recognized in the United State of America in 1980. Today there are 72 Million people suffering from AIDS around the globe. About 20 million people have died of AIDS around the world (Joshi, 2003). According to UNAIDS 14,000 new cases of HIV infection are defected every day. While among them 95 percent are seen in developing countries (The Kathmandu Post, 2003).

AIDS can take more than 5-10 years to develop after infection. People in developing countries die within three years of being diagnosed with AIDS

(WHO 2001). Widespread HIV infection has a major impact on society as a whole. AIDS is distinct from other diseases in several respects. First, it is almost 100 percent preventable if people take the proper behavior. Second given the lack of medical expenditure on AIDS are relatively small. Third, the latency period between initial infection and the diagnosis of AIDS is long, averaging around ten years. People who are unaware that are infected can easily transmit the disease. Fourth, the incidence of the disease is higher among the most productive population in an Economy, thus, the social cost of AIDS from disability and premature death could be extensive, especially when labour productivity... is heavily affected (Yang, 1993).

There is still no cure, and there is still no vaccine. Common thinking was that this disease was principally a public health challenge. That was wrong HIV/AIDS is reversing decades of development gains, increasing poverty, and undermining the very foundations of progress and security. Every year more children are losing their parents and the support that allows them to go to school. Responding to this challenge is essential for global development and for our collective mission to reduce poverty. However, it is also offer a unique opportunity to help the next generation to weaken the deadly grip of HIV/AIDS (James, 2002).

The economic impact for AIDS involves the fear of becoming dependent of others for life, fear of loss job and medical coverage; fear of illness that will drain the individual family and friends financially and support from other (Bekalo, 1994).

Similarly, its social impact involves the fear of bringing shame to family name, fear of being isolated from family and fear of kids being rejected etc. The impact of AIDS on the family may be loss of a loved one in a family; loss of family reputation; helpless orphans; widows and other dependents. The impact of AIDS on the community and the nation are broken relationships for fear of transmission, loss of productive and skill force, loss of productive time spent of funerals, vigils etc; diversion of resources for other health and development

priorities for AIDS prevention and control; fear of loss of corporate/community image, and causes lost generation of Society (Bekalo, 1994).

AIDS threatens the every fabric of society. It affects people in their most productive age, resulting in several direct and indirect economic costs. These include increased on healthy care; a drain on health care resources, including hospitals, drugs and staff, loss of production and productivity is all sectors of the economy including women's labor in and out side the home; loss of investment in training skilled labor and educated professionals, loss of consumers and purchasing power; and loss of tourist revenues. In developing countries, these costs may further affect already troubled and burdened economies.

1.2 Statement of the Problems

The global HIV situation for adolescent is deadly serious, and need stronger, focused response is urgent. Young people are particularly vulnerable to HIV infection because of risky sexual behaviors and substance use, because they lack access to accurate and personalized HIV information and prevention services, and host for a host of other social and economic reasons.

An estimated 11.8 million young people aged 15-24 are living with HIV/AIDS. Moreover, about half of new infections each day occur among the young people. It is estimated that about the half of all people who have HIV were infected when they were between the age of 15 and 24 and nearly one third of those currently living with HIV/AIDS are between 15 and 24. If current trends continue, it is expected that number of young people infected with HIV/AIDS could increase to 21.5 million.

HIV/AIDS has become a disease of young people, with young adult aged 15-24 accounting for half of the some 5 million new cases of HIV infection worldwide each year. Yet young people often lacks of information, skills and services they need to protect themselves from HIV infection, providing there is crucial to turning back the epidemic.

An estimated 6800 youth a day becomes infected with HIV/AIDS. The majority of them are young women. At the end of 2001, an estimated 11.8 million young people aged 15-24 years were living with HIV. One third of the total global people living with HIV/AIDS. Only small percentages of these young people know they are HIV positive.

According to the data revealed from UNAIDS in 2002:

1. Forty two million people are living with HIV/AIDS and 90 percent do not know that they carry the virus
2. Of the five million new infections in 2002, more than 95 percent occurred in developing countries and almost half-new infections in adults occurred among women
3. Nearly half of the new infections occur among young people aged 15-24, who now make up one third of those living with HIV/AIDS

In Nepal, there are forty thousands estimated people are infected from HIV. To date 11,234 people are identified as the HIV positive from the different health institutions of the country. Leading causes of the transmission are sexual transmission, blood-contaminated needle and syringe, and blood recipients.

HIV infection is the emerging social as well as public health problem in the world. According to the WHO data 50 million-1% of the world's population have become infected with HIV. Young girls are most affected in a study of eleven African countries; the rate of infection in teenage girls was over 5 times higher than in boys of the same age. Each day more than 15000 people become infected. 1600 of them are children, infected during or shortly after birth. There is an epidemic in Asia more than 6 million people infected and the potential for millions more.

Half of those actually infected with HIV are women in monogamous relationship, dis-empowered, fearful and often stigmatized. If they are infected and pregnant there is a significant possibility of virus being transmitted to the newborn child.

In some parts of the world, and increasingly in developing countries, the recreational use of drugs, mostly by injection, is a significant cause of HIV spread. And the shockingly, HIV continues to be transmitted through the unscreened blood and blood products, even though effective technologies exist to prevent this.

HIV infection thrives on poverty and marginalization. The epidemic is sustained by social disruption, by historical inequities of wealth, gender and race and by migrant labor practices. Around 1/3rd of the world's HIV infected population are boys and girls between the ages of 10-24 years. Everyday, 7000 of them acquire HIV. That means 2-6 millions new infections among them every year. An incidence study about HIV infection among intravenous drug user in New York in 1992-1997, there was 0.7 per person year incidence rate.

Knowledge about the HIV/AIDS and attitudes towards the HIV positive people can play the significant role for the transmission of the HIV among the people. If there is good knowledge about HIV and its transmission and good attitudes towards the HIV positive people, certainly they take the good precaution to save from the infection. This study will describe the knowledge of the adolescent, which is the more vulnerable of the HIV infection. The knowledge of this group play the significant roles to prevent the spread of HIV.

Sexual initiation is increasingly occurring outside the marriage, particularly for boys. Both adolescent boys and girls who engage in sexual activity often begin with little knowledge of sexuality, reproductive health, safer sex practices, or their right to refuse and to abstain.

One in-depth studies uncovered two patterns of young men's first sexual experiences- finding that parallel other research. The first pattern, termed impulsive took place at an early age (15 or younger), motivated by curiosity, and reported "physical need" or peer pressure. It usually occurred in hotel or brothel with sex workers. Condoms were used if any contraception was. In the second pattern "occasional", young men's first sexual experiences took place

with friend or casual acquaintance in varied locations, often spontaneously and without contraception.

Premarital sexual activity for adolescent girls varies considerably in different regions: less than 12 percent in Asia, up to quarter in Latin America, and around half in sub-Saharan Africa. Lack of other opportunities such as employment, sports, or religious and cultural activities tends to increase the centrality of sexual behaviors in adolescents' self- definition and self-esteem.

Sharing the needles for drug use is a highly efficient means of spreading HIV because the virus is injected directly in to the blood stream. Mixing drug use with sex for money provides a bridge for HIV from injecting drug users to the wide community.

Drug use often starts in adolescence. In Nepal, where half of the country's 50000 injecting drugs users are 16 to 25 years old, the incidence of HIV among people who inject drugs climbed from 2 percent in 1995 to nearly 50 percent in 1998. The Russian Federation of HIV epidemic is the fastest growing in the world, fuelled by the rising number of young drug users. In China HIV is highest among drugs users, typically drug users.

The number of drug addicts is rising particularly in Eastern and Central Europe, as in number of occasional users. According to figure from UNAIDS, injecting drug use accounts for more than half of HIV case in Argentina, Bahrain, China, Georgia, Iran, Italy, Kazakhstan, Latvia, Moldova, Portugal, Russian Federation, Spain and Ukraine.

Alcohol use can also fuel the HIV epidemic by increasing risky sexual behaviors. A study in Ruwanda found that young people aged 15-24 who consumed alcohol were less likely to abstain from sex. In study of young adolescents in Jamaica, those who had experimented with alcohol were 2.4 times more likely than others to say they had sexual activity, other factors being equal.

Sex is taboo topics in society; large numbers of young people do not get sufficient information or skills to refuse sex or negotiate safer sex practices. While most young people have heard about HIV/AIDS, few know enough to protect them against infection.

Considering the above facts and figure, it can be concluded that HIV/AIDS is emerging and growing social problems that is directly associated with the knowledge, human activity, life style and attitude towards sexual and personnel issues. A sexual behavior is the natural phenomenon and inevitable biological urgency of living being that ensure the continuity of living being. The behavioral pattern of the human being is governed by the knowledge and their perception towards specific social events. That is why every consequence appeared in the social system is the product of knowledge, attitude and practices of the human being.

Ignorance and misconception about HIV/AIDS is the root causes of spreading of infection. Rapid urbanization, increased the mobile population, low status of girls in society, impact of mass medias, impact of western culture, delay receiving the messages on HIV/AIDS, lack of sufficient message in their books, lack of organizations involved for awareness creation and peer pressure seem to be favored the spread of HIV infection among the adolescent.

Knowledge is interrelated and interdependent with each other. Dialectic interplay of these two components may create the new social behaviors in the existing social system, which could be the different in that social system. Changing pattern of knowledge may lead the behaviors of the persons or society towards the disordered position or the state of anomic situation.

The study will provide the valuable information about the awareness level and attitude among the adolescents of Gaidakot VDC. It has the great significance in planning and developing awareness program among the adolescents to the organization involved in the awareness program. It has also significance to the educationists to develop the learning materials on the STI's, HIV/AIDS. This

study mainly concentrates on extraction of the answer of the following questions:

-) What is the level of knowledge of the adolescence?
-) What is the perception regarding different issues of STI's HIV/AIDS as well as reproductive health?
-) What is the source of their knowledge?
-) What are the factors that affect the knowledge of adolescence?
-) What is the conceptions and misconception about the mode of transmission of HIV/AIDS?
-) What are the youth friendly Medias on sex and sexuality matter?

1.3 Objectives of the Study

The specific objectives of the study are as follows:

- To identify the existing knowledge on STIs, HIV and AIDS among adolescence.
- Identify the differences of knowledge between boys and girls adolescence.

1.4 Significance of the Study

HIV/AIDS is on of the dangerous and fatal disease, which is burning problem in the world. There is no vaccine for AIDS till date, health education, program and mass media are the key factor to avoid the problem. This study is intended to find out the existing knowledge towards STIs, HIV and AIDS among adolescence

Thus, the significance of the study is mentioned in the following points:

- This study explores the existing knowledge on STIs, HIV and AIDS of adolescence.
- The findings and recommendations from this study will contribute to formulate policies regarding STIs, HIV and AIDS.

- This study will help the planner to find out the knowledge of adolescence towards STIs, HIV and AIDS in.
- The GOs, NGOs and INGOs, who are running STIs, HIV/AIDS and youth health programs in different part of the country, will also be benefited from this innovative work to design their program better in the days ahead.
- The study will be a valuable literary asset in the field of STIs,HIV and AIDS studies.
- The upcoming researcher might be benefited from this study.

1.5 Delimitation of the Study

The following study is delimited in following points due to nature of study and time and financial constraint.

- a) The study is conducted on adolescence that is in adolescence in Gaidakot V.D.C.
- b) The respondents are concentrated only in three higher secondary school of Gaidakot V.D.C..

1.6 Definition of the Terms Used

STIs: Abbreviation for sexually transmitted diseases, which may be transmitted from unsafe sexual intercourse and or sexual relationship direct or indirect e.g. syphilis, gonorrhoea, Chlamydia, cancrroids, HIV/AIDS, herpes genitals, trichomoniasis etc.

HIV Positive: Abbreviation for Human Immune Deficiency Virus and HIV Infection. HIV positive means a person has been infected with the HIV the causative agent of AIDS.

AIDS: Abbreviation for Acquired Immune Deficiency Syndrome and AIDS case. AIDS case means appearance of group of sign and symptoms caused by the HIV infection.

Window Stage: This is a period of initial infection, when the symptoms like (fever, fatigue, rash etc.) appear in few people, but a majority remains symptoms less. When HIV test is carried out the test is negative but the person can transmit the infection to other. So, this period is called window period.

Carrier Stage: When a person looks healthy & feels healthy but has HIV in the body and can transmit the disease. This period might take 5-12 years from the initial stage of infection.

AIDS Stage: This is the stage, when the person has some or other symptoms related to AIDS like weight loss, fever, diarrhea, high sweating etc. and due to low immunity of the person may be infected by many micro organisms like mycobacterium, herpes virus etc.

Sex worker: A person male or female who offers sexual intercourse in return for money.

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

Practice: It means the way of doing as their feeling, thinking and concept.

(Sources: medical and oxford dictionary)

CHAPTER-II

REVIEW OF LITERATURE

The researcher reviewed following literatures from the different resources which are mentioned below:

2.1. Theoretical

Generally, people who have sex with out using contraceptives with infected partners and injecting drug users are particularly vulnerable to infect with HIV. These groups (and other vulnerable to HIV infection and impact of AIDS) are often characterize by social and economic disadvantage and discrimination that in each society, leads to the observation that in each society, those people who are before the arrived of HIV/AIDS were marginalized, stigmatized and discriminated against become over time those a highest risk of HIV infection.

The onset of HIV/AIDS may bring a number of social, economic and psychological problems in the community and in the world as a whole. It could interfere the social life of a person infected HIV/AIDS in an individual may tremendously affect the society and the nation as a whole Class.

AIDS must be regarded as a community crisis, not simply an individual problem: one that is likely to adversely affect entire communities by threatening their collective ability to cope, states a report on the impact of the epidemic in East and Central Africa. More than another disease, HIV/AIDS has the potential to undermine both the social and economic fabric of affected communities, because it "breadwinning" ages, and because its spread is a factor of the way individuals relate to each other.

In some parts of Africa, HIV/AIDS is known as the "family disease" because it transfers from the parents to theirs siblings. The effect of HIV/AIDS operates at three different levels: the individual, the family and the wide society (Red cross, 1990).

In order to prevent the spread of AIDS Virus requires exercising influence over people's own motivation and behavior. Social efforts designed to control the spread of AIDS have center mainly on informing the public about how the human immunodeficiency virus (HIV) is transmitted and how to safeguard against such infection (Bandura, 1997). Health and illness, in turn, are strongly influenced by aspects of social structure. Social factors affect not simply life expectancy, but the chances individual have of contraction major type of disease and the nature of the health care the receive (Anthony Giddens, 1993). Many people suppose that human sexual behavior is mainly governed by biological influences, since sexual intercourse is obviously a necessity for the reproduction of the species. We can speak much more confidently about public values in relation to sexuality in the past than we can about private practices, for by their nature such practices mostly go undocumented.

Surveys of (youth) have varied and grown over time. During the mid-1980s when adolescents survey on AIDS first began, researchers were interested primarily in adolescents' knowledge of HIV transmission and in identifying the prevalence of sexual and drug use practices that might place them at risk of infection. Shortly thereafter, researcher began to compare the level of HIV knowledge and behavioral practices of different subgroups in the population (Ralph, 1980).

Young people are the 'window of hope' is changing of course of the HIV/AIDS pandemic preventing HIV infections among them is vital of the 40 million people living with HIV/AIDS. Worldwide, one third is aged 15-24 years and roughly half were infected during this youth. This makes it imperative that young people be at the center of prevention action, both in focus and in involvement, to ultimately half the pandemic. As many behavioral life styles are formed during the early adolescent years, and as acquisition of HIV in young people is predominantly through sexual activities, this period in life provides the opportunities to positively influence behaviors, choices and lifestyles that will hopefully lost into adulthood. Young people are our future

and preventing HIV infection among them now represents sound investment for the future. UNFPA has identified the prevention of HIV infection among young people as one of its strategies areas of focus with in the context of reproductive health, UNFPA must strive to build in aid expand programs that promote healthy adolescent development and ensure among sexually active young people, after and responsible sexual behaviors.

(WHO, 1997) define for the vast majority sexual relation began in adolescent. On protected sexual relation, increase risk of unwanted pregnancy and early childbirth, as well as unsafe abortion sexually transmitted disease (STD) including HIV/AIDS.

Lack of knowledge and access to contraceptive as well as vulnerability to sexual arouse put adolescent at high risk of unwanted pregnancy. There is evidence that new infection if the younger age group continues to rise as the over all proportion of people living with HIV/AIDS falls. Globally more then half of all new HIV infection are among the 15-24 age groups. In most parts of the world, the majority of new infections are young people between the ages 15-24, sometimes younger. In one story in Zambia over 12% of the 15 and 16 years, old seen at antennal clinics were already infected with HIV. Girls appear to be especially vulnerable to infection. Although statistics from Uganda show that in some areas infection rates among teenager girls have dropped 50% from 1990s, incidence rate are still 6 times higher then in boys of the same age. In South Africa, the proportion of pregnant 15-90 years olds infected with HIV rose to 13% 1996, from around the half that level just two years ago. In Bostwana, the injection rate stood at 28% for the same group in 1997.

In 1986, Diclemente, Zorn, and Temoshok (1986) surveyed 1,326 students (99% of the eligible sample) in family life education classes at 19 high schools in the San Francisco school district. Of those students, 92% correctly reported that HIV could be transmitted through sexual intercourse, but only 60% knew condoms could lower the risk of HIV transmission. Nearly 20% were unaware

that sharing intravenous needles could allow transmission of HIV, and only 60% reported that AIDS could not be cured.

In Nepal, the first AIDS case was detected in 1988. Since then the number of HIV/AIDS cases has been increasing gradually. HIV/AIDS and sexually transmitted diseases (STDs) are emerging as a major threat in the socio-economic and health sector of Nepal. Their multiple effects have so far been minimal in the country, but their potential impact is immense. In Nepal, HIV, transmission is mainly heterosexual. Some of the surveys revealed that there is concentrated epidemic among injecting drug users and commercial sex workers (WHO, 2001).

In traditional Nepali cultures and societies, any discussion on sex and sexuality is taboo, Husband and wife do not discuss sexuality and parents do not discuss sex with their children. In addition, low rates of literacy, a shortage of appropriate AIDS education message contributes to the growing AIDS problem in Nepal (Upadhyaya, 1995).

HIV/AIDS is not only a health problem. The socio-economic repercussion of AIDS is enormous because, it is not only affects individual and their families but also society and the country as a whole. As AIDS is in early stages of epidemic in Nepal, its impact on society is yet to be observed. However, if proper measures were not taken immediately, it would have a far-reaching impact (Gurubacharya et.al, 1994).

Women are often forced into sex work through the need for money to maintain their families and children. Therefore, it is unrealistic to expect them to stop their work unless alternative sources of income are provided (Karki et.al, 1999).

According to UNAIDS (2003) report surveillance data is scarce in Nepal; however, limited data indicate that HIV prevalence is currently around 0.3 percent in the general population. As December 2002, the ministry of Health (MoH) has reported 624 cases of AIDS and 2598 HIV infections. Given the existing medical and public health infrastructure in Nepal and the limitation of

the National HIV/AIDS surveillance system, it is very likely that the actual number of cases is many times higher.

The dynamic of the epidemic are especially dramatic in the Kathmandu valley where HIV/AIDS prevalence was 2 percent or below among FSWs and IDUs in the mid 1990s. It has now reached 68 percent among IDUs in Kathmandu valley and is approaching 20 percent among FSWs and is over 70 percent among FSWs who also report being IDUs (New Era & FHI; 2002). Poverty, gender inequality, low levels of education and literacy, denial, stigma and discrimination are major contributing factor to HIV vulnerability in Nepal (UNAIDS, 2003).

The spread of HIV infection in Nepal has probably reached to every root and corner of the country. It is going to destroy our whole youth population in the near future because it is increasing at an alarming rate (Subedi, 1999). One of the attributes of male domination in Nepalese society is that it culturally candors and encourages the overt expression of masculinity. This is more pronouncing in the rural communities where such an ethos has been part of the cultural tradition for many generations. Male sexuality expresses itself in such behaviors as ingratiation with girls in a manner that carries sexual overtones; relationships are reported to be rare, particularly in the rural areas (Mugraditchian et.al, 1998).

Commercial sex is a cultural taboo and continues to be legal in Nepal. There are two groups of sex workers in Nepal today who are refereed too as traditional prostitutes: the Badi and the Deuki or Devaki. The untouchable Badi communities are concentrated in western Nepal in the districts of Rolpa, Rukum, Salyan, Dailekhs, Banke, Dang and Bardiya. Such traditional prostitution also plays a significant role in infection.

Among all factors in Nepal highest rate of HIV/AIDS is identified among the injection drug users (IDUs) (Karki, 2003).

According to Jha (1998), four main modes of HIV spread namely sexual intercourse, infected blood and blood products, infected needles syringe, surgical instruments and infected pregnant women to her baby.

UNAIDS defined and compared with other countries in Asia and the world, available epidemiological data suggests that Nepal has a low prevalence of HIV in the general population. However the currently seen low prevalence in the general population marks an increasing prevalence in several groups, and new epidemiological data suggest that HIV may be increasing more rapidly than expected in certain sub-groups. These include IDUs national wide, FSWs in urban areas, returning FSWs from India.

As the development of the epidemic has not rapidly changed in the last three years, the neither public sector, nor communities were prepared to address the needs of marginalize groups, whose access to services and information was already restricted. Denial of the seriousness of the epidemic is still common, and recent data shows a very low level of HIV awareness and risk perception, especially among women, Moreover, the social environmental needed for stigmatization and exclusion, which inhibits effective targeted risk and harm reduction interventions (UNAIDS, 2003).

For Nepal, a generalized epidemic with high mortality in the productive age group would start a "vicious circle". The impact would increase poverty and vulnerability. This increased vulnerability would lead to more HIV infections and a higher impact. Besides the negative impact on socio-economic development and the loss of productive life, the burden of disease would change dramatically over the next 10 years and would further stress the health sector and local communities (UNAIDS, 2003). in 1988, HMG/Nepal launched the first National AIDS prevention and Control Program. HMG/Nepal accepted the need for multi-sectoral involvement for AIDS and STD control and different focal points were appointed in carious sectoral ministries (NCASC, 2002).

UNICEF (2001), study among 1400 young people in different seven districts in Nepal, show that Nepalese teenagers are highly aware of the HIV risk, but that this awareness does not necessarily translate in to safe sexual behavior. Although an overwhelming majority (62%) of teenagers had heard of HIV/AIDS, only 74% of teenagers know that they should use condoms when having sex and only two-thirds (69%) could say that they should not have sex with commercial sex workers.

In Nepal, a number of donors, multilateral, bilateral and international/national NGOs are supporting and promoting various initiatives aiming at preventing the spread of the epidemic in Nepal.

In 2002, a mass media advocacy campaign was developed by the national center for AIDS and STD Control (NCASC) in conjunction with PSI, Family Health International (FHI), and Thompson, and Thompson advertising Pvt. Ltd. it was designed to compliment his majesty's government of Nepal (HMG) and the NCASC's national campaign of awareness (Nepal AIDS awareness year 2059). The campaign was launched with the world cup football games on may31, 2002 and ran through December 31, 2002.

The key goal of campaign was to raise awareness and sensitize policymaker and stakeholders on HIV/AIDS related issues. In addition, the campaign targeted male youth, who were likely to have especially high exposure to the variety of HIV/AIDS messages aired as public service announcements during the work cup games.

This concept was developed as a black and white celebrity campaign, to be visually striking and memorable. Ten celebrities with ten messages were used to designate HIV/AIDS and promote healthy behavior for the prevention of HIV/AIDS. Messages were disseminated through TV and radio spots, billboards, press releases and special promotional and PR events. The campaign slogan "Let's smart talking about HIV/AIDS today" was used to link the campaign messages and various media forms. The multimedia campaign features several groundbreaking "firsts" in HIV/AIDS programming in Nepal.

The campaign is the first of its kind to use national television, radio, newspaper advertising, day-and-night billboards and a host of special advocacy activities all integrated with the same creative style and with the same key message. For the first time eight famous movie, television, radio, music and sports celebrities agreed to use their star-power to promote HIV/AIDS issues (PSI Profile 2003).

Poverty, gender inequality, low levels of education, and illiteracy, denial, stigma and discrimination are major contributing factors to HIV vulnerability in Nepal. A national situation analysis identified the following groups as the most vulnerable to HIV/AIDS in Nepal. Recent behavioral data indicates the increasing vulnerability of young people to HIV/AIDS as the generational and cultural gap between emerging new values, (group) norms, knowledge and independence on the side of adolescents, and the values, reference points and norms on the side of the older generation is widening. Girls, with their traditionally lower social status sometimes have knowledge about STIs, HIV and AIDS but no access to means of protection (UNAIDS 2003).

2.2. Empirical

The 2005 study conducted among 2401 young male and female aged 15-29 (56% under 19 years and 64% unmarried) reported that youth in urban areas had high levels of knowledge about HIV and its prevention - 95% had heard of HIV/AIDS and over 80% seem to know at least 3 correct ways to avoid HIV transmission. Knowledge level variations by geographical locations were reported. In general, knowledge on how HIV is transmitted found to be above 93 percent among all age groups. Comparing the three age groups in Table 2, the youths from 15-19 years seem to know more correct ways to avoid HIV transmission (New Era/UNAIDS 2005). Several studies have found that premarital sex is becoming more acceptable for both sexes, with 20 percent of teenagers considering it acceptable among young people⁶. In another study of 800 students, over 70 percent claimed to have had sex before the age of 19 years, with only eight percent of these students were married.

The knowledge on the correct ways to avoid transmission of HIV appeared to have a direct co-relation with the level of education attained by the respondents. Almost 100% of youths who completed secondary and lower secondary level of education identified more number of correct ways of avoiding HIV transmission followed by groups who have completed Primary (87%) and below primary (80%). The mean age of first sex is about 20 years old for males and 18 years old for females, predominantly in the context of marriage. This is an opportunity in the

Epidemiology of AIDS as a higher age at first sex would mean a slower spread of the virus (UNICEF 2001).

(Source: UNAIDS/New Era, Behavior, Information, Services (BIS) Survey in four urban areas in Nepal, 2005.) This profile is not applicable for one vulnerable group of young people – street children. A UNESCO/CREHPA (2005) study conducted among street children (age group 12-17) in two major locations Kathmandu (n=400) and Pokhara (n=113) revealed that mean age of first sexual intercourse for street children was 13 while condom use at such sex was only 9 – 29%. Similarly, anal sex is reported among boys as high as 29%. While 75% of such street children have heard about HIV/AIDS, less than 20% of them have contact with an AIDS-related NGO. An earlier study among young factory workers (M. Puri, 2002) among 550 girls and 500 boys in carpet and garment factories in the Kathmandu Valley points to vulnerabilities among young people. In the whole sample, the proportion which had experienced sexual intercourse was from about 15% among 14-year-old factory workers to 50% among 19-year-olds. Among the sexually active, the mean age at first sexual intercourse was 15.8 years for boys and 15.4 years for girls. Over half the girls (51%) and over one-third of the boys (34%) had first sexual intercourse before the age of 16 years. Contextual factors increasing Nepal's vulnerability to HIV/AIDS

The Kingdom of Nepal is a highly heterogeneous country in terms of geography, Biodiversity, ethnicity, language and culture. Nepal is landlocked

sharing borders with India and China and is made up of 75 districts divided into five development regions (Far-Western, Mid-Western, Western, Central and Eastern). The Himalayas cover the northern third of the country from east to west, bordering China. To their south lies a long east-west stretch of lower mountains (the hilly region) whose southern flanks flatten into the Terai, a fertile, sub-tropical plain spanning the border with India. The increasing pressure of population growth on scarce resources such as land has negated the impact of development initiatives. For example, provision of better education or irrigation is of limited benefit to rural populations who depend on the land for their livelihood. In Nepal, the topography, environmental degradation, poverty and economic migration are all linked and they combine with other factors to increase vulnerability to HIV/AIDS.

Nepal's social indicators remain well below the average for the South Asia region: More than 31% of the Nepali population live below the national poverty line, nearly half of all children below 5 years are underweight and nearly 60% of all adults are illiterate. Additionally, women have, traditionally, a lower status than men, and gender inequality is deeply rooted. Less than 15% of women deliver their children under the care of skilled birth attendants. The civil conflict which started in 1996 has now entered into a protracted phase and thousands of people have lost their lives, have fled their homes and lost their livelihoods. This instability increases vulnerability to HIV. Increasing human rights violations from both conflicting parties have drawn serious concern of both national and international communities. Amidst this scenario, National Parliament was dissolved in May 2002 and by 2005 four interim governments had been appointed by His Majesty's the King before he assumed direct control in February 2005. Poverty, gender inequality, low levels of education and literacy, denial, stigma and discrimination coupled with the current conflict are major contributing factors to HIV vulnerability. Female sex workers, mobile populations, injecting drug users and men having sex with men are most-at-risk populations largely due to their marginalized status in the society with little access to information and services related to HIV/AIDS. Young people and

children are among the vulnerable groups who are exposed to various risk factors that potentially lead to infection. Some of the factors are lack of youth friendly information and service centers, education system not able to embrace all the youth for HIV/AIDS and reproductive health information and their high mobility. Increasing numbers of street children who are exposed to various exploitations including sexual abuse are highly vulnerable to the HIV/AIDS infection. Labour migrants make up 40% of the total known HIV/AIDS infections followed by clients of sex workers 18% and IDUs 14% (as cited in MDG report 2005). Prevalence of sexually transmitted infections was 19.4 percent for migrants, and 11 percent for their wives⁸. Migrants returning from areas with high rates of HIV/AIDS prevalence such as Mumbai in India, where 70–90 percent of female sex workers are estimated to be HIV positive, are also displaying increased prevalence rates.

These main factors are playing vital role to increase prevalence rate of HIV/AIDS in Nepal. Limited information available on sexual behavior and HIV/AIDS incidence among the labors migrants. Going to countries other than India (Malaysia, South Korea, Gulf countries) where approximately 10 thousand people fly every month. Human trafficking, Trafficked girls to India (particularly Mumbai) are returned to Nepal when they are tested HIV+. In absence of other livelihood opportunity they are likely to continue sex trade in Nepal.

Young people constitute 38% of total population who are regularly exposed to Vagaries of conflict, socio economic deprivations whose vulnerability is further compounded by peer pressure, ambitions and poor access to information and Services related to health and reproductive information. In the 2005 UNAIDS/New Era Behaviour, Information, and Services (BIS) Survey, broadcast media (TV and radio) was recorded as the primary source of information on HIV/AIDS. A surprising but positive finding was that, among young people who would have sexual intercourse with sex workers, 86% would use condoms. It closely correlates with consistent condom use of those who

had sexual intercourse with sex workers in the last 12 months (71%). A study conducted among 2748 youths has indicated that only 57% of youth said that it is easy for them to obtain information about HIV/AIDS (RHIYA/UNFPA 2005). Nonetheless, 91 % of respondent in the same study reported being aware of the ways of avoiding HIV/AIDS. Premarital sex among the boys (13%) was quite high compared to girls (2%) and condom use in their first sexual contact was found to be only 14%. The current school curriculum provides basic information about HIV/AIDS and reproductive health but the adequacy of the information and delivery of it has often been concern. There are major intervention targeted to youth, which is expected to provide access to information and services. Some of the notable activities are youth friendly services centers, life skills based media program, and life skills based education, sexual and reproductive health activities. Some 30 districts (including GFATM supported 6 districts) are covered by focused program where as edutainment media is expected to reach though out the country. UNFPA and UNICEF are among the major supporters of the program as a multilateral, whereas Nepal Red Cross and International Planned Parenthood Federation (IPPF) through Family Planning Association of Nepal are the non-governmental sector working with Youth. FPAN covers some 30 districts and Nepal Red Cross covers 32 districts with youth focused program within the school and outside. Extensive peer education programs have been launched in 2005 under the GFATM program. At the end of 2005, the program has reported reaching close to 50,500 in and out-of-school young people. With injecting drug use as the primary mode of transmission, the young population will continue to be a priority (from 2003-2005).

CHAPTER – III

RESEARCH METHODOLOGY

3.1 Research Design

Descriptive research design was used to identify the phenomenon of the study and as well as quantitative.

3.2 Sources of the Study

The data of this study are collected from the field survey with the specified sample site. The questionnaires are directly asked to the adolescent applying the direct interview method. Therefore, the main source of data in this study is primary in nature. Since it is very interpersonal matter, serious precautions and confidentiality are maintained while conducting interview and fitting of quaternaries. Besides, the secondary information is taken from different resources including internet, websites and researches for the use of this study.

3.3 Sample Size and Sampling Procedure.

All adolescences who are from Gaindakot V.D.C. and 100 people were the respondents of this study. Data was collected by using purposive sampling procedure.

3.4 Development of Tools

Interview schedule is the major tool of the study. The investigator studies different previous related studies research work and books before forming the interview schedule. They will also develop with the consultant of reference material such as journal magazine, report paper and also suggestion of the advisor.

3.5 Validity of Tools

The study was carried out by applying the interview schedule so that it can be able to maintain uniformity on data collection. The questionnaire was prepared

according to the suggestion of the research guide and it is guided by the study objectives. The researcher himself was involved in the data collection process. The interview schedule was pre-tested among 10 percent of the total respondents and the result of pretest was matched with the final result of sampling.

3.6 Data Collection Procedure

Before data collection, permission was obtained from the respective authorities of the selected V.D.C. to meet objectives of the study; the data was collected from the primary sources. The researcher was personally visited to the selected area and explained about the objectives of the study. After that, interview schedule was used to collect information. The researcher requested them to give answer according to their knowledge that they were felt existing situation related to STIs and HIV/AIDS.

3.7 Data Analysis and Processing

After completion of the field work, raw information was checked, edited and post coded accordingly. The collected data and information were presented in the table, chart and graphs. The data was classified in different headings and presents in simple mathematical forms. For the analysis and interpretation, the descriptive approach was applied.

CHAPTER-IV

PRESENTATION AND ANALYSIS OF DATA

The analysis and presentation of data of the study has been presented in two parts. The first parts is general characteristics of respondents and other important part is knowledge on STIs & HIV/AIDS.

4.1 Demographic Characteristics

General characteristics of the respondents and reproductive health is interrelated because it affects the reproductive health. General characteristics include sex, caste, religion and occupational status of the family.

4.1.1 Sex Distribution

The sex distribution of the study area is tabulated as follows.

Table No. 1 : Sex Distribution

Sex	Number	Percent
Male	40	40
Female	60	60
Total	100	100

Figure No. 1 : Sex Distribution

The above table shows that 60% of the respondents are female and only the 40% are male.

4.1.2 Ethnic Group of the Respondents

Nepal is a multi-lingual and multicultural country. Here are many religious and ethnic groups reside in the country. In this study area, there are many ethnic groups which are shown in the table no.2

Table No. 2 : Ethnic Groups of the Respondents

Ethnic Group	Number	Percent
Brahmin	55	55
Janajati	30	30
Dalit	5	5
Kshetri	10	10
Total	100	100

Figure No. 2 : Ethnic Groups of the Respondents

Table No. 2 shows that the major caste in the study area is Brahmin 55 (55%) Which is the highest in out of 100. Chhetri's number is 10 (10%), Janajati's number is 30 (30%), Dalit 's number is 5 (5%) to the number.

In this study area Brahmin and Janajati constitute is highest in number. Janajati males are more involved in army/police and they stay all the time out their native place. At that time there is possibility to involve in unsafe sexual behaviour because they have least knowledge about safe sexual behaviour and sexual transmitted disease too. Therefore, they are more vulnerable to exposure of STIs and HIV/AIDS than others.

4.1.3 Religious Status

Nepal is multi religious country. The interim constitution (2063) announced that Nepal is the country of religious secularism. The followers of various religions such as Hindu, Buddha, Muslim, Christian and other religious people live and religious tolerance exists between them. In the same way I found Hindu, Buddha and Christian in the study area.

Table No. 3 : Religious Status

Types	Number	Percent
Hindu	92	92
Buddha	6	6
Christian	2	2
Total	100	100

Figure No. 3 : Religious Status

The above table shows that most of the respondents are Hinduism (92%), 6% respondents are Buddhism and only the 2% are Christianity.

4.1.4 Occupational Status

Occupational status of the respondent's parents plays a vital role in economic development. Economic status also determines the level of educational, level of knowledge and level of behaviors. Many empirical studies have shown that people who have received higher educational attainment are mainly in government and other service and in some kind of business work. Similarly, among them lower educational attainments are involved in agriculture, wage labour, army, police and household works. Occupational status and health status of respondent's parents are strongly related. The occupational status of fathers and mothers are shown in Table no.4

Table No. 4 : Occupational Status of Parents

Types of occupation	Number	Percent
Business	14	14
Service	20	20
Agriculture	66	66
Total	100	100

Figure No. 4 : Occupational Status of Parents

The table no.4 shows that majority (66%) of the parent are involved in agricultural works, 14 percent engaged in business and 20 percent parents are engaged in government jobs and services.

This information indicates that most of the parents are engaged in agricultural works and service. Only the least parents are involved in business. This is the cause of poor economic, social and educational achievement.

4.2 Knowledge of STIs and HIV/AIDS

Knowledge on STIs, HIV/AIDS plays vital role to reduce these diseases. This section included knowledge of STIs and HIV/AIDS, mode of transmission, source of information, prostitution (sex trade) and its impact, Preventive measures of HIV/AIDS etc.

4.2.1 Respondents behaviour with the person who got STIs

To identify the behaviour of the respondents with the person who got STIs a question asked “If your friend got STIs, how do you behave?”. The responses are presented in the table given below.

Table No. 5 : Respondents behaviour with the person who got STIs

Responses	Number	Percent
Try to pass away	1	1
Behave as usual	99	99
Others	0	0
Total	100	100

Figure No. 5 : Respondents behaviour with the person who got STIs

The table no. 6 shows that most of the respondents (99%) behave as usual with the person who got STIs but only one percent of the respondents reported that he/she must be passed away it is because the lack of proper health education.

4.2.2 Advice to the person who suffered from STIs

If any body suffered from STIs proper counseling or advice should be given. The proper counseling or advice can create favourable environment to find the right way and good solution to there problem. So to find the respondent advice to the suffered person with STIs a question was asked “If someone suffering from STIs comes to your advice what do you do?” The suggestions reported by respondents are given below.

Table No. 6 : Advice to the person who suffered from STIs

Suggestion	Number	Percent
Suggest for treatment	60	60
Suggest for not sexual contract	30	30
Suggest for using condom	10	10
Suggest for not saying other	0	0
Others	0	0

Above table shows that majority of (60%) of the respondent suggested for treatment, (30%) suggested for not sexual contract, (10%) suggested for using condom and none of the respondents suggested for not saying other.

4.2.3 Causes of Infection with HIV/AIDS

People get infected with HIV/AIDS by body fluids which are transmitted from infected person to healthy person by many ways. To identify the knowledge of the respondents “how do people get infected with HIV/AIDS?” was asked to all the respondents. The responses from the respondent are tabulated below.

Table No. 7 : Causes of infection with HIV/AIDS

Responses	Number	Percent
Sexual intercourse	15	15
Having sex without using condom	38	38
It is infected due to homosexual intercourse	12	12
It is infected through drug infection by sharing needle	35	35

Figure No. 6 : Causes of infection with HIV/AIDS

Above table shows that (35%) of the respondents reported that it is infected through drug infection by sharing needle, (38%) reported that it is infected having sex without using condom, (15%) reported that it is infected through

sexual intercourse and (12%) of the respondents reported that it is infected due to homosexual intercourse.

4.2.4 Transmission of HIV by Blood

To identify the knowledge of the respondents about the transmission of HIV/AIDS by blood a question “How is HIV transmitted by blood?” was asked to all the respondents. By the responses from respondent it is found that HIV/AIDS is transmitted by blood by transfusing the infected blood from infected person to healthy person.

4.2.5 Knowledge on HIV Infection

To identify the knowledge on HIV infection of the respondents a question “Do people know they have been infected?” was asked to all the respondents. Responses from the respondent are as follows:

Table No. 8 : Knowledge on HIV Infection

Responses	Number	Percent
Yes	22	22
No	78	78
Total	100	100

Figure No. 7 : Knowledge on HIV Infection

Above table shows that majority (78%) of the respondents reported that people did not know that they have been infected but only (22%) of the respondents reported that people knew they have been infected.

4.2.6 Knowledge about low risk of HIV transmission

To find out the knowledge of the respondents about low risk of HIV transmission a question “Do you know low risk of HIV transmission?” was asked to all the respondents. The responses from respondents are tabulated as follows:

Table No. 9 : Knowledge about Low Risk of HIV Transmission

Responses	Number	Percent
Yes	47	47
No	53	53
If yes, what is the low risk of HIV transmission?		
Having Sex Using Condom	47	100

Above table shows that 53% of the respondents did not know the low risk of HIV transmission but 47% of the respondent knew the low risk of HIV transmission. The (47%) of the respondents said that “Having sex using condom” was the low risk of HIV transmission. It is because they have not the proper knowledge about the low risk of HIV transmission.

4.2.7 Knowledge on sexually Transmitted infection (STIs)

STIs are the infection which transmitted through sexual contact during the unprotected sexual intercourse. Sexually transmitted infection (STIs) including HIV/AIDS have been one of the major factors affecting the reproductive and sexual health of adolescence. Adolescence level of awareness about various aspects of STIs can have a notable impact on the prevention of these diseases. One of the objectives of the study was to describe adolescence awareness regarding STIs and HIV/AIDS. A series of question related to knowledge

towards STIs Were asked to all the respondents. The responses are given in the table no. 10.

Table No. 10 : Respondents Knowledge about STIs

Heard of STIs	Number	Percent
Yes	72	72
No	28	28
If Yes, Which types of STIs?		
Syphilis	21	29.17
Gonorrhea	15	20.83
HIV/AIDS	36	50.00

Table no. 10 shows that the majority of the respondents (72%) had heard about STIs and 28% had not heard about STIs. It indicates that there is also lack of education. This data indicates that 50% respondents had heard about HIV/AIDS, 29.17% had heard about syphilis, 20.83% percent respondents had heard about gonorrhea. This information indicate that adolescence were relatively less aware of the more common ones than HIV/AIDS. This can be the results of lack of availability of IEC materials, restricted cultures, role of parents etc. Therefore, there is need of health education and awareness program. This lack of knowledge about STIs can lead to high prevalence of STIs among adolescence in future.

4.2.8 Mode of Transmission of STIs

Sexually transmitted disease (STIs) is transmitted through unsafe sexual practice. STIs are the favorable condition to transit HIV from one person to another. STIs clients are more prone to transmit HIV/AIDS. so, STIs related knowledge should have to escape from HIV/AIDS. In the study, 100 respondents were asked about the mode of transmission of STIs. The responses are given in table No. 11.

Table No. 11 : Knowledge about Mode of Transmission of STIs

Heard about Mode of Transmission of STIs	Number	Percent
Yes	79	79
No	21	21
Knowledge about Mode of Transmission.		
Unsafe Sexual Contact	66	83.54
Blood Transmission	13	16.46
Living together	0	0
Other	0	0

Figure No. 8 : Knowledge about Mode of Transmission of STIs

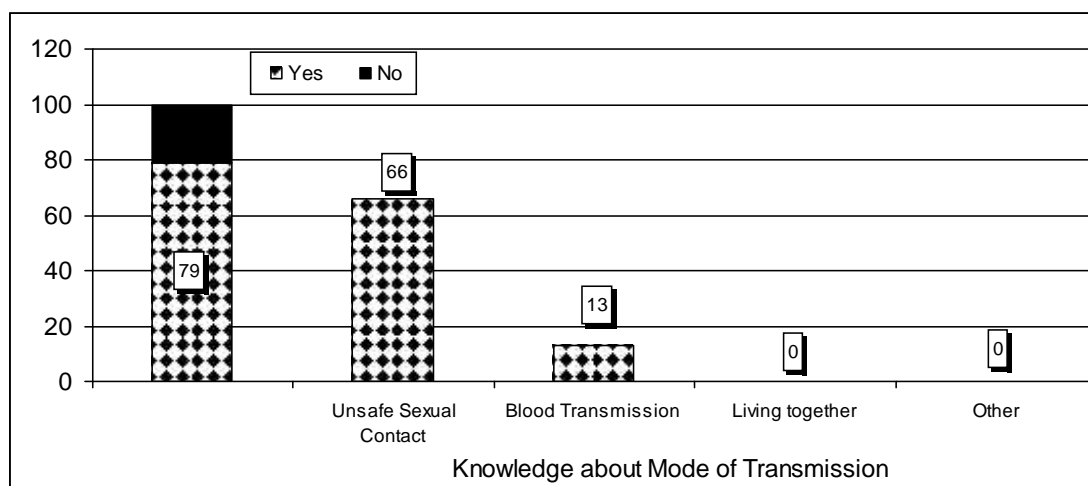


Table no.11 shows that 79 percent respondents had heard about mode of transmission of STIs and 21 percent respondents had not heard. In order to access the respondents knowledge about the mode of transmission of STIs. They were asked how the STIs are transmitted.

In this study, 83.54 percent of the respondents said that STIs are transmitted through unsafe sexual contact, 16.46 percent of the respondents said that STIs are transmitted through blood transfusion. This can be the result of poor educational attainment, ignorance, shyness, lack of IEC materials related to STIs and cultural taboo. Therefore, there is need of easy availability of materials and awareness programme.

4.2.9 Possibility to Cure STIs and HIV/AIDS

Sexual diseases are common in all over the world. But in developed countries, such diseases are in control to some limit due to care about health, treatment facility and changed concept of the society. But this is opposite to the developing country where people hate the STIs and HIV/AIDS patients which bring very bad condition in Nepal. STIs and HIV infected person hesitate to tell their disease which forces to the transmission of disease. Many people are unaware to tell their disease which forces to the transmission of disease. Many people are unaware of its cure and treatment. That is why the question, STIs is possible to cure in the study area and the responses of the respondents are given in table no. 12.

Table No. 12 : Possibility and Cure of STIs

Response	Number	Per cent
Yes	65	65
No	18	18
Don't Know	17	17
Total	100	100

Figure No. 9 : Possibility and Cure of STIs

Table no. 12 shows that maximum number of respondents said that cure of STIs is possible, 65 percent respondent reported that STIs is possible to cure,

18 percent respondents had known that STIs is not possible to cure and 17 percent respondents reported that they had not known about the possibilities to cure the STIs.

In this study area, some adolescence know about the possible of curing STIs and some adolescence did not know anything about its curing and very few adolescence had known about the no possibility of curing STIs. That is why, educational and awareness programme of such disease should provide in the study area. If they don't know about its curing there may be possibilities of transmitting such diseases.

4.2.10 Types of STIs

Sexually transmitted disease is a communicable disease, which is transmitted through vaginal or anal intercourse. Mouth contact with the genitals or anus, mouth to mouth deep kissing and mouth to genital contact with infected areas on the skin. In the study 100 respondents were asked that STIs are what type of disease? The responses are given in table no. 13.

Table No. 13 : Respondent's Responses by type of STIs

Type of STIs	Number	Percent
Communicable Disease	52	52
Non-communicable Disease	4	4
Fatal Disease	32	32
Don't know	12	12
Total	100	100

Figure No. 10 : Respondent's Responses by type of STIs

Table no. 13 clearly shows that majority of the respondents said that STIs are the communicable disease. This is the result of mass media such as radio, television and FM/ Radio etc. Similarly, few respondents reported that they don't know types of disease. Likewise, few respondents reported that STIs are fatal disease and only four person said that STIs are non-communicable disease. This can be the result of poor educational attainment, lack of availability of IEC materials, restricted culture and shyness. Therefore, there is necessity of health education in course of adolescence and availability of IEC materials related to STIs.

4.2.11 Knowledge about HIV/AIDS

AIDS is non-curable disease. It is a condition resulting from infection by Human Immune Deficiency Virus (HIV). This disease is called syndrome because it consists of several signs and symptoms affecting different parts of human body.

HIV is carried in body through fluids. The most important are semen, blood, breast milk and vaginal fluids from one person to another. In order to assess the respondents' knowledge on HIV/AIDS, a series of questions were asked to 100

respondents included in this study. The available information is shown in table No 14.

Table No. 14 : Respondents Knowledge on HIV/AIDS

Heard Of HIV/AIDS	Number	Percent
Yes	99	99
No	1	1
Total	100	100

Figure No. 11 : Respondents Knowledge on HIV/AIDS

Table no. 14 shows that majority of (99%) of the respondents reported that they heard about HIV/AIDS. It seems that majority of the respondents had knowledge about HIV/AIDS. This can be the result of mass media like radio, television, F.M., radio, posters and holding board etc. And only one percent of the respondents had not heard about HIV/AIDS. This can be the result of carelessness towards the diseases.

4.2.12 Sources of Information on HIV/AIDS

Communication media always plays a vital role to transfer idea, information etc. from the people of certain area to different part of the globe. A question 'what are the sources of your knowledge was asked to the respondents. The response of the respondents is presented in table no. 15.

Table No. 15 : Sources of Information on HIV/AIDS

Sources of Information	Number	Percent
Radio	18	18
Television	23	23
Books	27	27
Teacher	20	20
Friend	10	10
Others	2	2
Total	100	100

Figure No. 12 : Sources of Information on HIV/AIDS

Table no. 15 shows that 27 percent of the respondents reveal awareness through books. However, radio and television also will be the best effective

media for information. Likewise, respondents are getting information of HIV/AIDS from teacher, friends and others was 20 percent, 10 percent and 2 percent respectively.

It is concluded that all the respondents had some information on HIV/AIDS but the sources of information was found different. Maximum respondents got information from books. Radio, television, teacher and friends are also the popular sources of transmission of information to the distant areas.

4.2.13 Mode of Transmission of HIV/AIDS

HIV is mainly transmitted through unsafe sexual intercourse, contaminated instruments like needle, syringe, and infected blood and from an infected mother to new born baby. Neither social contact like shaking hand, sitting together, playing together, working together nor food water, utensils, toilet, towel, bathroom and insect are transmission of HIV was asked to all the respondents. The responses of the respondents are presented in table no.16.

Table No. 16 : Mode of Transmission of HIV/AIDS

Heard of Mode of Transmission	Number	Percent
Yes	99	99
No	1	1
If yes, which of the Main Way		
Using same Latrine	1	1
Unsafe sexual contact	98	99
Using Patients Dress	0	0
Living Together	0	0

Table no.16 shows that majority 99 (99%) of the respondents reported that they had heard of mode of transmission of HIV/AIDS and 1(1%) Of the respondents reported that they had not heard.. They were asked to give their opinion about which of the following way can transmit the HIV/AIDS. Nearly 99 Percent

respondents said that unprotected contact is the main mode of transmission of HIV/AIDS and about 1 percent respondents said that the main way of HIV/AIDS transmission is using same latrine.

4.2.14 HIV/AIDS Pregnant Mother

The one route of transmission of HIV is infected blood transmission. When the pregnant mother has infected with HIV then her new child can easily infected by HIV. HIV is also transmitted from mother when the baby travels down the birth canal. A question does HIV transmit from pregnant mother to her unborn child was asked to the respondents. The respondents answer have given in table no.17.

Table No.17 : HIV/AIDS and Pregnant Mother

Response	Number	Percent
Yes	94	94
No	4	4
Don't Know	2	2
Total	100	100

Figure No. 13 : HIV/AIDS and Pregnant Mother

Table No.17 shows that majority (94%) of the respondents have right knowledge about pregnant women infected with HIV can pass the virus to her

new born child and 4 percent of the respondents had given wrong answer and 2 percent of the respondents have unknown about it.

Healthy people are the capital of their nation. If the people is physically weak, then the nation cannot go further for development that is why they need health education. If a mother is healthy she can given birth to healthy baby and take care of her family too. But in our society mothers are not aware of health education. As a result they are affected by the dangerous diseases like STIs, HIV/AIDS etc and make danger to their Child too.

4.2.15 Unsterliazed Needle and HIV/AIDS

Using unfertilized needle and syringe also transmit HIV. Taking drug by sharing needle and syringe has become a common problem in our community. In such activity, there is more chance of transmission of HIV. A question using an unsterliazed infected needle may spread HIV Infection was asked to the respondents and their response are shown in table no.18.

Table No.18 : Unsterliazed Needle and HIV/AIDS

Response	Number	Percent
Yes	82	82
No	5	5
Don't Know	13	13
Total	100	100

Table no.18 shows that 82 percent respondents reported that using an unsterliazed infected needle may spread HIV infection. It seems that majority of the respondents had knowledge about transmission of HIV/AIDS. Like wise, 5 percent respondents reported that using an unsterliazed infected needle may not spread HIV infection and 13 percent respondents were reported that they don't know about it. This can be the result of lack of public awareness, a shortage of appropriate AIDS education, message and strong cultural prohibition against the public discussion on sex and its related matters.

Figure No. 14: Unsterilized Needle and HIV/AIDS

The first HIV positive case was identified in July 1988 in Nepal. By the end of August 31, 2000, National Center for AIDS and STDs Control, Teku Kathmandu has published the total number of HIV positive cases (including AIDS) reached to 4164. According to this report HIV infection among injecting drug user 721 is also increasing trend. Therefore, HIV/AIDS education programme is very important to reduce such increasing situation of HIV/AIDS

4.2.16 Infected Blood and HIV/AIDS

Blood transmission is another way to spread HIV. Every body may have to take blood for their treatment if needed. HIV can be easily transmitted by infected blood. So all persons should be careful before taking blood whether it is tested or not. A question 'how do take blood if you need it to take was asked to the respondents. The answer of the respondents are given in table no.19.

Table No.19 : Infected Blood and HIV/AIDS

Response	No.	Percent
HIV Tested	82	82

HIV not tested	1	1
Don't Know	17	17
Total	100	100

Figure No. 15 : Infected Blood and HIV/AIDS

Table no.19 clearly shows that the majority (82%) of the respondents said that blood should be taken after HIV testing. Similarly, 17 percent of the respondents don't know about this matter and only 1 percent of the respondents said that there is not necessary to take HIV tested blood. This can be the result of poor education attainment, ignorance, lack of availability of IEC materials and careless of the diseases.

4.2.17 Identify to HIV Infected Person

AIDS is not a disease itself it is a syndrome caused by a virus in the body's immune system. It is the situation of loosing the immunity power and finally gets death. There are three stages in the development of AIDS i.e. window period, carrier stage and full blown of AIDS.HIV can not be detected in window period, even when HIV antibody test is carried out but the person can transmit the infection to other AIDS virus is seen in carrier stage. We can't identify the person infected with HIV by looking at him or her. Because any

person infected with HIV may see completely healthy prior to AIDS stage. Testing can only identify the HIV infected by looking at him/ her was asked to the respondents. Their views are shown in table no.20.

Table No. 20 : Identify HIV Infected Person

Response	Number	Percent
Possible	0	0
Not possible	92	92
Don't know	8	8
Total	100	100

Figure No. 16 : Identify HIV Infected Person

Table no 20 shows that only 92 percent of the respondents have given right answer about possibility to identifying HIV infected person by looking at him her, and none of the respondents have given wrong answer and 8 percent of the respondents have not known about it. This can be the result of carelessness and negligence of HIV/AIDS, low educational status, shyness and lack of availability of proper IEC materials related to HIV/AIDS. Therefore, awareness programme, health education and availability of IEC materials related to HIV/AIDS are needed.

4.2.18 Knowledge about the condom

Condom is one of the most popular devices of family planning method. Condom plays a vital role for prevention from STDs and HIV/AIDS. It is used for double to prevent from STIs, HIV/AIDS and conception. So use of condom is very important while having sex because HIV/AIDS spreads by sexual intercourse with infected partner. A question, "Have you heard about the condom"? Was asked to the respondents. The response is presented in table No.21.

Table No. 21 : Knowledge about the Condom

Heard of Condom	Number	Percent
Yes	99	99
No	1	1
If Yes, Sources of Information		
Television	32	32.32
Radio	18	18.18
Husband	36	36.36
Friends	5	5.05
Books	6	6.06
Others	2	2.03

Table no. 21 shows that majority 99% of the respondents reported that they had heard of condom. It seems that majority of the respondents had knowledge about condom. This can be the result of media like radio, television, books, friends husband and others etc.

Among 99 respondents who had heard about the condom were further asked sources of information about the condom. The vast majority 6.06% of the respondent reported that their sources of information were books. Out of 99 respondents 5.05% reported that their sources of information about the condom was friends, 36.36% of the respondents reported that husband was the source of

information. Similarly, 32.32% of the respondents reported that television was the key sources of information 18.18% of the respondents reported their source of information about the condom was radio and only 2.03% respondents reported that they had got information from others. This can be the result of availability and popularity of the mass media like radio, television and advertisement, Although, there is still lack of open discussion about such matter with parents, friends health workers and family members.

4.2.19 Purpose of Condom Use

Proper use of condom during sexual intercourse reduces the risk of transmitting and acquiring HIV infection and STIs. Use of condom is popular not only for the prevention of STIs and HIV but also popular for family planning purpose in our developing world. In recent years condom promotion for prevention of STIs and HIV/AIDS transmission is gaining fair popularity among sex workers, Migrant labours and the general people due to the efforts of government NGOs and INGOs. A question why do people use the condom was asked to the respondents. The response of respondents is given in the table no.22.

Table No. 22 : Purpose of Condom Use

Purpose of Condom	Number	Percent
For Birth Spacing	28	28
Prevention from STIs & HIV/AIDS	46	46
For Limiting the No of Children	20	20
Don't know	6	6

Figure No. 17 : Purpose of Condom Use

Table no.22 shows that about 46 of the respondents reported that people used condom to prevent from STIs and HIV/AIDS, 20 percent of the respondents reported for limiting the number of children, 28 percent of the respondents reported for birth spacing and 6 percent of the respondent was unknown about this matter. This can be the result of poor and confusing communication status of the people.

4.2.20 Impact of Prostitution

Prostitution is also a major contributing factor for the spreading of STIs & HIV/AIDS in Nepal. Poverty, illiteracy, ignorance, open border and other various factors play important role in-prostitution. Most of HIV infection in Nepal is through sexual transmission. So, the infection is seen mostly among prostitutes and the young labour force that have sexual contact with prostitutes with in and outside the country. Similarly, the group of mobile people such as young labour force, army Police and drivers are also found to have involved in sexual contact with commercial sex workers. The vulnerable group of population was largely found unaware of the consequences of unprotected sexual practice. A question, what is the impact of prostitution in spreading HIV/AIDS, was asked to the respondents.

Table No. 23 : Impact of Prostitution

Response	Number	Percent
Positive Impact	20	20
Negative Impact	55	55
Don't Know	25	25
Total	100	100

Figure No. 18 : Impact of Prostitution

Majority (55%) of the respondents had knowledge about prostitution and its positive impact which plays vital role to spread HIV and STIs, 20% of the respondents had negative impact of prostitution and relation between prostitution and HIV/AIDS and 25% of the respondent had reported “Don’t know”. This can be the result of lack of awareness, illiteracy, a shortage of appropriate AIDS education and strong cultural prohibitions against the public discussion on sex.

4.2.21 Way to Reduce Prostitution

Prostitution between Nepali women and girl were found to be one of the major contributions in the prevalence of HIV/AIDS in Nepal. Several women and girls are involved in prostitution due to poverty, lack of the alternative source of income and employment. A study of commercial sex worker in five urban

areas in the Terai reported that the women took up prostitution as a means of economic support after being by their husbands (UNAIDS, 1990).

A mass advertising campaign, which promoted condom use in commercial sex, complemented the programme. The result have been impressive the programme which began in 1989 in just one province in Thailand has now been adopted as a nation wide programme its success has been attributed both to the mass advertising campaign which accompanied it well as to the fact the programme focused on the use of condom in commercial sex to the exclusion of other goals such as elimination of prostitution (SEARO, 1997)

In order to assess the respondents' knowledge about the prostitution they were asked to give their opinion about what is the best way to reduce prostitution? The responses are presented in available Table no.24.

Table No. 24 : Way to Reduce Prostitution

Responses	Number	Percent
Developing awareness	44	44
Social exclusion	9	9
Legal provision	15	15
Providing employment	32	32
Total	100	100

Figure No. 19 : Way to Reduce Prostitution

Table no. 24 shows that the majority (44%) of the respondents was mentioned that prostitution can be reduced by awareness programme, 9 percent reported that social rejection and 15 percent of the respondents mentioned that prostitution could be reduced by legal provision and 32 percent reported that prostitution could be reduce by providing employment.

4.2.22 Protected by HIV/AIDS

AIDS is not a curable disease, it means, it causes definitely to the death. So, all persons should think about these serious problems. Prevention of HIV/AIDS transmission needs multiple approaches depending upon the mode of transmission, i.e. safe sexual behavior, use of condom, use of sterilized needle and syringe, use of safe blood, prevention of prenatal transmission, counseling service, information, education and communication service. A question what is the main way to be safe from HIV/AIDS was asked to the respondents. The response from respondents is shown in the table no. 25.

Table No. 25 : Way to be Protected by HIV/AIDS

Responses	Number	Percent
Use of Medicine	3	3
Use of Condom	50	50
Health Education	46	46
Avoid Sexual Intercourse	1	1
Total	100	100

Figure No. 20 : Way to be Protected by HIV/AIDS

Table no. 25 shows that majorities (50%) of the respondents reported that use of condom was the best way to be safe from HIV/AIDS. Similarly, 46 percent of the respondents reported that health education was the best way to be protected from HIV/AIDS. Likewise, 1 percent of the respondents were reported that avoid once sexual intercourse was the main way to be protected by HIV/AIDS and 3 percent of the respondent reported that use of medicine was the best way to be protected by HIV/AIDS.

4.2.23 Respondents Behavior with HIV Positive person

HIV/AIDS is a communicable disease. People may have knowledge of disease but they don't know it is transmitted? So, people must have knowledge about transmission of HIV/AIDS. This enables them to prevent themselves from the disease and their negative attitude towards the diseased people may be changed. HIV is transmitted through unsafe sexual intercourse, using infected blood, syringe, and infected blood to her new born child. But can not be transmitted by shaking hand, hugging, friendship, simple kissing, using common bathroom etc. Having Knowing this fact, our society does not accept HIV positive person and the people also rejected them easily from their home. Question about what types of behavior should be done with HIV positive person, was asked to the all respondents. The response is presented in the table no. 26.

Table No. 26 : Respondents Behavior with HIV Positive Person

Responses	Number	Percent
Love and Affection	95	95
Hate	2	2
Social Rejection	0	0
General Behavior	3	3
Total	100	100

Figure No. 21 : Respondents Behavior with HIV Positive Person

HIV positive person also should be behaved/treated like other person and he/she should not be discriminated. Social discrimination may cause him/her to make trouble leading to develop AIDS earlier. According to table no. 26 the majority (95%) of the respondents reported that love and affection should be given to HIV positive person, 3 percent of the respondents reported that they need general behaviour., none of the respondents reported that they must be rejected from society and only 2 percent of the respondents reported that they must be hated. In this study, majority of the respondents reported that other people had to give love and affection to them.

CHAPTER-V

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The present study entitled “Knowledge among adolescence on STIs and HIV/AIDS in Gaindakot VDC” is mainly based on primary source of data from the perception of 100 adolescence who were selected through purposive sampling .The main objectives of the study were.

- To identify of existing knowledge on STIs and HIV/AIDS among adolescence.
- To identify the differences of knowledge between boys and girls adolescence.

Similarly, to assess the adolescence knowledge on STIs and HIV/AIDS, structured interview schedule was constructed. Interview schedule was prepared; information was collected by face to face interview with them. After analysis and presentation of data, the major findings of the study are: majority of the respondents had surface knowledge about STIs and HIV/AIDS. And they are also confusing about the mode of transmission of STIs and HIV/AIDS. A great majority of the respondents had knowledge about the condom. It is concluded that most of the respondents have knowledge on STIs and HIV/AIDS. The recommendations were made for implement of the health education programme and awareness campaign for promotion of STIs and HIV/AIDS knowledge and condom use for the prevention of STIs and HIV/AIDS. Adolescents are live in sex age in near future. Now they are in teen age. Due to this, they can play a role to reduce Prevalence rate on HIV/AIDS.

5.2 Findings

On the basis of analysis and interpretation of data, the major findings were drawn.

- The 60% of the respondents were female and only the 40% were male.
- The major caste in the study area was Brahmin 55(55%) Which is the highest in out of 100. Chhetri's number was 10 (10%), Janajati's number was 30 (30%), Dalit 's number was 5 (5%) to the number.
- 92% of the respondents are Hinduism, 6% respondents are Buddhism and only the 2% are Christianity.
- Majority (66%) of the parents are involved in agricultural works, 14 percent engaged in business and 20 percent parents are engaged in government jobs and services.
- 99% of the respondents behaved as usual with the person who got STIs but only one percent of the respondents reported that he/she must be passed away.
- Majority of (60%) of the respondent suggested for treatment, (30%) suggested for not sexual contract, (10%) suggested for using condom and none of the respondents suggested for not saying other.
- Majority (35%) of the respondents reported that it is infected through drug infection by sharing needle, (38%) reported that it is infected having sex without using condom, (15%) reported that it is infected through sexual intercourse and (12%) of the respondents reported that it is infected due to homosexual intercourse.
- Majority (78%) of the respondents reported that people did not know that they had been infected but only (22%) of the respondents reported that people knew they had been infected.
- Majority (53%) of the respondents did not know the low risk of HIV transmission but 47% of the respondent knew the low risk of HIV

transmission. The (47%) of the respondents said that “Having sex using condom” was the low risk of HIV transmission.

- Majority of the respondents (72%) had heard about STIs and 28% had not heard about STIs. This data indicates that 50% respondents had heard about HIV/AIDS, 24% had heard about syphilis, 21% percent respondents had heard about gonorrhoea.
- Majority 79 percent respondents had heard about mode of transmission of STIs and 21 percent respondents told that they had not heard. 83.54 percent of the respondents said that STIs are transmitted through unsafe sexual contact, 16.46 percent of the respondents said that STIs are transmitted through blood transfusion.
- Maximum number of respondents said that cure of STIs is possible, 65 percent respondent reported that STIs is possible to cure, 18 percent respondents had known that STIs is not possible to cure and 17 percent respondents reported that they had not known about the possibilities to cure the STIs.
- Majority of the respondents said that STIs are the communicable disease. This is the result of mass media such as radio, television and FM/ Radio etc. Similarly, few respondents reported that they don't know types of disease. Likewise, few respondents reported that STIs are fatal disease and only four person said that STIs are non-communicable disease.
- Majority of (99%) of the respondents reported that they heard about HIV/AIDS. It seems that majority of the respondents had knowledge about HIV/AIDS. This can be the result of mass media like radio, television, F.M., radio, posters and holding board etc. And only one percent of the respondents had not heard about HIV/AIDS. This can be the result of carelessness towards the diseases.
- Majority 82 percent of the respondents revealed awareness through books. However, radio and television also will be the best effective media for

information. Likewise, respondents are getting information of HIV/AIDS from teacher, friends and others was 71 percent, 33 percent and 3 percent respectively. It is concluded that all the respondents had some information on HIV/AIDS but the sources of information was found different. Maximum respondents got information from books. Radio, television, teacher and friends are also the popular sources of transmission of information to the distant areas.

- Majority 99 (99%) of the respondents reported that they had heard of mode of transmission of HIV/AIDS and 1(1%) Of the respondents reported that they had not heard.. They were asked to give their opinion about which of the following way can transmit the HIV/AIDS. Nearly 99 Percent respondents said that unprotected contact is the main mode of transmission of HIV/AIDS and about 1 percent respondents said that the main way of HIV/AIDS transmission is using same latrine.
- Majority (94%) of the respondents have right knowledge about pregnant women infected with HIV can pass the virus to her new born child and 4 percent of the respondents had given wrong answer and 2 percent of the respondents were found unknown about it.
- Majority 82 percent respondents reported that using an unsterilized infected needle may spread HIV infection. It seems that majority of the respondents had knowledge about transmission of HIV/AIDS. Like wise, 5 percent respondents reported that using an unsterilized infected needle may not spread HIV infection and 13 percent respondents were reported that they don't know about it.
- The majority (82%) of the respondents said that blood should be taken after HIV testing. Similarly, 17 percent of the respondents don't know about this matter and only 1 percent of the respondents said that there is not necessary to take HIV tested blood.
- Majority 92 percent of the respondents have given right answer about possibility of identifying HIV infected person by looking at him her, and

none of the respondents had given wrong answer and 8 percent of the respondents were found known not known about it.

- Majority 99% of the respondents reported that they had heard of condom. It seems that majority of the respondents had knowledge about condom. This is the result of media like radio, television, books, friends, husband and others etc. Among 99 respondents who had heard about the condom were further asked sources of information about the condom. The vast majority 82.82% of the respondents reported that their sources of information were books. Out of 99 respondents 41.41% reported that their sources of information about the condom was friends, 2.02% of the respondents reported that husband was the source of information. Similarly, 41.41% of the respondents reported that television was the key sources of information 62.62% of the respondents reported their source of information about the condom was radio and only 1.01% respondents reported that they had got information from others.
- 92 of the respondents reported that people used condom to prevent from STIs and HIV/AIDS, 73 percent of the respondents reported for limiting the number of children, 64 percent of the respondents reported for birth spacing and 2 percent of the respondent was unknown about this matter.
- Majority (55%) of the respondents had knowledge about prostitution and its negative impacts which play vital roles to spread HIV and STIs, 20% of the respondents had positive impact of prostitution and relation between prostitution and HIV/AIDS and 25% of the respondent had reported “Don’t know”.
- Majority (44%) of the respondents was mentioned that prostitution can be reduced by awareness programme, 9 percent reported that social rejection and 15 percent of the respondents mentioned that prostitution could be reduced by legal provision and 32 percent reported that prostitution could be reduce by providing employment.

- Majorities (50%) of the respondents were reported that use of condom is the best way to be safe from HIV/AIDS. Similarly, 46 percent of the respondents were reported that health education is the best way to be protected by HIV/AIDS. Likewise, 1 percent of the respondents were reported that avoid sexual intercourse is the main way to be protected by HIV/AIDS and 3 percent of the respondent reported that use of medicine is the best way to be protected by HIV/AIDS.
- Majority (95%) of the respondents reported that love and affection should be given to HIV positive person, 3 percent of the respondents reported that they have to need to general behaviour, none of the respondents reported that they must be rejected from society and only 2 percent of the respondents reported that they must be hated. In this study, majority of the respondents reported that other people have to give love and affection to them.

5.3. Conclusion

It is concluded that respondents of this study area had little knowledge about the transmission of STIs and HIV/AIDS. But most of the respondents were unaware about the mode of transmission sign and symptoms of STIs and HIV/AIDS and safe sexual behavior.

Most of the respondents had known that HIV/AIDS and STIs are the communicable diseases. Some of the adolescence had known about the infected mother can pass HIV virus to her new born baby and unsterilized infected needle may spread HIV/AIDS through blood transfusion. Most of them had heard about the condom.

There are various factors that hinder the awareness on STIs and HIV/AIDS among adolescence such as educational status, effective advertising programs from T.V., radio, news paper, and awareness programmes etc. and the main problem found in the study area was that the adolescence mainly girls could not talk about sexual behavior Which has become the big problem to the safe sexual behaviour. Due to shyness, it is found that they didn't express their problems and early used to go for treatment and some of the respondents were unaware about the treatment of the STIs and HIV/AIDS. Having such

traditional condition of healthy behavior, may be possibility of transmission of AIDS and STIs is seen in the study area.

5.4 Recommendation

For the extension of the existing knowledge and the development of safe sexual behavior of the adolescence so adequate essential and sufficient knowledge on it should be provided. After this research, recommendations are made regarding various educational programs, awareness programs and further research areas for the development of knowledge on the STIs and HIV/AIDS among the adolescence. On the basis of findings and conclusion, following recommendations are made.

- Mass media should provide information about STIs and HIV/AIDS according to the level of adolescence
- Real information about the mode of transmission of HIV/AIDS should be provided to treat the infected person as a normal human being.
- Informal education on STIs and HIV/AIDS need to be launched in secondary level schools course, as well as short term programme.
- Special programs on STIs and HIV/AIDS should be organized to change behavior by getting adequate knowledge through the different programmes.
- Safe sexual behavior is very important to reduce the STIs and HIV/AIDS. Therefore, adolescence must have information about condom and it should be made available easily and locally.
- Infected persons experience need such disease and if we can mobilize them in the awareness program that will be the best way to spread the knowledge from the prevention of STIs and HIV/AIDS.

Recommendation for the Further Researcher

For those researchers in the days to come are heartily requested to do research on different areas of STIs and HIV/AIDS

- Analytical study will be done on perception and behavior on HIV infected person in different urban areas of Nepal.
- A comparative study will be done on knowledge and behavior of educated youth on STIs and HIV/AIDS in Gaidakot VDC.

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ANNEX- A

Questionnaire schedule for Respondents

Date

Name _____

Age _____ Class _____

Address _____

Sex _____ Caste/ethnicity _____ Religion _____

1. Family Occupation _____

2. If your friend got STIs, how do you behave?

1. Try to pass away	Yes	1	No	2
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2. Behave as usual	Yes	1	No	2
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3. Others, please specify

3. If some one suffering from STIs comes to your advice what do you do?

1. Suggest for treatment	Yes	1	No	2
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2. Suggest for not sexual contact	Yes	1	No	2
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3. Suggest for using condom	Yes	1	No	2
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4. Suggest for not saying other	Yes	1	No	2
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5. Other.....

4. How do people get infected with HIV? [You can choose more than one answer]

a. Sexual Intercourse

b. Having sex without using condom .

c. It is infected due to homosexual intercourse

d. It is infected through drug injection by sharing needle

5. How is HIV transmitted by blood?

6. Do people know they have been infected?

Yes 1 No 2

7. Do you know low risk of HIV transmission?

Yes 1 No 2

8. (If yes) which is the low risk of HIV transmission?

.....

9. Have you ever heard about STIs as a disease?

a. Yes b. No

10. If yes, which STIs have you heard about?

a. Syphilis b. Gonorrhoea c. AIDS d. Others

11. Do you know the mode of transmission of STIs?

a. Yes b. No

12. If yes, how the STIs are transmitted?

a. Unsafe sexual contact b. Blood transfusion
c. Living together d. Other

13. Are STIs possible to cure?

a. Yes b. No. c. Don't know

14. In your opinion, what types of disease is it?

a. Communicable b. Non communicable
c. Fatal d. Don't know

15. Have you ever heard about HIV/AIDS?

a. Yes b. No.

16. If yes, what are the sources of your knowledge?
- a. Radio b. T.V. c. Book
d. Teachers e. Friends f. Others
17. Do you know the mode of transmission of HIV/AIDS?
- a. Yes b. No
18. If yes, which of the following is the mode of transmission of HIV/AIDS?
- a. Using same latrine b. Unsafe sexual contact
b. Using patient's dress d. living together
19. Does HIV transmit from pregnant mother to her unborn child?
- a. Yes b. No. c. Don't Know
20. Using an un-sterilized infected needle may spread HIV infection.
- a. Yes b. No. c. Don't Know
21. How do you take blood if you need to take it?
- a. HIV tested b. HIV not tested c. Don't know
22. Is it possible to identify a person with HIV infection by looking at him/her?
- a. Possible b. Not possible c. Don't know.
23. Have you heard about the condom?
- a. Yes. b. No
24. If yes, what are the sources of your information?
- a. T.V. b. Radio c. Husband d. Friends e. Books f. Others
25. Why do people use the condom?
- a. For birth spacing b. Prevent from STIs, HIV and AIDS
c. For limiting the no. of children d. Don't know.

26. What is the impact of prostitution / sex trade in spreading HIV/AIDS?
a. Positive impact b. Negative impact c. Don't know
27. What is the best way to reduce prostitution / sex trade practices?
a. Developing awareness b. Social exclusion
c. Legal provision d. Providing employment
28. What is the main way to be protected with STIs,HIV and AIDS?
a. Use of Medicine b. Use of Condom
c. Health education d. Avoid sexual intercourse. Others
29. What types of behaviour should be done with HIV/AIDS patients?
a. Love and affection b. Hate
c. Social rejection d. General.