

**KNOWLEDGE AND ATTITUDES ON STDS, HIV and AIDS AMONG  
HIGHER SECONDARY SCHOOL STUDENTS**

**(A Case Study of Selected Higher Secondary Schools in Kanchanpur District)**

**By**

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## **RECOMMENDATION LETTER**

This is to certify that Mr. Prakash Bohara has worked under my supervision and guidance for preparation of this project work entitled "**Knowledge and Attitudes on STDs, HIV and AIDS Among Higher Secondary School Students: A Case Study of Kanchanpur District**" for partial fulfillment of Master's Degree of Arts in Rural Development. To the best of my knowledge the study is original based on primary data and carries useful information about STDs, HIV and AIDS among Higher Secondary School Students in Kanchanpur district.

I forward this to the Project work Committee for evaluation.

---

Mr. Suman Baskota  
(Supervisor)

June 2009

## **APPROVAL-SHEET**

This project work entitled "**Knowledge and Attitudes on STDs, HIV and AIDS Among Higher Secondary School Students: A Case Study of Kanchanpur District** " by Prakash Bohara has been accepted as partial fulfillment of the requirement for the Degree of Master of Arts in Rural Development.

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**June 2009**

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Prakash Bohara

**June, 2009**

## **EXECUTIVE SUMMARY**

*This is a field-based study to reflect the picture of knowledge and attitudes on STDs, HIV and AIDS among higher secondary school students in selected school of Kanchanpur district. This study is mainly based on primary data collected from two higher secondary schools of Kanchanpur district in 2009, which includes 115 students adopting purposive sampling method.*

*The higher proportion of the respondents is in 17-18 years of age, which is accounted for 49.6 percent. Most of respondents (33.9%) are Brahmin. The higher proportions of the respondents (76%) are unmarried. Most of respondents (57.5%) live in join family. Most of the respondent's father (74.8%) is literate and most of the respondent's mother (70.4%) is illiterate. Most of the respondent's father (59.1%) involves in agriculture and 73.9 percent respondents' mother involves in agriculture. The average family size of the respondents is 5-7 members. Most of the respondents (85.2%) are from rural area. All the respondents have radio facilities at their home.*

*Most of the respondents have heard about STDs (95.6%). HIV/ AIDS is most common types of STDs among students (100%). Majority of the respondents (99%) said that reproductive part affected by STDs. Most of the respondents (90.9%) know the mode of transmission of STDs. Large proportion of the respondents (64%) said that sexual contact with infected person. Large proportions of the respondents (82.7%) have knowledge on preventive method of STDs but 17.3 percent have not knowledge. Use of condom during sexual intercourse is most preferred way (87.9%) to prevention from STDs.*

*Large proportions of the respondents (95.6%) have heard about the HIV/ AIDS. All respondents have heard from radio. Most of the respondents (77.3%) have knowledge on mode of transmission HIV and AIDS. Most of the respondents (75.3%) said the HIV and AIDS is transmitted from blood transfusion. A large proportion of respondents (81.8%) have knowledge on syndrome of HIV and AIDS. About 90 percent respondents reported that the main syndrome of AIDS is loss of body weight. About three fourth of the respondents (74.5%) know preventive method of HIV and AIDS. Majority of the respondents (89.7%) reported to use condom during the sexual intercourse.*

*It is concluded that the knowledge and attitudes on STDs, HIV and AIDS of higher secondary are almost universal. Respondents from grade 12 are more knowledgeable than respondents from grade 11 on transmission of STDs, HIV and AIDS, syndrome of STDs, HIV and AIDS and preventive method of STDs and HIV and AIDS.*

*It is recommended that perceptions perceived by the respondents can be the entry point for the planner and policy maker reacting to these matters.*

## LIST OF ABBREVIATIONS

AIDS	- Acquired immune deficiency Syndrome.
CBS	- Central Bureau of statistics
DHS	- Department of Health Services
EHL	- Family Health international
HIV	- Human Immunodeficiency Virus.
GON	- His Majesty Government of Nepal
ICPD	- International Conference on Population and development.
IEC	- Information education and communication
INGOs	- International Non-Governmental Organizations
MOHP	- Ministry of health and population
MSM	- Men having sex with Men
NACC	- National AIDS Coordination committee
NAC	- National AIDS Council
NCASC	- National Center for AIDS and STD control
NDHS	- National Demographic Health Survey
NGOs	- Non-Governmental Organizations
RITs	- Reproductive Infection Tracts
SAARC	- South Asian Association Regional for Cooperation
STDs	- Sexually Transmitted Diseases
SW	- Sex Worker
TB	- Tuberculosis
TV	- Television
UN	- United Nations
UNAIDS	-The Joint United Nations Programme on HIV and AIDS.
UNFPA	- United Nations Population Fund
USA	-United State of America
VCT	- Voluntary Counseling and Testing
WHO	-World Health Organization

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**APPENDIX -I  
QUESTIONNAIRE**

**TRIBHUVAN UNIVERSITY  
Central Department of Rural Development**

**"Knowledge and attitude on STDS, and HIV and AIDS among Higher Secondary Schools Student" (A Case of some Selected Higher Secondary Schools, Kanchanpur District)**

**An Individual Questionnaire**

**Respondent Number**

**Date / /**

**1. School's Name: -----**

**2. Name of Student: ----- (Optional)**

**3. Class: -----**

**4. Age (completed):-----**

**5. Sex:**

**Male ..... 1**

**Female ..... 2**

<b>Q.N.</b>	<b>Questions</b>	<b>Coding description</b>
6	Caste/Ethnicity	Brahmin ..... 1 Thakuri.....2 Chhetri ..... 3 Newar ..... 4 Magar ..... 5 Dalit ..... 6 Others.....9
7.	Religion	Hindu ..... 1 Buddha..... 2 Islam ..... 3 Christian ..... 4 Others..... 9
8.	Marital Status	Married ..... 1 Unmarried ..... 2
9.	If married at which age did you get married?	-----
10.	Which age is appropriate to get married?	-----
11.	Where are you living now?	At home ..... 1 Hostel ..... 2 Rented house.....3 Relatives house .....4 Others.....5

**B. Household Questionnaire**

12.	What types of family is your?	Nuclear.....1 Joint.....2
13.	How many members are there in you family?	.....

12.	Can your father read and write?	Yes .....1 No..... 2
13.	If yes, what is your father's educational level?	No schooling .....0 Primary ..... 1 Lower Secondary .....2 Secondary ..... 3. SLC & above .....4
14.	Can your mother read and write?	Yes .....1 No.....2
15.	If yes, what is your mother's educational level?	No schooling .....0 Primary .....1 Lower Secondary .....2 Secondary .....3 SLC & above .....4
16.	What is your father's occupation?	Agriculture .....1 Service.....2 Business.....3 Daily wages.....4 Other.....9
17.	What is your mother's occupation?	Agriculture ..... 1 Service.....2 Business.....3 Daily wages.....4 Others.....9
18.	How many brothers and sisters do you have? (Including Yourself)	Brothers ..... Sisters.....
19.	Where is you permanent residence?	Village .....1 Town .....2
20.	Do you have following facility at home? (Multiple responses possible)	Electricity .....1 Radio .....2 T.V .....3 Telephone.....4 Computer .....5 Others.....9
21.	Do you read newspaper?	Daily ..... 1 Sometimes .....2 Rarely .....3 Never .....4
22.	Do you listen radio?	Daily .....1 Sometimes .....2 Rarely .....3 Never .....4
23.	Do you watch T.V?	Daily .....1 Sometimes .....2 Rarely .....3 Never .....4

### C. Knowledge and Attitude on STDS andHIV and AIDS

24.	Have you heard about STDs	Yes.....1 No.....2
-----	---------------------------	-----------------------

25.	If yes, which types of STDs have you heard? (Multiple responses possible)	Syphilis.....1 Gonorrhea.....2 Chalanydia.....3 Trilomoniasis.....4 Hepatitis B .....5 HIV/AIDS .....6 Other.....9
26.	From which source have you heard about STDS now? (Multiple response possible)	Radio..... 1 Television..... 2 Newspaper .....3 Parents.....4 Teachers .....5 Friends..... 6 Text books ..... 7 Other.....9
27.	Which organs affected by STDs?	Reproductive parts .....1 All over the body .....2 Mouth .....3 Head .....4 Hand .....5
28.	Do you know about the way of transmission of STDS?	Yes ..... 1 No ..... 2
29.	If yes, how are STDS transmitted? (Multiple response possible)	Unprotected sexual intercourse ..... 1 Living together with infected person.....2 From infected mother to fetus ..... 3 Don't know.....5
30.	Do you know the methods of preventive measure of STDs? (Multiple response possible)	Yes .....1 No .....2
31.	If yes, which of the following are the true methods of preventing STDs Transmission?	Use of condom during sexual intercourse .....1 Avoid sex with multiple partners .....2 Use sterilized syringe only.....3 Avoid sex with prostitute..... 4 Others..... 9
32.	Have you heard about HIV and AIDS?	Yes .....1 No .....2
33.	If yes, from which sources have you heard about AIDS? (Multiple responses)	Radio.....1 T.V.....2 Magazine.....3 Friend.....4 Doctor.....5 Parent.....6 Teacher .....7 Text book.....8 Others.....9

34	If yes, write down the full form of AIDS?	..... .....
35.	Do you know about the way of transmission of HIV and AIDS?	Yes .....1 No .....2
36.	If yes how is the HIV and AIDS transmitted? (Multiple responses)	Sexual contacts.....1 Shaving razor.....2 Blood Transfusion.....3 Kissing.....4 Infected mother to her baby...5 Others.....9
37	Do you know about the syndromes of AIDS?	Yes .....1 No. ....2
38	If yes, which of the following are the syndromes of AIDS? (Multiple responses)	Loss of body weigh .....1 Fever for one month .....2 Red sports and yell wish pus like discharge .....3 Do not Know .....4
39	Do you know the method of preventing AIDS transmission?	Yes..... 1 No.....2
40	If yes which of the following are the true methods for preventing AIDS transmission? (Multiple responses)	Don't have sex at all ..... 1 Unknown person use condom.... 2 Use condom on sterilized..... 3 Surgical instrument only..... 4 Others..... 9
41	In your opinion who are the most vulnerable group in your society from HIV and AIDS? (Multiple responses)	Youth adolescent.....1 Drivers.....2 Commercial.....3 Sex worker.....4 Others..... 9
42	What is you perception about AIDS infected person?	All of them die.....1 Some of them die.....2 Nobody dies at all.....3 Don't know..... 9
43	In you opinion what is AIDS?	Fatal disease..... 1 Sexual transmitted disease.... 2 Communicable disease..... 3 Dangerous and transmitted by careless sexual contact..... 4 Immune deficiency syndrome.....5 Others..... 9
44	Do your teachers describe about STDs, HIV and AIDS?	Yes .....1 No.....2
45	If not what may be the reason for not describing?	Sly..... 1 Don't know about Subject Matter.....3 Negligence..... 4 Don't know..... 9



46	In your opinion what is sex?	Basic need.....1 Need for propagating generation.....2 Absurd.....3 Others.....4
47	Write your comments or suggestions regarding this study if any?	..... ..... .....

# CHAPTER - I

## INTRODUCTION

### 1.1 Background of the Study

The diseases that can be transmitted from one person to another person mainly through sexual contact during unprotected intercourse are known as sexually transmitted diseases. Some STDs can be transmitted by other routes also. In fact multiple sexual contacts may lead serious health problems and causes various ventral diseases. Sometime, these diseases are also transmissible through transfusion of unsafe blood, contaminated needles and from infected mother to her children during pregnancy, childbirths or breast feeding. Sexually transmitted diseases (STDs) have greater impact on human sexuality and morbidity. They largely affect external and internal sexual organs and cause various complications such as pelvic inflammatory diseases (PID), entopic pregnancy, inferiority cervical cancer, miscarriage and stillbirth etc.

The organisms that are transmitted through close sexual contact cause STDs. There are at least 27 kinds of different diseases caused by different viruses or bacteria to other microorganism. Some of the common STDs are syphilis, Gonorrhoea, cancroids, Trichomoniasis, Genital Herpes and Genital warts (Saifur et.al., 1999:2-3). Some of the uncommon STDs are HIV and AIDS.

STDs, HIV and AIDS appear as a major public health problem in developed and developing countries. However incidence and prevalence of STD are significantly higher in the developing countries where treatment facilities are less accessible and less affordable. However a study estimated that more than 90 percent of the STDs, cases occurred in the developing countries (UNAIDS 2003).

#### **What is HIV (Human Immunodeficiency Virus)?**

HIV is a virus. Viruses infect the cells that make up the human body and replicate (make new copies of themselves) within those cells. A virus can also damage human cells, which is one of the things that can make a person ill. HIV can be passed from one person to another. Someone can become infected with HIV through contact with the bodily fluids of someone who already has HIV. HIV stands for the 'Human Immunodeficiency Virus'. Someone who is diagnosed as infected with HIV is said to be HIV+ or HIV positive. (Source: [avert.org/aids](http://avert.org/aids)). " Being HIV-positive, or having HIV disease, is not the same as having AIDS. Many people are HIV-positive but don't get sick for many years. As HIV disease continues, it slowly wears down the immune

system. Viruses, parasites, fungi and bacteria that usually don't cause any problems can make you very sick if your immune system is damaged.

### **What is AIDS (Acquired immune deficiency syndrome)?**

AIDS stands for Acquired Immune Deficiency Syndrome:

- ) *Acquired* means you can get infected with it;
- ) *Immune Deficiency* means a weakness in the body's system that fights diseases.
- ) *Syndrome* means a group of health problems that make up a disease.

AIDS is caused by a virus called HIV, the Human Immunodeficiency Virus. If you get infected with HIV, your body will try to fight the infection. It will make "antibodies," special molecules to fight HIV. A blood test for HIV looks for these antibodies. If you have them in your blood, it means that you have HIV infection. People who have the HIV antibodies are called "HIV-Positive"

AIDS is one of the biggest problems facing the world today and nobody is beyond its reach, so everyone should know the basic facts about HIV and AIDS. AIDS has already killed millions of people, millions more continue to become infected with HIV, and there's no cure for AIDS- so AIDS and HIV will be around for a while yet.

### **Difference between HIV and AIDS?**

HIV is the virus that causes AIDS.

**H--Human:** because this virus can only infect human beings.

**I -- Immune-deficiency:** because the effect of the virus is to create a deficiency, or a failure to work properly, within the body's immune system.

**V -- Virus:** because this organism is a virus, which means one of its characteristics is that it is incapable of reproducing by itself. It reproduces by taking over the machinery of the human cell.

**A -- Acquired:** because it is a condition one must acquire or get infected with; not something transmitted through the genes

**I -- Immune:** because it affects the body's immune system, the part of the body which usually works to fight off germs such as bacteria and viruses

**D -- Deficiency:** because it makes the immune system deficient (makes it not work properly)

**S -- Syndrome:** because someone with AIDS may experience a wide range of different diseases and opportunistic infections

AIDS, a pandemic disease broken out all over the world, mean acquired immune deficiency syndrome caused by the deficiency of immunity resulting from foreign substances or micro organisms. It is not caused by nature itself. The words HIV and AIDS are closely relates in the sense that a person being affected by positive human immune deficiency virus as a victim of AIDS however the person who has negative HIV is not affected by AIDS. Therefore it is a just a symptom having deficiency of immunity power which ultimately leads the person to path of death. The AIDS is caused by HIV virus which is a kind of retro virus. The diameter of HIV virus is 1/10000 of a million.

Human Immune deficiency virus (HIV) and Acquired Immune Deficiency syndrome (AIDS) has become a huge problem in the world. Initially AIDS was appeared first in 1981 in New York USA. Experts believe that it has been prevailing in human society since before 1959. They also viewed that the green monkey (found in Africa) has been carrying its virus. The virus was defected in 1983 in a patient with AIDS by Dr. Luemontogniger (France) and later in 1984 confirmed by Dr. Robert Nallo (USA).

### **What happens if one gets HIV positive?**

We might not know if we get infected by HIV. Some people get fever, headache, sore muscles and joints, stomach ache, swollen lymph glands, or a skin rash for one or two weeks. Most people think it's the flu. Some people have no symptoms. The virus will multiply in your body for a few weeks or even months before your immune system responds. During this time, you won't test positive for HIV, but you can infect other people. When your immune system responds, it starts to make antibodies. When this happens, you will test positive for HIV. After the first flu-like symptoms, some people with HIV stay healthy for ten years or longer. But during this time, HIV is damaging your immune system. One way to measure the damage to your immune system is to count your CD4 cells you have. These cells, also called "T-helper" cells, are an important part of the immune system. Healthy people have between 500 and 1,500 CD4 cells in a milliliter of blood. Without treatment, your CD4 cell count will most likely go down. You might start having signs of HIV disease like fevers, night sweats, diarrhea, or swollen lymph nodes. If you have HIV disease, these problems will last more than a few days, and probably continue for several weeks.

There are generally seems to be three period when HIV enters into the human body. They are as follows (Maharjan, 1996).

**Window period-:** in this period when HIV virus enters into the human body generally cold cough may appear and disappear after some times. The virus safely settles in cell whereas man is to be looked healthy. This is not much risky period because it is

possible to transform of HIV by involving sexual intercourse and other activities. In this period it is difficult to find out presence of virus when the blood is checked.

**Carrier stage:** Although man seems to be healthy in this period HIV increase inside human body. It takes 5-10 years for adult and takes 1 to 2 years time for child. If we check the blood, there seems the presence of the HIV.

**AIDS:** After 6 months to 10 years period, sign and symptoms of AIDS are seen. Person looks healthy until the signs and symptoms are not seen. When sign and symptoms are seen physically and after checking the blood, and if it shows the HIV positive, the situation is called AIDS (Richard 1997).

There is no treatment of this disease the only one way to save from the disease is the prevention.

### **Sign and Symptoms**

The following symptoms generally indicate the presence of AIDS in a person. The symptoms can be grouped into two heading as minor and major symptoms.

#### **Minor Symptoms**

- Persistent cough for more than one month.
- Appears various types of harps.
- Infection in mouth and throat.
- Generalized itchy skin diseases.

#### **Major symptoms**

- Weight loss more than 10% of original body weight.
- Continuous diarrhea for more than one month.
- Continuous fever for more than one month.
- Excessive sweat.

HIV virus transfers from one person to another in various ways. HIV is found in body fluids such as blood, semen, vaginal fluids & breast milk. It passes from one person to another only in very specific ways. The main ways of transformation are.

### **How is HIV transmitted?**

HIV can be transmitted from an infected person to another through:

- ) Blood (including menstrual blood)
- ) Semen
- ) Vaginal secretions
- ) Breast milk

Blood contains the highest concentration of the virus, followed by semen, followed by vaginal fluids, followed by breast milk.

### **Activities That Allow HIV Transmission**

- ) Unprotected sexual contact
- ) Direct blood contact, particularly through sharing injection drug needles.
- ) Infections due to blood transfusions, accidents in health care settings or certain blood products are possible, although they are extremely rare nowadays in the United States.
- ) Mother to baby (before or during birth, or through breast milk)

**Sexual intercourse (vaginal and anal):** In the genitals and the rectum, HIV may infect the mucous membranes directly or enter through cuts and sores caused during intercourse (many of which would be unnoticed). Anal and vaginal intercourses are high-risk practices.

**Oral sex (mouth-penis, mouth-vagina):** The mouth is an inhospitable environment for HIV (in semen, vaginal fluid or blood), meaning the risk of HIV transmission through the throat, gums, and oral membranes is lower than through vaginal or anal membranes. There are documented cases where HIV was transmitted orally, so we can't say that getting HIV-infected semen, vaginal fluid or blood in the mouth is without risk. However, oral sex is considered a low risk practice.

**Sharing injection needles:** An injection needle can pass blood directly from one person's bloodstream to another. It is a very efficient way to transmit a blood-borne virus. Sharing needles is considered a high-risk practice.

**Mother to Child:** Mother to child transmission is now rare in the US and other developed countries because pregnant women who are HIV-positive are normally given medications to prevent the fetus from getting infected. However, it is possible for an HIV-infected mother to pass the virus directly before or during birth, or through breast milk. Breast milk contains HIV, and while small amounts of breast milk do not pose significant threat of infection to adults, it is a viable means of transmission to infants.

## **HIV virus does not enter the body**

- i) By casual contacts, tears, vomit, sharing dishes, using toilets after some one etc.
- ii) By embracing.
- iii) By handshaking.
- iv) By using other's combs & towels.
- v) By using a common latrine.
- vi) By living and playing.
- vii) By communication.
- viii) By hugging

## **Preventive Measures**

- Avoid sexual relation with other persons except one person.
- HIV infected women should not get pregnant.
- Avoid drug use and addiction.
- Do not use such needles that have not been sterilized.
- Do not use unsafe blood
- Eradication of commercial sex.
- Development of sex education.
- Awareness rising.
- Others.

Some of the objectives set by the plan of action of the international conference on population and development (ICPD) 1994 to control HIV and AIDS are as follows.

- To prevent, reduce the effect and minimize the impact of HIV infection.
- To increase the awareness of the disastrous consequences of HIV infection on individual, community and national level.
- To ensure that HIV infected individuals have adequate medical care and are not discriminated at all.
- To identify research on methods to control the HIV and AIDS pandemic and to find an effective treatment for the diseases

AIDS recognizes no barrier and does not discriminate among nations. All countries and societies are vulnerable. AIDS can strike people at any age children and young adults, the ones still waiting to be born and elderly. It is a threat to rich/poor, the literate and illiterate, those living in cities and those in villages.

## **1.2 Statement of the Problem**

There is no cure for AIDS. There are few drugs that can slow down the HIV virus, and slow down the damage to your immune system but there is no way to "clear" the HIV out of your body. Other drugs can prevent or treat opportunistic infections (OIs). In most cases, these drugs work very well. The newer, stronger ARVs have also helped reduce the rates of most OIs. A few OIs, however, are still very difficult to treat.

Rapidly spreading sexually transmitted diseases (STDs) and HIV and AIDS among the adult age group has become a critical and alarming problem in many developing countries. In other words, STD and HIV and AIDS are emerging as a major social and health problem in developed as well as developing countries. More than 95 percent of HIV-infected people are largely adults who could normally be in their peak of productive age and are living in developing countries and all of them result in death (UN, 1998).

Nepal is also one of the developing countries so it cannot isolate from the problem. Although, the HIV and AIDS cases are found low in Nepal than other countries. The effectiveness of preventive measures is found low in Nepal than other countries. Preventive measures are not developed and implemented and this results in HIV spreading fast. Just over one-fourth of the reproductive age group of women knows about HIV and AIDS in Nepal.

Some of the factors play a vital role for the rapid spreading and transmission of HIV and AIDS throughout the country.

- Lack of sex-education in school level.
- Low level of awareness of HIV and AIDS.
- Low and poor socio-economic status of people.
- Growing urbanization.
- Trafficking of young village girls for prostitution outside the country.
- Seasonal migration and mobility of youth in search of jobs.
- Low coverage of mass-media on HIV/AIDS prevention.



- Poor health infrastructure.
- Increase in the number of commercial sex worker in Nepal.

The main problem of Nepal, STDs, HIV and AIDS transmission are illiteracy, low quality and limited health facilities deteriorating socio-economic life pattern, open border with the Indian which leads girls trafficking to the India brothels cultural values and seasonal migration. Very few messages are provided at higher secondary school about sex and sexuality which shows that plan and policy is not enough to cope with rapidly spread HIV and AIDS in Nepal.

HIV/AIDS is a burning and growing problem in Nepal along with poor socio-economic and health status of the people. Most of the people are illiterate and illiteracy lead them get married at early age. Without having basic sex and health education they start sexual intercourse and activities, before being prepared to sexual activities are the main causes of spreading STDs and HIV and AIDS.

India is the main destination of Nepalese people for earning property. There is open border between two countries and no visa permission is necessary to enter one country from another. People from Nepal go to India for procurement of commodities and looking for seasonal job to Indian cities also comes to Nepal for the same. While staying in India, Nepalese people sometimes visit brothels and may be infected with HIV and AIDS . In the off seasons, they return to their native village and unknowingly pass the diseases to their spouse. Though Kanchanpur is a tarai district but school students are not much alert about the STDs and HIV and AIDS. Even they have little knowledge, they may not have positive attitude towards it.

Therefore the present study on knowledge and Attitudes on STDs, HIV and AIDS among higher secondary school students have attempted to find out the level of knowledge and attitude among students of some selected school of Kanchanpur district.

### **1.3 Objective of the Study**

The main objectives of the study are to examine the knowledge and attitudes on STDs, HIV and AIDS among high secondary school students. The other specific objectives of the study are as follows.

- To study the socio-economic and demographic characteristics of the higher secondary school students.
- To examine the knowledge and attitudes on STDs, HIV and AIDS among higher secondary school students.

- To identify the various sources of information on STDs and HIV and AIDS.
- To access the knowledge about preventive measure of STDs and HIV and AIDS.

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

This study is important by selecting high secondary schools students that will provide specific data regarding their knowledge and attitude on STDs and HIV and AIDS. The study aims to help aware against the STDs and HIV and AIDS.

This study is next in the serious but fundamentally different because of the variables incorporated the objectives. This study links the issues with curriculum adopted by GON in higher secondary education. The research incorporates the current issues advocated by the international and national governing bodies. This study after the completion will be useful for both the general readers and so for the national planners to review the existing policy on the matter of STDs and HIV and AIDS.

The ministry of education has included the topic of STDs, HIV and AIDS education in higher secondary curriculum. This research also makes attempts to play an important role find out the necessity of the sex, sexuality & HIV and AIDS prevention education program at higher secondary school level. The significance of the present study is as follows.

- The findings of this research will be helpful to know the level of knowledge and attitudes of higher secondary school students on STDs and HIV and AIDS.
- This study will be beneficial for organizations interested to pursue such types of research work in future.
- This study will be helpful for curriculum designer especially at higher secondary school levels.
- The recommendations of the research will be beneficial for development of long term strategy on STDs, HIV and AIDS prevention by ministry of health.
- The recommendations of this research will be helpful to develop ICE (information communication and education) materials focusing higher secondary school students.

#### **1.5 Limitation of the Study**

This study consists of the knowledge and attitude among higher secondary school students due to lack of enough time and budget the study is limited in the following area.

- The questionnaire is based on knowledge and attitude on STDs, HIV and AIDS so the finding is only related to these matters.
- Sampling procedure rather than including all carries out this research.
- This study is taken among limited number of respondents there are only 115 respondents from two higher secondary schools.
- This study population is taken from higher secondary school students of Kanchanpur.
- In this study, the selections of sample are carried out by purposive sampling and selection of respondents.

### **1.6 Definitions of the Terms Used**

**Knowledge:** Dictionary meaning of knowledge is "A clear and certain mental perception, understanding the facts of being aware of same thing". In this study knowledge refers to the understanding as causes of modes at transmission symptoms prevention of HIV and AIDS.

**Attitude:** Dictionary meaning at on attitude is "ways at feeling, thinking or behaving" An attitude is a dispositional readiness to responds to certain situation, persons, or objectives in a constant manner, which has learned and has become one's typical mode of response. An attitude has affective cognitive and action components. In this study attitude refers to favorable or unfavorable reactions to statement in the attitude scale provide by the researcher.

**HIV:** Human immunodeficiency virus, a combination of disease caused by virus (HIV), which affects the immune system of the body.

**AIDS:** Acquired immune deficiency symptoms, a combination of diseases caused by HIV virus, which affects the immune system of symptoms which result from weakness of the body defiance system due to this reason, the body has become unable to fight against infections.

**STDs:** STDs are disease transmitted by sexual contact during unprotected intercourse.

### **1.7 Organization of the Study**

This study is organized into six chapters. The first chapter of the study includes general background of the study, statement of the problem, objectives of the study, significance of the study, limitation of the study and organization of the study.

The second chapter deals with review of literature in which world situation of STDs and HIV and AIDS, situation of SAARC countries, the case of Nepal, HIV and AIDS and STDs control and conceptual framework.

The Third Chapter Entitled methodology includes study area, source of data, sample size, selection of sample, questionnaire design, methods of data collection and data analysis of interoperation.

The socio- economic and demographic characteristics of respondents are described in fourth chapter. The knowledge and attitude on STDs, HIV and AIDS is presented in chapter five. Last Chapter deals with summary, conclusions and recommendations as well as research issues of the study.

## **CHAPTER - II**

### **LITERATURE REVIEW**

#### **2.1 Literature Review**

This chapter leads about the available on STDs and HIV and AIDS. History of more vulnerable groups for acquiring HIV and AIDS etc were reviewed to generate the adequate relationship between the variables and to share the others opinion on the issued statement.

##### **2.1.1 World Situation on STDs and HIV and AIDS**

According to estimates from the UNAIDS 2008 report on global AIDS epidemic, around 30.8 million adults and 2 million children living with HIV at the end of 2007.

STD or Reproductive tract infection increases the chance that any single sexual encounter will transmit the virus in societies where STDs are wide spread where people have many sexual partners, the risk of HIV infection is dramatically increases. (UNFPA, 1997:1).

In the context of HIV, risk is defined as the probability that a person may acquire HIV infection (UNAIDS, 1998:2) certain behavior create enhance and perpetuate such risk for e.g. unprotected sex with a partner whose HIV status is not known, multiple unprotected sexual partnership, lack of adherence to infection. Control repeated blood transfusion with shared needles and syringes. Therefore, those who have sexual relation with multiple partners are placed themselves at a high-risk group for contacting with HIV and AIDS.

There are over 330 million cases of treatable STDs, each year, 33.4 million persons are living with HIV and AIDS and there are 5.8 million new infections each year. Every day 16000 people are infected with HIV and almost a million people have become infected with other STDs. per minute 11 people are infected by HIV positive. Women are more vulnerable than men to HIV infections. (UNFPA, 1999:30)

Where did the AIDS virus come from? Scientists believed that they have solved this lingering mystery, the answer chimps –"AIDS mystery solved, culprit is the chimp". This article was published on February in 1999. Dr Beatrice Hahn, who led the team that traced the origin of HIV to sub species of chimps in Africa with her husband. George shah in their laboratory at the University of Alabama in Birmingham, USA. They had convincing proof that the virus spread on at least three separate occasions from chimpanzees to people in Africa. One of these cross- species transmissions was the start of the epidemic that now infects about 35 million people worldwide. Chimps

which have probably carried the virus for hundred of thousands of years, apparently do not get sick from it, figuring out why it could be important, while chimps have long been suspected as the source, there have been a lot of fuse ends (Subedi, 1995).

The majority of the world HIV infection has been acquired through sexual intercourse between men and women (heterosexual transmission). The proportion of HIV infection attributable to this mode of transmission continues to grow HIV transmission through sexual intercourse between men and men (homosexual transmission) occurs in most part of the world. Although in the developed countries, it has become less common as the result of the adoption of safer sex practices by homosexual men (WHO/GPA, 1994).

South Africa has the world's largest number of patients co-infected with TB and HIV. TB is the most common opportunistic infection among persons with HIV: 60000 South Africans have both diseases. South Africa's cure rate for TB ranges from 35 Percent Kwazulu-Nata to 70 percent in Western Cape, according to Health Minister Manto Tshabalala-Msimang. The resulting average Cure rate is 54 percent; WHO goal is 85 percent (Khan, 2005).

The first AIDS day campaign took place in 1997 to emphasize that Acquired immune deficiency syndrome (AIDS) is not just a campaign of concern of one day every year. So the world AIDS campaign now starts each year celebrate worlds AIDS day in December 1.

The HIV and AIDS epidemic has already claimed more than 25 million lives and another 39 million people are currently estimated to be living with HIV and AIDS world-wide. Its cases have been reported in all regions of the world, but most people living with HIV and AIDS. 95 percent reside in low and middle-income countries. Where most new HIV infections and AIDS related death occur (UNAIDS 2006). The nations of sub Sahara Africa have been hardest hit, there is also increasing concern in parts of Eastern Europe and Asia (UNAIDS, 2004). HIV is leading cause of death worldwide among those ages 15-59 years. The epidemic is considered a threat to the economic well being, Social and political stability of many nations (UN, 2006).

UNAIDS and WHO published situation about HIV and AIDS every year about world's Countries. Following table clears about more information about regional HIV and AIDS statistics and features at end of 2006.

**Table 2.1 Global HIV and AIDS estimates, end of 2007**

The latest statistics on the world epidemic of AIDS & HIV were published by UNAIDS/WHO in July 2008, and refer to the end of 2007.

	<b>Estimate</b>	<b>Range</b>
People living with HIV and AIDS in 2007	33.0 million	30.3-36.1 million
Adults living with HIV and AIDS in 2007	30.8 million	28.2-34.0 million
Women living with HIV and AIDS in 2007	15.5 million	14.2-16.9 million
Children living with HIV and AIDS in 2007	2.0 million	1.9-2.3 million
People newly infected with HIV in 2007	2.7 million	2.2-3.2 million
Children newly infected with HIV in 2007	0.37 million	0.33-0.41 million
AIDS deaths in 2007	2.0 million	1.8-2.3 million
Child AIDS deaths in 2007	0.27 million	0.25-0.29 million

*(Source: UNAIDS/WHO publication, July '08).*

Epidemiological studies have identified sexual intercourse, intravenous injections, blood transfusions and fetal transmissions from infected mothers as the main routes of transmission of AIDS. Studies have also indicated that HIV cannot be transmitted through food water, insect vectors or casual contact, (Knowledge of HIV and AIDS).

### **2.1.2 Situation of SAARC Countries**

The first HIV infection on South region was reported in India in 1986. it is estimated that there are about 3 to 5 million people infected by HIV and AIDS . The pandemic was introduced in the region some what later in other part of the world. The infection rate in South Asia are lower than Africa but the spread of HIV is rapid in Maharastra and Taminadu States are main area to rapidly increasing the HIV infection. Multiple Sexual contacts have been the main routes of HIV transmission in India 50 percent of commercial sex worker have been found to be infected in Mumbai (Aryal, 2001).

Data on prevalence on STDs, including HIV and AIDS are not available for all SAARC countries are also limited in scope. However, the limited information that is available reveals a high level of prevalence of RTIs (Reproductive Tract Infections) and STDS among both married and unmarried adolescent girls and boys. For example, in Bangladesh over 40 percent of Unmarried and married adolescent girls and 20 percent of unmarried adolescent boys are report to have had symptoms of RTIs and STDs respectively. In Sri Lanka, about 7 percent of adolescents are reported to have had STDs. The incidence of HIV and AIDS among adolescents is limited but increasing particularly among girls. For example, in Nepal, adolescent constitute about 16 percent of the HIV and AIDS case with adolescent girls representing 72 percent of the cases. Knowledge of HIV/ AIDS is limited among adolescents. For example only 19–24 percent of married adolescent girls are reported to have ever heard of HIV and AIDS in Bangladesh and Nepal (UNFPA, 1998).

There are some factors which are very similar in the countries of south Asia and these factors are among others, responsible for contributing to spread HIV infection in the region (PSC, 1998).

- ) Girl Trafficking
- ) Commercial Sex work
- ) Seasonal Migration and mobility of youth in Search of job.
- ) Drug use.

A recent data on HIV and AIDS estimation of SAARC countries by UNAIDS is presented in Table.

Table: 2.2 Estimation of Adult Population Living with HIV in SAARC Countries

Estimated Number of People living with HIV						
Country	Adults (15-49), end 2003			Adults (15-49), end 2001		
	Estimate	Low Estimate	High Estimate	Estimate	Low Estimate	High Estimate
Bangladesh	-	2,400	15,000	-	2,200	13,000
Bhutan	-	-	-	-	-	-
India	-	2,200,000	7,300,000	-	20,000,000	6,700,000
Nepal	60,000	29,000	98,000	44,000	22,000	72,000
Pakistan	73,000	24,000	1,40,000	62,000	20,000	1,20,000
Sri Lanka	3,500	1,100	6,800	2,200	700	4,300
Maldives	-	-	-	-	-	-

Source: UNAIDS, July 2005, Report on the Global HIV and AIDS Epidemic.

Data indicates that among SAARC countries, Nepal will be vulnerable to HIV and AIDS, if some measures to control. It is not taken immediately. If we compare with pervious two years, infected population has estimated nearly double. If this trend



remains same in future, this disease would be an uncontrollable and our country would face the situation of Africa now.

### **2.1.3 The Case of Nepal**

HIV/AIDS have become a major public health problem in Nepal. The first case was reported in 1988. The potential for the spread of HIV in Nepal is large because of extensive use of commercial sex workers, high rates of sexually transmitted diseases, low levels of condom use and pockets on intravenous drug users. As of January 2007, a total of 1248 AIDS cases and 8678 cases of HIV infection are reported to the Ministry of health and Population, National Center for AIDS and STD Control (NCASC, 2007).

AIDS entered in Nepal through the prostitution either women and girls who were involved in the prostitution in Mumbai or other cities of India. They are generally supposed to come back to home, which helps AIDS to spread in Nepal (Acharya, 1998).

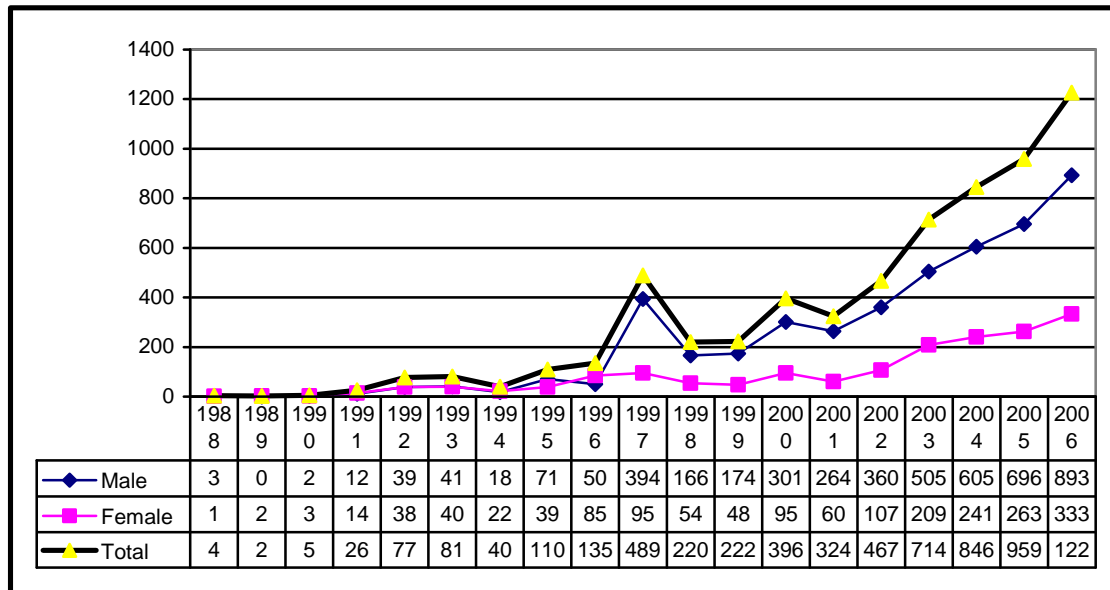
In response to the HIV and AIDS epidemic, His majesty government of Nepal (HMG/N) established the national AIDS control program (NACP) in 1987 with financial and technical support from the world health organization (WHO).

Cox and Subedi Conducted a research Survey in 1994 Among Nepalese sex workers comparing some at their finding with those of other Asian countries. While relative to neighboring countries the AIDS pandemic has been relatively effect to Nepal, but there is a tremendous potential for rapid spread of infection. Trafficking of Nepalese women and girls to serve the sex industry in India combined with migrant in India and Nepal are primary routes through which the Virus threatens to take hold in the general population. High rates of illiteracy taboos regarding the open discussion of sex and limited health, infrastructure are commonly noted factors, which spread the infection (Cox and Subedi, 1994 Cited in Adhikari, 2006).

The HIV situation in Nepal is character by the high prevalence among groups involved in high-risk behavior. Among street sex workers in Kathmandu, it rose from about one percent in 1992 to about 16 percent in 1998. Among intravenous drug users (IDUs), it rose from about two percent in 1991 to 50 percent in 1997. The prevalence in general population in Nepal is still low, but is rising rapidly. There are indications that the transmission among house wives is increasing. Though the infection is found every where, it is concentrated in the capital (UNAIDS, 2005)

Figure: 2.1 HIV and AIDS Situation of Nepal

Year-wise detection of HIV infection by year and sex 1988-2006



Source: National center for AIDS and STD control and Demographic Health survey

#### 2.1.4 HIV/ AIDS and STDs Control

The current situation of HIV in Nepal is different from the first case which was diagnosed in 1988. There are gaps and challenges to be addressed in the fight against HIV and AIDS. Nepal is low prevalence Country for HIV and AIDS (0.5%). However Some of The groups Show evidence of a concentrated HIV epidemic e.g. Sex workers 19.5 percent, migrant population 4-10 percent and Intravenous drug users (IDUs), both in rural and urban areas, since 1988 when the first case was diagnosed MOHP/DOHS and deterrent stakeholders came forward to address HIV and AIDS issues. The main Focus was given to preventive aspects. In 1995 MOHP in consultation with different stake holder developed a policy for the control of HIV and AIDS. However, the activities were implemented in sporadic and disorganized manner.

MOHP came to the conclusion that every Stakeholder working in the field of HIV and AIDS should come forward to the world under one umbrella within the framework of a single policy. As a result in 2002 a new strategy for HIV and AIDS was developed for 5 years (2002 to 2006) and consequently and operational work plan was developed for 5 years (2003 to 2007) However, There are many gaps that were not identified during the development of new strategy guidelines that need to be addressed while revising it in 2006 (MOEP, 2006).

The new strategy shot-lights to the following main areas.

- ) Vulnerable groups
- ) Young people
- ) Treatment, care and support
- ) Epidemiology, research and surveillance
- ) Management and Implementation of an expanded response.

### **Strategies for Young People**

Since a multi-sectoral effort is needed for the effective prevention and control of HIV and AIDS and STIs, to address the young people of the country following strategies have been planned by the MOHP:

- ) Establishment of a mechanism for joint consultation between ministries, local authorities, NGOs, trade unions, educational and sport institutions, private sectors, CBOs and young people, on policy making and programming affecting young people.
- ) Advocacy for the needs and rights of young people with a focus on policy makers, decision-makers, parents and communities.
- ) To conduct qualitative research about the determinants of young people's behavior.
- ) Increase the use of mass and non-traditional media to promote safe sexual norms and healthy behavior among young people including the options of consistent condom use, abstinence and delayed sexual activity.
- ) Empowerment of young people, particularly girls, in decisions regarding their sexual and reproductive lives through a life skills approach.
- ) Develop and implement programmes with full participation of young people to support young people's development and a healthy lifestyle.
- ) Expand quality peer education programmes for young people by building capacity of implementing organizations.
- ) Increasing information and education activities (IEC) for recruits of uniformed services.
- ) Support and expand social marketing of behavior change, including safer sex practices, through NGOs and private sector.
- ) Promote condoms within family planning networks as the only method with a dual benefit of being able to prevent both HIV/STIs and unwanted pregnancies.

- ) Strengthen the capacity of government and non-government organizations to provide services for young people in ways sensitive to their needs, particularly in the areas of counseling, reproductive health and STI treatment.
- ) Development of an age-appropriate 'healthy life styles' curriculum, including basic information about HIV and AIDS and sex education.
- ) Incorporate HIV and AIDS /STI into the curriculum of Non-Formal Education and educational/training activities of employers and trade unions.

Broad political commitment is required for a multi sectors approach, civil society involvement, public-private partnership, reduction of Stigma and discrimination against people infected and affected by HIV/AIDS and human right based approach have been outlined as some of the guiding principles in the development of strategy. To enable high level national AIDS council (NAC) chaired by the Prime-minister was formed There is national AIDS Coordination committee (NACC) Chaired by the minister of Health which is responsible for reviewing and approving work plans and budgets, reviewing report and guiding implementation of the national strategy. The NACC has the authority for technical review and advice on policy and funding issues and acts as the secretariat to the NACC. The NACC reports to the NAC. There is also a steering committee chaired by health secretary that meets on a regular basis to review program activities as well as to guide and direct program implementation (DHS, 2004).

Table: 2.2 Milestones of AIDS and STD Prevention Activities of Nepal

Years	Efforts
1986	Organization of STD / AIDS Control Committee
1987/88	Implementation of short Term plan.
1990/92	Implementation of Medium Term plan.
1993	Policy Adopted for 100 Percent Screening of Donated Blood.
1993/97	Implementation of Second Medium Term Plan for AIDS and STD Control.
1995	National Policy on AIDS and STD Prevention Adopted.
1997-2001	Strategic plan for HIV and AIDS Prevention Adopted
2002	National AIDS Council Formed

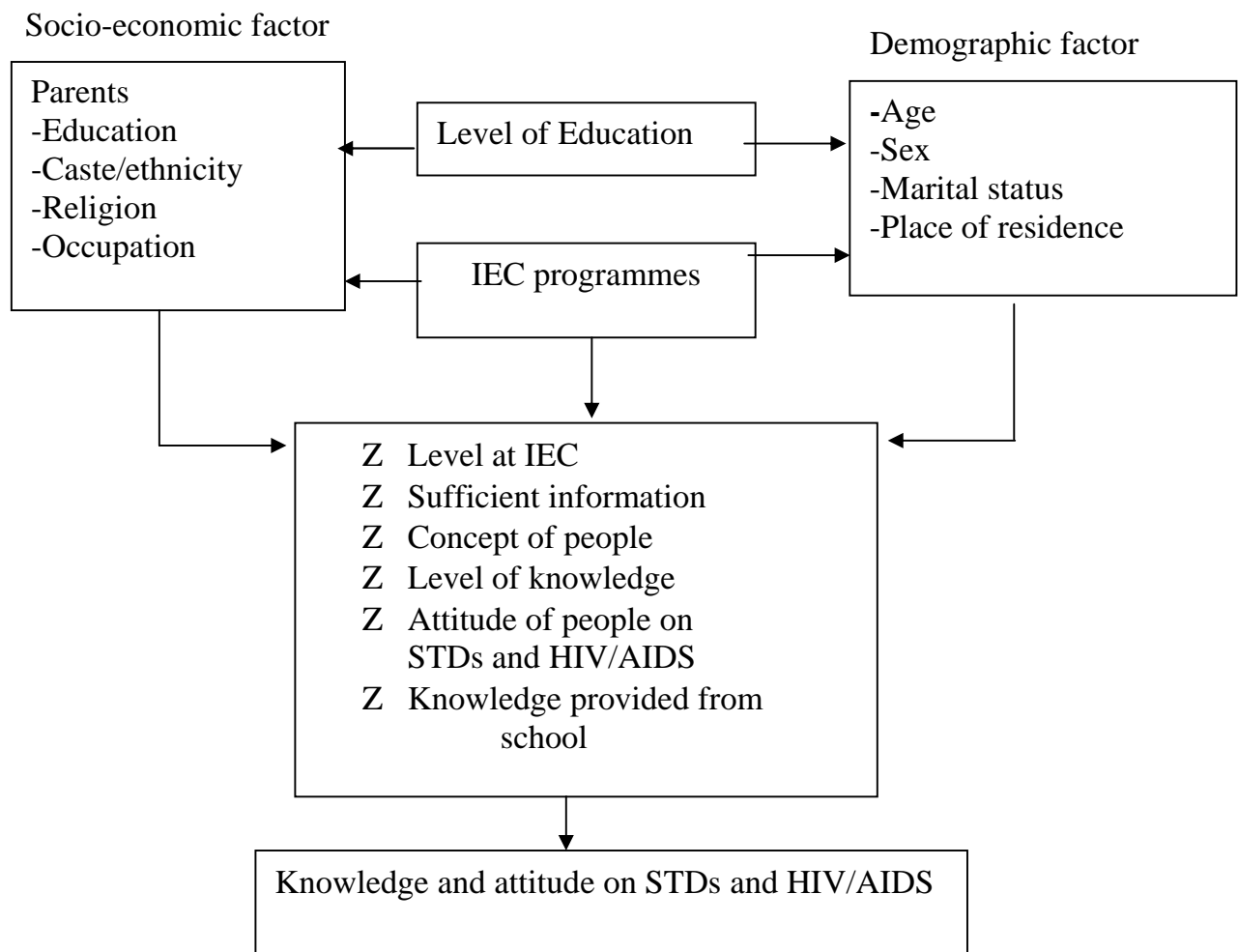
2002-2006	National Strategy for HIV and AIDS Prevention Adopted
2003	National VCT Guidelines
2004	National ARV Guidelines
2004	Standard Operating Procedures on ART Sukraraj Tropical Hospital.
2004	STI case Management Guidelines Developed

Source: National Center for AIDS and STD and Demographic Health Survey

## 2.2. Conceptual Framework

The following conceptual framework which is made on the basis of above literature review helps to analyze the knowledge and attitude on STDs, HIV and AIDS among higher secondary school students. Socio-economic factors affect demographic factors and level of education place of residence also affect the level of education parental background government programme on information education and communication (IEC) access or level IEC, etc. All above are also thought to be determinant factors in knowledge and attitude on STDs and HIV and AIDS. Framework also clarifies about the factors and their role in determining level of knowledge and attitude.

### Conceptual Framework



## **CHAPTER - III**

### **METHODOLOGY**

This study is based on the field survey. This study aims at finding the level of knowledge and attitude on STDs, HIV and AIDS among higher secondary school students. The data for this study are collected through field survey from 115 respondents of the study area.

#### **3.1 Study Area**

Kanchanpur district is selected as the study area for the research because it is the permanent residential area of researcher due to which it is easy for researcher to carried out research under any social economical circumstances. Kanchanpur district is a Terai district situated in the Far-western development region of Nepal. Total area of the district is 1,610 square kilometers. Geographical boundary is covered by Kailali district in the east, Uttaranchal, India in the west, Dadeldhura in the north and UP, India in the south. According to census, 2001, the total population of this district is 377899. Among them 191910 are males and 185989 are female. (District FACT sheet Kanchanpur, 2060) This district is the common place for the people from different caste/ethnicity, religions and occupation.

According to the record of District Development Office of Kanchanpur, literacy rate at the Kanchanpur district is 67 percent. Among them 72 percent are male and 54 percent are females. There is two government donated higher secondary school and 10 non-governments funded higher secondary schools which will be included in this study. This study is based on collected information from higher secondary school students. Students at higher secondary school refer to those people who are studying in higher secondary level at the time of survey.

#### **3.2 Source of Data**

This study is mainly based on primary source of data, all the analysis are based on the obtained data from field study. The data were collected from higher secondary school students through interview using structured questionnaire and semi structured questionnaire.

The secondary data were obtained from educational statistics, international conferences, books, journals, educational reports, censuses, dissertation and research studies in relevant area.

### 3.3 Sample Size

The total samples size for this study was 115 among 895 students. All of them were chosen from grade XI and XII only.

### 3.4 Selection of Sample

This study used the primary data collection in May 2009. Out of twelve higher secondary schools in Kanchanpur district two higher secondary schools are included in this study. The selection of sample respondents will be made by deliberate/purposive sampling procedure. A total of 115 sample size will be taken from total students of grade XI and XII of two higher secondary schools. They are as follows:

- Shree Ghatal Higher Secondary School Suda, Kanchanpur.
- Bal Jagriti Higher Secondary School Janaki Tol, Kanchanpur.

Table 3.1 Distribution of Students by School, Grade and Sex

Schools	Students						
	Class XI			Class XII			Sample size
	Boys	Girls	Total	Boys	Girls	Total	
Shree Ghatal Higher Secondary School Suda, Kanchanpur	310	157	467	115	71	186	48
Shree Bal Jagriti higher Secondary School	119	70	189	35	18	53	67
Total	429	227	656	150	89	239	115

Source: Field Survey, 2009.

### 3.5 Questionnaire Design

Questionnaires constituted the major tool of this study. It was designed to explore the necessary information with respect to higher secondary school students about knowledge and attitudes on STDs and HIV and AIDS, its transmission, preventive measure and some other attempt, to identify the different sources of information on STDs and HIV and AIDS.



This study utilized both qualitative and quantitative research approach to collect information from the respondents. Questionnaires are mainly constituted into three parts:

- Z Individual characteristics
- Z Household characteristics.
- Z Knowledge and attitudes on STDs and HIV and AIDS.

### **3.6 Method of Data Collection**

Study is conducted by both primary and secondary source. Literature review is based on secondary data sources, whereas data are collected by primary sources. Basically study is conducted in quantitative technique approach using structure and semi-structure questionnaires.

### **3.7 Method of Data Analysis**

The collected information through various methods and techniques are put together and analyzed in a separate chapter of interpretation. According to nature of data they are further split into separate sections as well as simple frequency, percentage tables, cross tables, bar diagram and pie chart are also used to analyze data related to the study.

## CHAPTER-IV

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

In this chapter, various characteristics of the respondents such as demographic characteristics and socio-economic characteristics are described. Demographic characteristics include age-sex structure, family size, marital status, opinion about the appropriate age of marriage etc. Socio-economic characteristics include caste/ethnicity, religion, parental education, parental occupation and so on.

#### 4.1 Background Characteristics of the Respondents

In this topic, general characteristics such as respondent's age- sex, religion, caste/ethnicity, marital status, opinion about appropriate age at marriage and living place of respondents are described. These factors or characteristics may be vital in determining the knowledge and attitudes on the STDs, HIV and AIDS matters among the respondents.

##### 4.1.1 Age and Sex Distribution

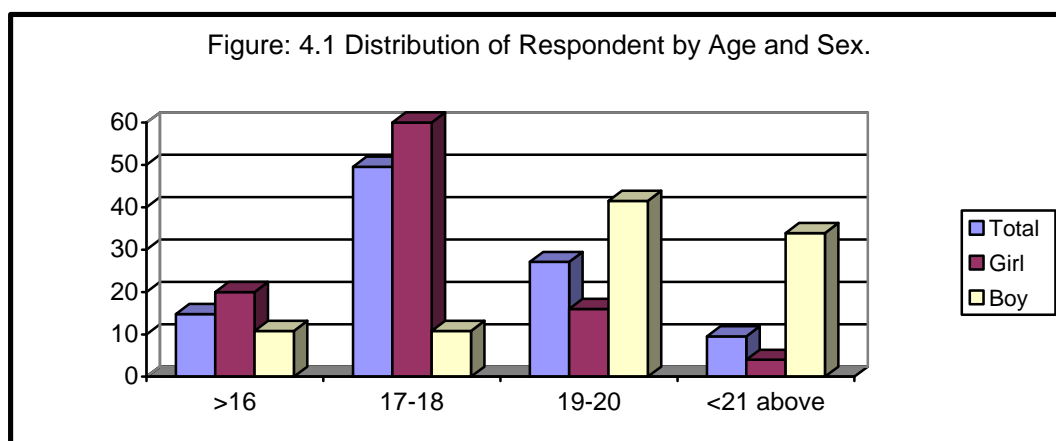
As this study had aimed at finding out the knowledge and attitude on STDs, HIV and AIDS among higher secondary school students, it has collected data on age and sex of the respondents. Students refer to males and females age from 15 to 25 years. The respondent's age and sex distribution is presented in Table 4.1.

Table: 4.1 Distributions of Respondents by Age and Sex

Age	Sex					
	Boy		Girl		Total	
	Number	Percent	Number	Percent	Number	Percent
≤16	7	10.8	10	20.0	17	14.8
17-18	27	41.5	30	60.0	57	49.6
19-20	22	33.9	8	16.0	30	27.1
≥21	9	13.8	2	4.0	11	9.5
Total	65	100.0	50	100.0	115	100.0

Source: Field Survey, 2009.

It is clear from the Table 4.1 that numbers of boys are more than the girls. Among the respondents higher secondary school students of grade eleven and twelve, the higher proportion of the respondents are in 17-18 years of age, which accounts 49.6 percent, followed by 19-20 years (27.1%) and  $\leq 16$  years (14.8%). The least proportions of the respondents (9.5%) are at age 21 years and above. The girl respondents are higher than boy respondents in the ages under 16 and 17-18 years. But at above 18 years of age, boy respondents are higher than girl respondents. It shows that girls are less than boys in the higher secondary schools as their age increases.



#### 4.1.2 Caste/ Ethnicity

Caste/ethnicity may determine the knowledge and attitudes on STDs, HIV and AIDS because in certain caste ethnic group, there may be different values, norms and view to see about sexually transmitted disease. Considering the fact, data on caste/ethnicity was collected in the study and the responses are tabulated in Table 4.2.

Table 4.2 Distributions of Respondents by Caste/Ethnicity

Caste/ Ethnicity	No. of respondents	Percent
Brahmin	39	33.9
Thakuri	20	17.4
Chhetri	38	33.0
Newar	1	0.8
Magar	3	2.7
Dalit	10	8.7
Others	4	3.5
Total	115	100.0

Source: Field Survey, 2009.

Table 4.2 gives the information about caste/ethnicity of the respondents. The total respondents fall into six caste/ethnic groups. Among them the highest number of respondents are Brahmin (33.9%) and Chhetri (33%) followed by Thakuri (17.4%), Dalit (8.7%), others (Gir, Puri and yogi) (3.5%), Magar (2.7%) and Newar (0.8%). This can be attributed that the enrolment of minority people in higher secondary level is low.

#### 4.1.3 Religion

According to 2001 census, 80.62 percent populations are Hindu and 10.74 percent are Buddhist and others religion groups are very few. It shows the distribution of respondents by religion in the study area.

Table: 4.3 Distributions of Respondents by Religion

Religion	No. of Respondents	Percent
Hindu	107	93
Buddha	5	4.3
Christian	3	2.7
Total	115	100

Source: Field Survey, 2009.

Table 4.3 Shows that only 3 religion groups are recorded among the selected students and among them vast majority are Hindu which accounts 93 percent followed by Buddha 4.3 percent and Christian 2.7 percent.

#### 4.1.4 Marital Status

Marital status of the respondents can be considered as one of the key factors for knowledge and attitudes on STDs and HIV and AIDS.

Table: 4.4 Distributions of Respondents by Marital Status and Sex

Status	No. of Respondents					
	Boy		Girl		Total	
	Number	Percent	Number	Percent	Number	Percent
Married	10	15.4	18	36.0	28	24.0
Unmarried	55	84.6	32	64.0	87	76.0
Total	65	100.0	50	100.0	115	100.0

Source: Field Survey, 2009.

Table 4.4 shows that majority of the respondents (76%) are unmarried and 24 percent of respondents are found to be married. By gender 84.6 percent of boy respondents are unmarried and 64 percent of girl respondents are unmarried. Slightly more than 15 percent boy respondents are married and 36 percent girl respondents are married.

#### 4.1.5 Opinion about Appropriate Age at Marriage

All the respondents are asked about their opinion about appropriate age at marriage. The result is presented in Table 4.5.

Table: 4.5 Distributions of Respondents by Opinion about Appropriate age at Marriage

Appropriate age at marriage	No. of respondents	Percent
20-23	28	24.3
24-25	55	47.8
26-28	7	6.1
29 over	25	21.8
Total	115	100.0

Source: Field Survey, 2009.

The majority of respondents (47.8%) have desired for marriage in 24-25 years age group, 24.3 percent respondents said in age group 20-23 years, 21.8 percent respondents said in age 29 and over and 6 percent respondents have express their appropriate age at marriage in 25-28 years age group.

#### 4.1.6 Living Place of Respondents

A question was included about the living place of respondents in questionnaire. The results are presented in the Table 4.6.

Table: 4.6 Distributions of Respondents by the Living Place

Living place	No. of respondents	Percent
at home	70	60.9
Rented house	33	28.7
Relative's house	12	10.4
Total	115	100.0

Source: Field Survey, 2009.

Table 4.6 Show that the highest proportion of respondents (60.9%) live at home, 28.7 percent live at rented house and 10.4 percent live at relative's house. From this data we know that most of respondents are from same district.

## 4.2 Household Characteristics

In this sub-section household background of the respondents is aimed to collect. Household characteristics include family types, parent's education, parent's occupation, family size, place of permanent residences and physical facilities. The questions regarding these household characteristics were included in the questionnaire.

### 4.2.1 Family Types

Nuclear family is an indicator at healthy and happy family. There is more possibility of family relation as well as frankly discussion of health related topic and others in Nuclear family. To find out the family type of the respondents at the field survey, structure questionnaire was asked to fill of their family types and the result is presented table 4.7. Later on the type of family has been recoded two categories only.

Table: 4.7 Distributions of Respondents by Family Types

Family	No. of respondents	Percent
Nuclear	49	42.5
Joint	66	57.5
Total	115	100.0

Source: Field Survey, 2009.

From the table 4.7 shows that 57.5 percent respondents live I with the joint family and 42.5 percent respondent live in with the nuclear family.

### 4.2.2 Parental Education

Parent's education plays a vital role in children's behavior on every aspect, which ultimately determines their knowledge and attitude on STDs and HIV and AIDS . This is because educated parents may have proper knowledge on children's physical and biological change and understand their needs and perform parental roles and responsibilities well. In this study, two questions regarding father's and mother's education were asked.

In our society, fathers are more active in the family. That is why father's decision is mostly applied in the household. No doubt, good thinking of father in the family about family related matters helps to enhance the family in a progressive path. Education is such thing, which changes the behavior of a person, which leads not merely his progress but family and society as well.

Women's education is very much important in the family because most of the women in Nepal are housewives who mainly care for children. Therefore children are very close to their mothers rather than their fathers. The work of fathers usually is to collect money and involve in household management whereas mother mobilize family resources. So the impact of mother's education directly falls on children. The parental education status of the respondent is presented in table 4.8.

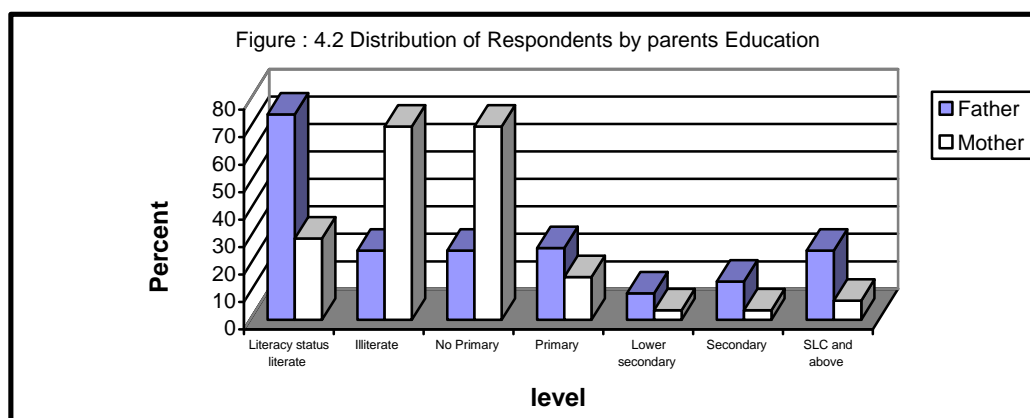
Table: 4.8 Distributions of Respondents by Parent's Education

Literacy / Education level of parents	No. of respondents			
	Father's		Mother's	
	Number	Percent	Number	Percent
Literate	86	74.8	34	29.6
Illiterate	29	25.2	81	70.4
Total	115	100.0	115	100.0
Level Education	Number	Percent	Number	Percent
Primary	30	26.1	18	15.6
Lower secondary	11	9.6	4	3.5
Secondary	16	13.9	4	3.5
S.L.C and above	29	25.2	8	7.0
Total	86	74.8	34	29.6

Source: Field Survey, 2009.

Table 4.8 clearly shows that 74.8 percent of the respondent's fathers are literate which is higher as compared to their mother's literacy but it is better enough than the national level men's literacy (65.1%). The illiterate rate of respondent's father is 25.2 percent. The large proportion of respondent's father (26.1%) has attained primary education followed by S.L.C and above (25.2%). Similarly, (13.9%) of the respondents fathers have attained secondary education.

It is again notable from the table 4.8 that the education of respondent's mother is lower as compared to their fathers but it is worse than the national level at women's literacy (42.8%). The literacy rate of respondent's mothers is reported to be 29.6 percent. Similarly, the highest proportions (15.6%) have attained primary level of education followed by SLC and above (7%) and (3.5%) and (3.5%) have attained lower secondary education and secondary education respectively.



### 4.2.3 Parental Occupation

Parental occupation is one of the indicators of economic status of the family. Economic status of the family may have significant role in determining knowledge and attitudes of children in any respect. In this study an attempt was made to collect respondent's parent occupation. Respondents were asked about their fathers and mother's occupation as well as in order to find if there is any difference on knowledge and attitudes on STDs, HIV and AIDS according to parental occupation.

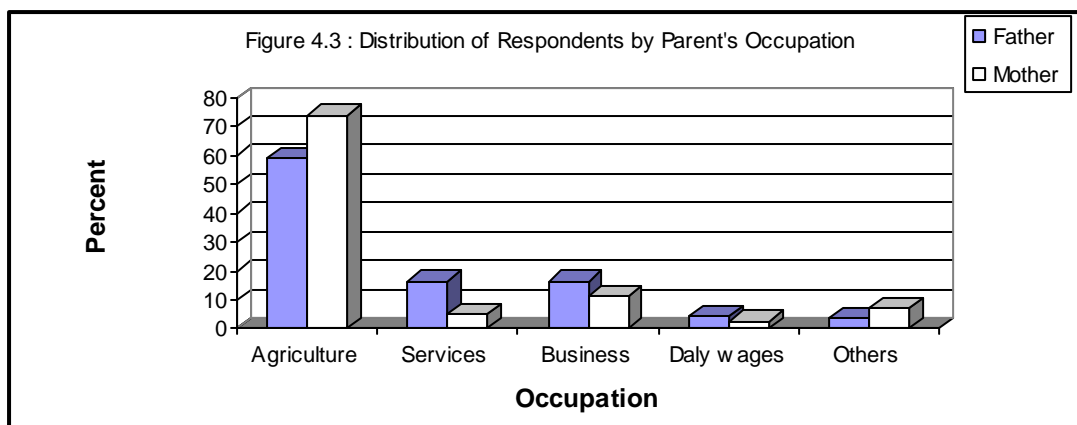
Table: 4.9 Distributions of Respondents by Parent's Occupation

Occupation	No. of respondents			
	Father's		Mother's	
	Number	Percent	Number	Percent
Agriculture	68	59.1	85	73.9
Services	19	16.5	6	5.1
Business	19	16.5	13	11.3
Daly wages	5	4.4	3	2.7
Others	4	3.5	8	7.0
Total	115	100.0	115	100.0

Source: Field Survey, 2009.

Table 4.9 many of the respondent parents are dependent on agriculture. Majority of respondent's fathers are involved in agriculture (59.1%) followed by 16.5 percent in service, 16.5 percent in business, 4.4 percent in daily wages and 3.5 percent in others. In case of mother, slightly more than 73.9 percent respondents reported that their mother are engaged in agriculture, 11.3 percent are in Business, 7 percent are in others, 5.1 percent are in services and 2.7 percent are in daily wages.





#### 4.2.4 Family Size

In questionnaire, question was included about the respondent's family number. The number of their family member and the result is presented in the Table 4.10.

Table: 4.10 Distributions of Respondents by Family Size

Family	No of Respondents	Percent
<5	4	3.5
5-7	49	42.5
8-10	42	36.5
>11	20	17.5
Total	115	100.0

Source: Field Survey, 2009.

Table 4.10 shows that 42.5 percent have the family size of (5-7) person, 3.5 percent of respondents that fall in the family size of less than five members, 36.5 percent have the family size of (8-10) person, 17.5 percent have the family size of 11 and over.

#### 4.2.5 Place of Residence

All the respondents were asked their place of residence. Most of the respondents are living in the village in our country.

Table: 4.11 Distributions of Respondents by Place of Residence

Place of Residence	No. of respondents	Percent
Urban	17	14.8
Rural	98	85.2
Total	115	100.0

Source: Field Survey, 2009

Above table shows that slightly 14.8 percent respondents are living in urban area but 85.2 percent of respondents are living in the rural area. This field survey data are also matched with the national census data of 2001.

#### 4.2.6 Household Facilities

The respondents were asked to specify whether they have the household facilities such as electricity, radio, television and telephone. Availability of these facilities help to increase the level of knowledge and attitudes on STDs and HIV and AIDS. Table 4.12 and figure 4.4 shows the distribution of respondents by availability of the household facilities.

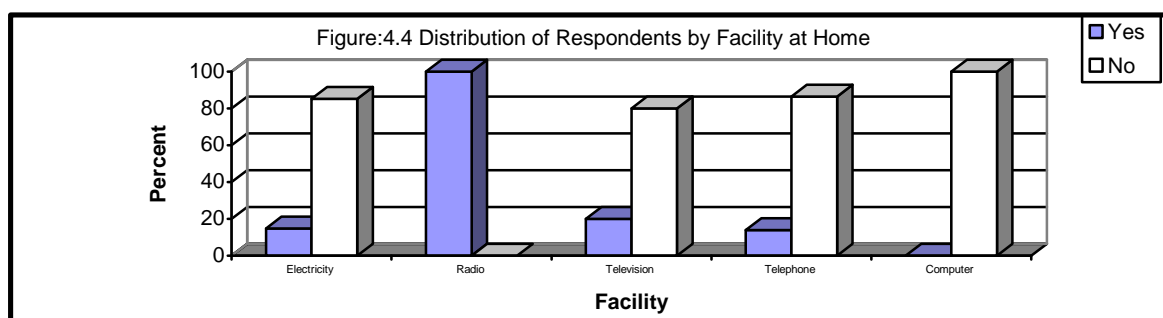
Table: 4.12 Distribution of Respondents by Facility at Home

Facilities	No. of respondents					
	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Electricity	17	14.8	98	85.3	115	100.0
Radio	115	100.0	-	-	115	100.0
Television	23	20.0	92	80.0	115	100.0
Telephone	15	13.9	100	86.4	115	100.0

Source: Field Survey, 2009

*Note: The sum of percentages may exceed 100 because of the multiple responses.*

From table 4.12, it is clear that 14.8 percent respondents have electricity at their house. Hundred percent have radio at their house. Similarly 20 percent have television at their house whereas only about 15% have the telephone at their house. Another important point to note here that the households have radio even though they have no electricity at their house.



## CHAPTER –V

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

This chapter analyzes the level of knowledge and effects of socio-economic and demographic variables on knowledge and attitudes on STDs, HIV and AIDS. In this respect, the knowledge on STDs, HIV and AIDS by sex, heard the name of STDs, source of information, symptoms of STDs, HIV and AIDS, modes of transmission of STDs, HIV and AIDS, prevention method of STDs, HIV and AIDS their attitudes on STDs and HIV infected persons, etc are described.

#### 5.1 Knowledge of STDs and Types

Every day one million people contract sexually transmitted diseases (STDs) people with STDs are at an increased risk for HIV (Khan, 2005). The worldwide spread of sexually transmitted disease has been one of the major disappointments in public health in the past two decades. STDs are not hyper endemic in many developing countries like Nepal where the facilities for diagnosis and treatment are usually inadequate.

##### 5.1.1 Heard of STDs

Hearing about anything is a basis for knowledge. However, knowing about any topic may not be sufficient to change one's behavior. Likewise, only hearing about STDs is not a top level of knowledge but it is the basic for knowledge. There are so many STDs but the main prevalence STDs are Syphilis and Gonorrhoea, which are the common disease even in primitive society in order to find the student's knowledge on STDs. Respondents were asked where they have heard STDs. The responses are presented in Table 5.13

Table: 5.13 Distribution of Respondents by Heard of STDs and its Types

Heard STDs	No of respondents	Percent
Yes	110	95.6
No	5	4.4
Total	115	100.0
Types of STDs	No of respondents	Percent
Syphilis	30	27.3
Gonorrhoea	17	15.4
Candidiasis	4	3.6
Trichomoniasis	3	2.7
Hepatitis-B	80	72.7
HIV /AIDS	110	100.0
Other	12	10.9

Source: Field Survey, 2009.

*Note: The percentages of types of STDs heard are based among those who have heard of STDs and its sum may exceed hundred due to multiple responses.*

Above the table 5.13 shows that 95.6 percent respondents have heard about the STDs but 4.4 percent respondents have not heard STDs.

As stated in table 5.13 the HIV and AIDS is very common type of STDs which is heard by most of the respondents (100%) among those who have heard STDs. The common name of STDs is hepatitis-B which is heard by 72.7 percent among those who have heard about STDs such as Gonorrhoea, Candidiasis, Trichomoniasis and others are heard by 15.4 percent, 3.6 percent and 10.9 percent, respectively among those who have heard about STDs.

### **5.1.2 Source of Information**

Below table provides the information on the distribution of the respondents who have knowledge on STDs by source of information. The electronic media is the main source of information.

Table: 5.15 Distributions of Respondents by Source of Information

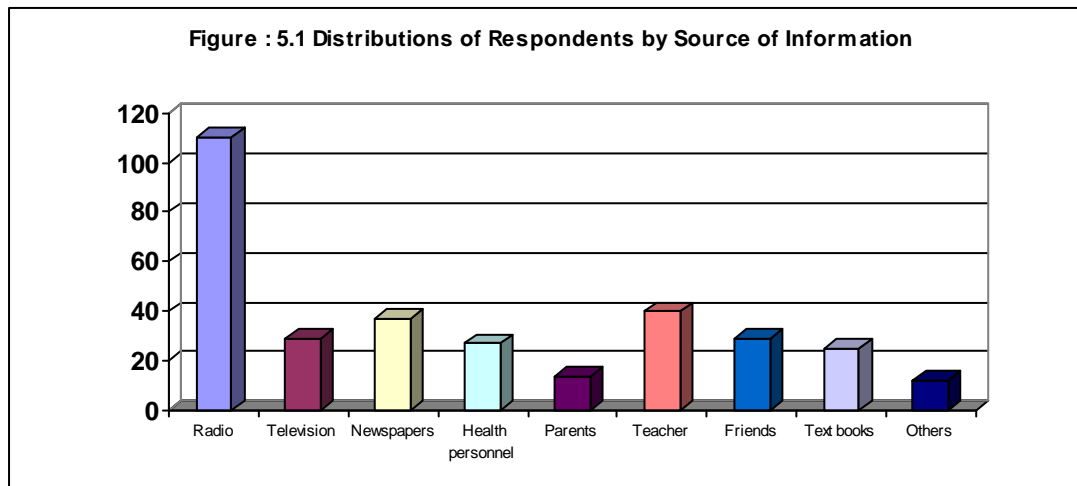
Source of Information	No. of respondents	Percent
Radio	110	100
Television	29	26.4
Newspapers	37	33.6
Health personnel	27	24.5
Parents	14	12.7
Teacher	40	36.4
Friends	29	26.4
Text books	25	22.1
Others	12	10.9

Source: Field Survey, 2009.

*Note: the percentages are based among those who have heard STDs and its sum may exceed hundred because of multiple responds*

From the Table 5.15, it is clear that, Radio, Television Newspaper, health personnel, parent, Teacher, friends, Text books and others are main source of information about STDs. The highest proportion respondents have heard STDs from radio which is

accounted for 100 percent followed by Teacher (36.4%) and newspaper (33.4%). About 26.4 percent respondents are equal from television and friends is source of information on STDs. Similarly, 24.5 percent respondents are from Health personnel, 22.7 percent of respondents from text books and lowest 10.9 percent of respondents from otherwise.



5.1.3

### Organs Affected by STDs.

Respondents were asked about the knowledge on the organs affected by STDs. The expected result has been observed and most of the respondents have said that the reproductive part is affected by infection of STDs. The responses, in detail are presented in Table. 5.14.

Table: 5.14 Distributions of the Respondents by knowledge on the Part of Organs Affected by STDs.

Organs	No. of respondents	Percent
Reproductive parts	100	99.0
all over the body	80	79.2
Mouth	40	39.6
Head	20	19.8
hand	20	19.8

Source: Field Survey, 2009

*Note: The percentages are based among those who have heard of STDs and its sum may exceed hundred due to multiple responses.*

It is the notable from the table 5.14 as if shows that among those who have heard STDs. Ninety-nine percent of the respondents said that the reproductive part are affected by STDs, followed by 79.2 percent of all over the body , 39.6 percent mouth, 19.8 percent head and 19.8 percent hand.

#### 5.1.4 Knowledge on Mode of STDs Transmission of STDs

A question was included in questionnaire of knowledge of transmission on STDs. Those who had heard about STDs were asked whether they know the mode of transmission of STDs or not. The responses, in detail are presented in Table 5.16.

Table 5.16: Distribution of Respondents by Knowledge on Mode of STDs Transmission

Knowledge	No. of respondents	Percent
Yes	100	90.9
No	10	9.1
Total	110	100.0

Source: Field Survey, 2009

*Note: only those who have heard STDs.*

According to Table 5.16, 90.9 percent of the respondents know the mode of STDs transmission but 9.1 percent of the respondent does not know the mode of STDs transmission.

The respondents who have knowledge on mode of STDs transmission after that asked to state the modes. The Table 5.16 gives the result.

Table: 5.17 Distribution of Respondents Knowledge on Mode of STDs Transmission

Way of transmission	No. of respondents	Percent
Sexual contact with infected person	64	64.0
Living together with infected person	51	51.0
Infected mother to her baby	47	47.0

Source: Field Survey, 2009.

*Note: The percentages are based among those who have knowledge about mode of STDs transmission and its sum may exceed hundred due to multiple responses.*

According to Table 5.17, among those who have knowledge about mode of STDs transmission, sixty four percent of the respondents said that sexual contact with the infected person is the most important modes of STDs transmission. Likewise 51

percent of respondents reported that living together with infected person and 47 percent of respondents reported that infected mother to her baby.

### 5.1.5 Preventive Methods of STDs

A question was included in questionnaire about the preventive measure of STDs or not. The results are presented in Table 5.18.

Table: 5.18 Distributions of Respondents by Preventive Measures of STDs

Knowledge	No. of respondents	Percent
Yes	91	82.7
No	19	17.3
Total	110	100.0

Source: Field Survey, 2009.

*Note: only those who have heard STDs*

According to table 5.18, among those who have heard about STDs, 82.7 percent of the respondents know the preventive methods of STDs but 17.3 percent respondent does not know the preventive methods of STDs.

The respondents who have knowledge about preventive methods of STDs were further asked the question about preventive methods of STDs. The Table 5.19 gives the result.

Table: 5.19 Distribution of Respondents by preventive Methods of STDs

Preventive Methods	No. of respondents	Percent
Use of condom during sexual intercourse	80	87.9
Avoid sex with multiple partners	66	72.5
Use sterilized surgical instruments	61	67.0
avoid sex with prostitution	41	45.0

Source: Field Survey, 2009.

*Note: The percentages are based among those who have knowledge about preventive methods of STDs and its sum may exceed hundred due to multiple responses.*

According to Table 5.19 among those who have knowledge about preventive methods of STDs, use of condom during sexual intercourse is the most preferred way of prevention from STDs which has been reported by 87.9 percent of the respondents. Likewise avoid sex with multiple partners is reported by 72.5 percent respondents, use

sterilized surgical instruments is reported by 67 percent respondents and avoid sex with prostitution is reported by 45 percent respondents.

## 5.2 Knowledge on HIV and AIDS

In this study, knowledge and attitudes on HIV and AIDS has been assessed various questions. First of all very common questions "have you ever heard about HIV and AIDS" is given in the questionnaire. Similarly other supporting questions such as source of information, Full form of AIDS, mode of transmission, symptoms of AIDS, preventive method of AIDS etc are used further to analyze the knowledge and attitudes on HIV and AIDS .

### 5.2.1 Heard of HIV and AIDS

A question as have you heard about HIV and AIDS was included in questionnaire, the responses are presented in Table 5.20.

Table: 5.20 Distribution of Respondents by Heard of HIV and AIDS

Heard of HIV and AIDS	No. of respondents	Percent
Yes	110	95.6
No	5	4.4
Total	115	100.0

Source: Field Survey, 2009.

Above Table 5.20 shows that 95.6 percent respondents have heard about the HIV and AIDS but 4.4 percent of the respondents do not have heard about the HIV and AIDS.

### 5.2.2 Source of Information about HIV and AIDS

The sources of information are crucial factor for the students to achieve knowledge regarding HIV and AIDS. The Students acquire different sources of information for knowledge and attitudes on HIV and AIDS.

Table: 5.21 Distributions of Respondents by Sources of Information about HIV and AIDS

Source of Information	No. of Respondents	Percent
Radio	110	100.0
Television	35	31.8
Newspapers	53	48.2



Health personnel	47	42.7
Parents	45	40.9
Teacher	19	17.3
Friends	51	46.5
Text books	44	40.0
Others	12	10.9

Source: Field Survey, 2009.

*Note: The percentages are based among those who have heard of HIV and AIDS and its sum may exceed hundred to multiple responses.*

Above Table 5.21 shows those who have heard about the HIV and AIDS. Radio, television, newspaper, friends, health personnel, parents, teacher and text books are the major sources of information about HIV and AIDS. Radio is the main source of information as 100 Percent respondents have got information from it. Similarly, 31.8 percent respondents have knowledge of HIV and AIDS form Television, 48.2 percent respondents knew from newspapers, 42.7 percent from friends, 40.9 percent from health personnel, 17.7 percent from parents, 46.5 percent from teacher 40.0 percent from text books and the lowest 10.9 percent respondents from others.

### 5.2.3 Full form of AIDS

A question on full form of AIDS was included in questionnaire. Data were categorized in three terms as correctly written, in correctly written and not written after the collection of data. The respondent's category, according to their response is presented in Table 5.22.

Table: 5.22 Distribution of the Respondents by Knowledge on full form of AIDS

Category	No. of respondents	Percent
correctly written	80	72.7
Incorrectly written	18	16.5
No written	12	10.8
Total	110	100.0

Source: Field Survey, 2009.

*Note: only those who have heard of HIV and AIDS.*

Above Table shows that 72.7 percent respondents have correctly written the full form of AIDS, 16.5 percent respondents have not correctly written and 10.8 percent respondent have not written of the full form of AIDS.

#### 5.2.4 Knowledge on Mode of HIV and AIDS Transmission

The respondent who have heard about the HIV and AIDS those were asked about knowledge on mode of HIV and AIDS transmission. The table 5.23 gives the result.

Table: 5.23 Distributions of the Respondents by their Knowledge about the Mode of HIV and AIDS Transmission

Knowledge of Mode of HIV and AIDS transmission	No. of respondents	Percent
Yes	85	77.3
No	25	22.7
Total	110	100.0
Mode of HIV and AIDS Transmission	No of respondents	Percent
Sexual contact	70	82.3
Shaving razor	32	29.1
Blood Transfusion	64	75.3
Infected mother to her baby	50	58.8
Kissing	25	22.7
Others	10	11.8

Source: Field Survey, 2009.

*Note: The percentages are based among these who have knowledge about mode of HIV and AIDS transmission and its sum may exceed hundred due to multiple responses.*

The Table 5.23 Shows that 77.3 percent of the respondents have the knowledge on mode of HIV and AIDS transmission but 22.7 percent of the respondent does not have knowledge on mode of HIV and AIDS transmission.

Among those who have known the mode of HIV and AIDS transmission, majority of the respondents said that sexual contacts are transmitted by HIV and AIDS which

accounted for 82.3 percent, followed by 75.3 percent from blood transfusion, 58.8 percent from infected mother to her baby, 31.6 percent from saving razor, 22.7 percent from kissing and the lowest 11.8 percent from others.

### 5.2.5 Knowledge of Syndromes of AIDS

To identify the knowledge of the students of syndrome of HIV and AIDS, a question was included in the questionnaire with some options. The responses are tabulated in Table 5.24 below.

Table: 5.24 Distributions of Respondents by Knowledge on Syndromes of AIDS

Knowledge on Syndromes of AIDS	No. of respondents	Percent
Yes	90	81.8
No	20	18.2
Total	110	100.0
Syndromes	No of respondents	percent
Loss of body weight	70	77.8
Diarrhea for one month	65	72.2
Fever for one month	54	60
Red sports and yellowish pus like discharge	40	44.4

Source: Field Survey, 2009.

*Note: The percentages are base among those who have knowledge on syndrome of AIDS its sum may exceed hundred due to multiple responses*

Above Table 5.24 shows among those who have knowledge on the syndrome of HIV/HIDS, 81.8 percent respondents have the knowledge on syndrome of AIDS but 18.2 percent of the respondents do not have the knowledge on syndrome of AIDS.

It is clear to note from the table 5.24 among those who have knowledge on syndrome of AIDS. More than seventy-seven percent (77.8%) respondents reported the main syndrome of AIDS as loss of body weight, followed by the respondents who said diarrhea for one month, 72.2 percent, fever for one month, 72.2 percent and red sports and yellowish pus like discharge 44.4 percent.

## 5.2.6 Preventive method of AIDS

Men are two and half times (52%) more likely than women (21%) to spontaneously say that AIDS can be avoided by using condoms. Thirteen percent of women and 28 percent of men stated that the disease can be avoided by limited number of sexual partners (NDHS, 2001). The responses in this study population about the preventive method are presented below

Table: 5.25 Distribution of Respondent by knowledge on Preventive Method of HIV and AIDS

Knowledge of preventive method	No. of respondents	Percent
Yes	82	74.5
No	28	25.5
Total	110	100.0
Preventive method of HIV and AIDS	No. of respondents	Percent
Don't have sex at all	55	67.1
Don't have sex with unknown person	45	54.8
Use sterilized surgical instrument	34	41.5
use of condom	70	85.5

Source: Field Survey, 2009.

*Note: The percentages are based among those who have knowledge preventive method and its sum may exceed hundred due to multiple responses.*

Table 5.25 shows that among those who have heard about HIV and AIDS about 74.5 percent respondent have the knowledge about the preventive method of HIV and AIDS but 25.5 percent respondents do not have knowledge about the preventive method of HIV and AIDS.

Among those who have knowledge of preventive method of HIV and AIDS. Sixty seven percent (67.1%) respondents believe that HIV and AIDS can be prevented by do not having sex at all. About 54.8 percent of respondents said no to sex with unknown person, 41.5 percent respondents use sterilized surgical instrument and 85.5 percent of respondents believed that the HIV and AIDS can be prevented by use of condom.

## 5.2.7 Knowledge on Types of Vulnerable People

The question on the knowledge on type of people was included who are more vulnerable in your society for transmission the result is given in the Table 5.26.

Table:5.26 Distributions of Respondents by Knowledge on Types of Vulnerable People

Vulnerable people	No. of respondents	Percent
Youth and adolescent	44	40.0
Drivers	54	49.1
Commercial sex workers	69	62.7
Drug addicts	51	46.4
Others	20	18.2

Source: Field Survey, 2009.

*Note: The percentages are based among those who have heard HIV and AIDS and its sum may exceed hundred due to multiple responses.*

From the Table 5.26 shows that among those who have heard about HIV and AIDS. We can see that 40 percent respondents reported that person who keep youth and adolescent are vulnerable for the transmission of this virus. Similarly 49.1 percent respondents reported drivers, commercial sex worker, 62.7percent, drug addicts, 46.4 percent and others 18.2 percent.

### **5.2.8 Perception about the AIDS Infected Persons**

The question was included on perception of the respondents about the AIDS infected person. The result is given in the Table 5.27.

Table: 5.27 Distribution of Respondents by Perception about AIDS infected Persons

AIDS Infected Person	No. of respondents	Percent
All of them die	61	55.5
Some of them die	32	29.1
Not die	15	13.6
Not stated	2	1.8
Total	110	100.0

Source: Field Survey, 2009.

*Note: Only those who have heard HIV and AIDS.*

From the Table 5.27, it is clearly shown that 55.5 percent of respondents said all of them will die, 29.1 percent respondents said some of them die, 13.6 percent respondents reported that they will not die, only 1.8 percent respondents did not stated anything.

### 5.2.9 Opinion about AIDS

In questionnaire, question was included on the respondent opinion about the AIDS. The results are given in the Table 2.28.

Table: 5.28 Distributions of Respondents by Opinion about AIDS.

Opinion	No. of respondents	Percent
Fatal Disease	25	22.7
Sexually transmitted disease	24	21.8
Communicable disease	8	7.2
Dangerous and transmitted by careless	31	28.3
Immune deficiency syndrome	18	16.4
Do not know	4	3.6
Total	110	100.0

Source: Field Survey, 2009.

*Note: Only those who have heard HIV and AIDS*

Table 2.28 shows that 22.7 percent respondents said that it is fatal disease, 21.8 percent of respondent said that it is sexually transmitted disease, 7.2 percent respondents said if communicable disease, 28.3 percent respondents said that it is dangerous and transmitted by careless, 16.4 percent respondents reported that it is immune deficiency syndrome and 3.5 percent respondents reported that they do not know about AIDS.

### 5.2.10 Knowledge from Teachers

The question was also included about source of respondent's knowledge as teachers for describing AIDS. The results are given in table 5.29.

Table: 2.29 Distributions of Respondents by Knowledge from Teachers.

Knowledge from teacher	No. of respondents	Percent
Yes	82	74.6
No	28	25.4
Total	110	100.0
Reason for not describing	No. of respondents	Percent
Shy	9	32.2

Do not know about subject matter	3	10.7
Negligence	11	39.3
Do not know	5	17.8
Total	28	100.0

Source: Field Survey, 2009.

*Note: only those who have heard HIV and AIDS.*

Above Table 5.29 shows the distribution of respondents who have heard about HIV/AIDS. More than seventy four (74.6%) percent of respondents said that teacher describe about STDs, HIV and AIDS but 25.4 percent respondents said that teacher do not describe about STDs and HIV and AIDS.

Among the not described by the teachers, 32.2 percent respondents said that it is due to shy, 10.7 percent respondents said not to know about the subject matter, 39.3 percent respondents said that not to know.

### 5.2.11 Opinion about Sex

Question is also asked to the respondents about what is sex? The responses are presented in Table 5.30 below.

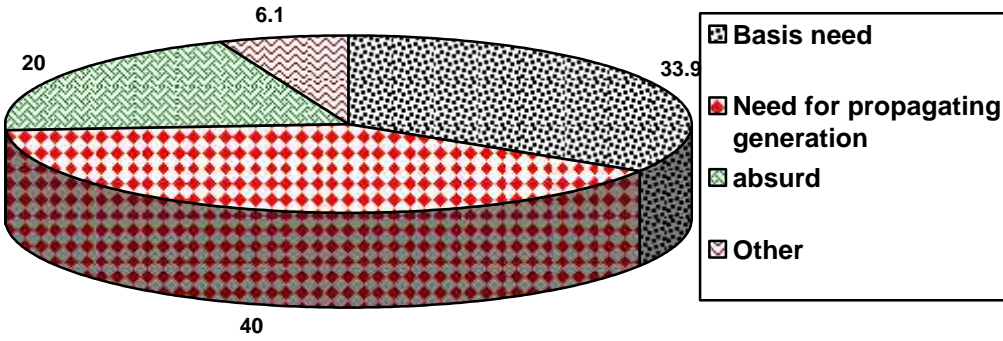
Table: 5.30 Distributions of Respondents by Opinion about Sex

Opinion	No. of respondents	Percent
Basis need	38	33.9
Need for propagating generation	46	40.0
absurd	23	20.0
Other	8	6.1
Total	115	100.0

Source: Field Survey, 2009.

Table 5.30 shows that 33.9 percent respondents said that it is basic need, 40 percent respondents said that it is need for propagating generation, 20 percent respondents said that it is absurd and 6.1 percent respondents said otherwise.

**Figure: 5.2 Distributions of Respondents by Opinion about Sex**





## CHAPTER-VI

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 Summary

This is the study on knowledge and attitude on STDs, HIV and AIDS among higher secondary school students at Kanchanpur district. Two schools are selected by purposive sampling method among all higher secondary school in Kanchanpur. This study is fully based on primary data. In this study 115 respondents are selected from two higher secondary schools among them 65 are boys and 50 are girls with age range of 15-25 years.

For the analysis of socio- economic and demographic factors affecting knowledge and attitudes on STDs, HIV and AIDS frequency tables, cross table are applied to fulfill the objective of study.

Some of the major findings of the study are given below.

#### Major Finding of Individual Characteristics

- The highest proportions of the respondents are 17-18 years of age which accounts 49.6 percent followed by 19-20 years 27.1. percent
- About 33.9 percent respondents are from Brahmin, 33 percent from Chhetri followed by Thakuri, Newar, Magar, Dalit and others.
- Only three religious groups are recorded from the selected school students. Among them vast majority are Hindu which accounts 93 percent.
- Seventy-six percent respondents are unmarried and 24 percent of the respondents are married.
- Less than percent (47.8%) respondents thought that they will be appropriate age at marriage between 24-25 years, 24.3 percent will be appropriate age at marriage in between 20-23 years.
- About 60.9 percent respondents live at own home 28.7 percent respondents living place is rented house.

#### Major Finding of Household Characteristics

- The highest proportions of respondents live with joint family which accounts 57.5 percent followed by nuclear 42.5 percent.

- Majority of the respondent's father are literate and only few respondent's father are illiterate i.e. 74.8 percent respondents stated that their father are literate but 25.2 percent respondents said that their fathers are illiterate.
- Majority of the respondent's mother are illiterate and only few respondent's mother are literate i.e. 29.6 percent respondents stated that their mother are literate but 70.4 percent respondents said that their mothers are illiterate.
- About 59.1 percent, 16.5 and 16.5 percent respondent's fathers are involved in agriculture, service and business respectively and 73.9 percent respondent's mothers are involved in agriculture and 11.3 percent respondents mothers are involved business.
- About 42.5 percent respondents have the family size of 5-7 followed by 36.5 percent having family size of 8-10.
- About 14.2 percent respondents are from urban place of residence and 85.2 percent respondents are from rural place of residence.
- All respondents have radio at their home, 20 percent respondents have electricity facility and 14.8 percent have television at their home.

### **Major Finding of Knowledge and Attitudes on STDs, HIV and AIDS**

- Majority of the respondents have heard about sexually transmitted diseases. Among them 95.6 percent have heard STDs and 4.4 percent haven't heard.
- Syphilis hepatitis-B, AIDS and Gonorrhoea are more familiar STDs. candidiasis, Trichomoniasis are less familiar among respondents.
- Hundred percent and 72.7 percent respondents have heard about HIV and AIDS and Hepatitis –B respectively.
- Majority of the respondents said that the reproductive part affected by STDs, which is accounted for 99 percent followed by all over the body by 79.2 percent.
- Radio, television, teacher, textbooks, friends, health personnel and newspaper are the main sources of information about STDs and HIV and AIDS.
- About 90.9 percent respondents have knowledge about the modes of transmission of STDs but 9.1 have not.

- Among those who have knowledge about the modes of STDs transmission, 64 percent respondents believe that STDs is transmitted through the sexual contact, 55 percent respondents said that it is transmitted living with infected person and 47 percent respondents stated that it is due to transmission from infected mothers to her baby.
- About 82.7percent respondents have knowledge on preventive method of STDs but 17.3 percent have not knowledge.
- About 87.9percent of respondents said that use of condom during sexual intercourse, 45 percent respondents said that avoid sex with prostitution to be safe from HIV and AIDS.
- Almost 95.6 percent respondents have heard about the HIV and AIDS.
- The highest proportions of the respondents have heard HIV and AIDS from radio, which is accounted for 100 percent followed by teachers 48.2 percent.
- Majority of the respondents are knowledgeable of full from of AIDS which is accounted for 72.7 percent and who have written correctly.
- About 77.3 percent respondents have knowledge on mode of AIDS transmission but 22.percent respondents have not.
- Among those who have knowledge about the modes of HIV and AIDS transmission, 75.3 percent respondents confirmed that HIV and AIDS is transmitted through the blood transfusion followed by sexual contact i.e. 22.7 percent and few respondents said that the AIDS is transmitted through kissing and others.
- Almost 81.8 percent respondents have heard knowledge on syndrome of AIDS and 19.2 percent have not knowledge.
- About 90 percent respondents reported the main symptom of AIDS is loss of body weight followed by 75 percent respondents who said diarrhea for one month.
- Almost 74.5 percent respondents have knowledge of preventive method of HIV and AIDS and 25.5 percent respondents have not.
- About 89.7 percent of respondent said that the use of condom is the true method for preventing AIDS transmission 52.6 said not to have sex with unknown person is the true method, 37.2 percent respondents said use of

sterilized surgical instrument and 46.1 percent respondents said not to have sex at all is the true method for preventing AIDS transmission.

- More than fifty-five (55.5%) percent respondents said that all AIDS infected person will die, 29.2 percent respondents said that some will of the die. Followed by 13 and 1.8 not die and don't know respectively.
- About 28.3 percent respondent defined that AIDS is dangerous and transmitted by careless, 21.8 percent respondents said that sexually transmission diseases, 18.4 percent respondents said that is immune deficiency syndrome, 22.4 percent respondents said that it is fetal diseases, 8 and 3.6 percent respondents said fatal diseases and don't know respectively.
- Almost 74.6 percent of respondents get the knowledge from teacher and 24.4 percent of respondents do not get the knowledge from teacher.
- About 33.9 percent respondent said that knowledge about sex is basic need for human being, 40 percent reported that sex is needed for propagating generation followed by 20 parent abusers and 6.1 percent others.

## **6.2 Conclusions**

In global context, researches show that HIV prevalence rate is very high among youth from 14-29 year of age group and this is true in our context too.

Many NGOs and INGOs have been working intensively against STDs, HIV and AIDS and the findings of this study do not agree with the effectiveness of the programmes. There is a wide gap between what one expects after interventions of various programmes against AIDS and what is prevailing in practice. The knowledge and attitude of the students in secondary level towards HIV and AIDS seems not enough. To uplift the level of knowledge, special care should be given in designing course and including the content about it.

The main source of Information of HIV and AIDS is radio and television. That means mass media plays a vital role in creating awareness on HIV and AIDS.

The respondent's parent are literate it has more knowledge about STDs, HIV and AIDS than those parents are illiterate. The respondent whose parents are in service, are more Knowledgeable compared to those whose parents are in agriculture. The respondents have more awareness about STDs, HIV and AIDS who live in the urban but the rural has low. The respondents studying in grade twelve have higher knowledgeable on STDs, HIV and AIDS than those studying in grade eleven.

### 5.3 Recommendations.

This worldwide scenario and findings of research indicate that Nepal, as developing country and having low level of Socio economic and educational status has been facing third pattern of HIV and AIDS pandemic. Among the identified case of HIV most of the cases are between the ages of 14-29 years. It shows that youth are most vulnerable which are physically, mentally and sexually active and passing through transitional phase from development of physical and mental viewpoint. In this way focusing of above study following recommendations is made. For the further study following recommendations have been made and mentioned below.

- Education plays the vital role to determine every change in society. I recommend that STDs, HIV and AIDS should be included in the curriculum in every higher secondary school.
- Social and culture norms are obstacles in the society to discuss about STDs and HIV and AIDS. Therefore AIDS education should be provided to cultural and social group of the society.
- Transmission, prevention knowledge and other information STDs, HIV and AIDS should be provided regularly.
- In Nepal castism plays a vital role in determining knowledge. Therefore, it would be fruitful to study stratifying for different caste with comparison.
- The world AIDS day programs should be conducted not only in the central level/urban area but also in rural area, as well as awareness campaign programs should be conducted together.
- Government should make the district vision about averseness making, process of cure and implementation process should be strict in health sector of government.
- Counseling care support components would be more appropriate to identify knowledge and attitude dealing with future consequence of HIV/ AIDS.
- Majority of students were reported that use of condom is the true method of preventing STDs, HIV and AIDS transmission therefore it is necessary to make them more knowledgeable in the contexts of condom use. Condom should be accessible for them and it is necessary to provide special attention to them about sexuality and HIV and AIDS.

- The participants perceived by the respondents can be considered as the entry point for the planners & policy makers relating to these matters.

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