

CHAPTER – I

INTRODUCTION

1.1 General Background

HIV/AIDS

AIDS stands for Acquired Immune Deficiency Syndrome. Our body has the immune system that fights against disease. When this immunity is lost, various symptoms can emerge. Scientists have identified two types of virus-HIV-1 and HIV-2. HIV-1 is the primary cause of AIDS worldwide. HIV-2 is found mostly in West Africa.

There were interesting hypothesis regarding to the origin of this disease. In the year 1985, it was postulated that AIDS might have originated in Africa. It was medically recognized only in 1981 in USA. The causative organism of AIDS was first identified in 1983. As of 2006 an estimated 40 million adults and children around the world were living with Human Immune Deficiency Virus (HIV) and AIDS. In Nepal first case of AIDS was identified in 1988. It was endemic among African green monkey. Eating uncooked green monkey's brain might have caused AIDS to human beings who did not show any sign of illness at that time but acted as carriers. It is caused by the Human Immunodeficiency Virus (HIV), which is spread through blood, semen/vaginal Secretion and breast milk. The most common method of transmission is unprotected sexual intercourse with an HIV positive partner. Other routes include transfusion of HIV- infected blood; use or organ transplant: use of contaminated needles, syringes and other skin-piercing equipments, from mother to child during pregnancy and by breast feeding. HIV is extremely fragile. It cannot survive long outside the body's fluids or tissue and it cannot penetrate unbroken skin. (Peter et. al., 2006)

HIV kills by weakening the body's immune system until it can no longer fight. Infection opportunistic is illnesses such as pneumonia meningitis, cancers, tuberculosis (T.B) and other parasitic, viral and fungi infection that occur when the immune system is weakened.

HIV generally progress over a decade before developing into AIDS, But there is a long delay after infection before symptoms become visible. Early HIV-related symptoms include chronic fatigue, diarrhea, fever, weight loss, persistent cough, skin rashes, herpes

and other oral infection, swelling of the lymph nodes and memory loss or other mental changes.

AIDS is almost always fatal without treatment although a few individuals have survived with AIDS untreated for up to 20 years. Current active antiretroviral therapy slows the virus replication in the body. Slower replication rates lessen the burden on the immune system by reducing HIV-related illness and allowing patients to live longer, higher quality lives. There is no cure for AIDS. The disease resurges if highly active antiretroviral therapy is halted.

The AIDS epidemic may be the most devastating health disaster in human history. The disease continues to ravage families & communities throughout the world. In addition 25 million people who had died of AIDS by the end of 2005 at least 40 million people are now living with HIV. An estimated 4.9 million people were newly infected with HIV in 2005 in sub Saharan Africa, Eastern Europe, or Asia while some regions have successfully slowed the epidemic which is surging in others.

In the most affected regions hard earned improvements in health over the last 50 years has been over-whelmed by death and disability from AIDS. The disease is crippling progress at the personal, family, community and national levels. In severely affected nation economic growth and political stability are threatened.

HIV prevalence is also rising rapidly in many parts of eastern and southern Asia. China and India will see millions of additional infections unless they launch effective large scale prevention programmes. Countries throughout world face serious challenges from AIDS. Infection rate have to decline significantly in Western Europe or North America, where the epidemic has spread from the gay male population to ethnic minorities, the poor and other marginalized groups.

Globally the AIDS pandemic shows no sign of slowing despite concerted efforts to control it and a few success stories the difficulties in reducing the number of new infection are also compounded by poor access to life saving treatment. The joint United Nations Program on HIV/AIDS (UNAIDS) estimates that only about 15 percent of the 6.5 million people in developing countries who need treatment have access to antiretroviral drugs.

AIDS Prevalence in Nepal

Since the detection of the first AIDS case in Nepal was in 1998. Nepal has progressed from a 'cow prevalence' country to one with a so-called concentrated epidemic in certain sub-groups of the population. For the first time in 1987, only four affected person were found in Nepal. There were 1486 HIV cases including AIDS of March 31, 2000. Among them 140 were already dead due to this disease. WHO estimated that there would be the one hundred thousand HIV cases during, 2000 with HIV prevalence of 17.3 percent and 68 percent among female sex workers and infecting drugs users respectively and 4-10 percent among labour migrants from India, especially those migrating to Mumbai from Far-western of Nepal? It is only a matter of time before we face a generalized epidemic if an expanded response is not initiated immediately.

1.2 Statement of the Problem

AIDS educators, consultants and information experts argue that mass awareness about killer disease has reached inadequate level. Although the majority of the students are known about the case, symptoms and preventive measure of AIDS, it is spreading day by day in every counties of the world. It has becomes great problem and burning issue for the society. As youth are energetic wing of the nation they can change the trends and cultural barriers, social lag and traditional view. In the beginning it might be better to minimize their social and psychological stigma & then only it would be vital contribution for the golden future of the nation.

Generally the adolescent of 11-16 years aged students study in school in Nepal. This situation occurs due to their curiosity to take and experience of sex. They may try to keep sexual relationship with the person who is easily available to them. They may draw them into unwanted pregnancy and encounter. In this time the level of knowledge and attitude of AIDS play key role to determine vulnerability of youth in relation to HIV/AIDS. Because of that there are so many ways of transmission of STIs. During the period of passing through their physical and psychological change it might be difficult to take good decision for most of the time. If their peers are unknown about the fact future will not be good as we hope.

Though the national center of AIDS control is providing dominant role in providing date information education and communication (IEC) sharing the assistance from other nongovernmental organization. It's efforts may be insufficient due to lack of information about the perception of AIDS & STIS in community level especially in rural areas where the exposure to mass media of the knowledge or perception of AIDS in the grass root level is of unique important in itself.

More effective planning towards AIDS prevention and control is possible only with the help of real statistics related to the knowledge about HIV/AIDS. The various sources of information of AIDS transmission and misconception in the student's level must also be assessed.

HIV/AIDS is today's most burning issue in the world and it has no any cure. Prevention is the only remedy aspect of the disease. Therefore, public awareness is the most essential things to protect from this disease. This study might be helpful to full fill the objectives. That's why this topic has been selected.

1.3 Objectives of the study

The main objectives of the study are to examine the existing the knowledge and attitude HIV/AIDS among the secondary school adolescents. The other specific objectives of the study are as follows:

1. To identify the knowledge, attitude HIV/AIDS.
2. To examine the student's knowledge about major and minor signs, modes of transmission and preventive measures of HIV/AIDS.
3. To find out the various sources of information about HIV/AIDS.
4. To find out the student's, attitude towards HIV/AIDS patients.

1.4 Significance of the Study

The main goal of this study is to find out the existing level of knowledge and attitude about the real picture of HIV/AIDS among students of grade 8, 9 and 10. The target groups of this study were those adolescents' students who will initiate active sex life in near future so the sex education is most necessary to them. Students are the future constructors of the nation, they should essentially possess the basic knowledge about

public health & killer disease like HIV/AIDS and what extent of the existing perception is true and what amount of knowledge is false must be assured. The statistic provided by this study might be representing the other parts of the country having similar environment.

-) The study will be helpful for those who are interested to conduct further research in this field.
-) The finding of this study may help to the demographers and policy makers in formulating plan policy and education strategy.
-) This study will be helpful to those people who are working in the field of HIV/AIDS prevention & control for the better performance.
-) This study will also be guideline for the improvement in teaching and learning approach on HIV/AIDS issues.
-) The study tries to assess the level of misconception persisting among the students.

1.5 Delimitation of the Study

-) Due to the lack of enough time and budget the study was delaminated in the following data.
-) The study has been delimited only from grade 8 to 10 students of Zenith English Secondary school, Bafal-3, Kathmandu.
-) The study has been related only with the knowledge and attitude towards HIV/AIDS rather than other not concerned about practice.

1.6 Organization of the Studies

The study is organized into six chapters. The first chapter deals with the background of the study, statement of problem, objective, limitations and significance of the study. Chapter two deals with literature review and chapter three provides information on methodology of the study. Chapter four deals the background characteristics of the respondents. Knowledge and attitude or respondents on HIV/AIDS has been assessed in chapter five and final chapter provides summary of findings, conclusion recommendations and further research issues.

CHAPTER - II

REVIEW OF RELATED LITERATURES

The center of gravity of AIDS epidemic is shifting from Africa to Asia. WHO estimates that about 3.5 million Asian have been infected with HIV and cumulative infection in the regions are expected to increase more than 10 million by the year 2000 AD. At present Thailand Myanmar and India represent the epicenter of Asia HIV epidemic but there is potential to increase in affectively in southern China, Vietnam, Indonesia, Malaysia, Laos, Philippines and Nepal (Giri, 2000)

In 1999 alone, 4 million people in sub-Saharan Africa become infected with the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS). In several African countries at least half of males currently aged 15 will eventually die of AIDS. These and other shocking facts about the level of devastation that HIV/AIDS has inflicted and will inflict on the people and economic of Africa are documented in the report of global HIV/AIDS epidemic in the report, excerpted here was published in June 2000 by the joint United Nation Programme on HIV/AIDS known as UN AIDS. (UN AIDS, 2001)

New ERA (1996) cited by Giri (1998) conducted a study on “perception and attitudes concerning STIs and AIDS in Urban centers of Nepal.” The target group included different occupation such as students of college wage earners, businessmen, risk show pullers and house wives of service holders. A college student understands AIDS as an epidemic. Most of the victims of this disease are youth although they know about it and they are alert about it. The HIV enters in human body and despite their prevention a girl students express her view about the ways of transmission of AIDS saying that blood should be tested and separated syringe should be used before receiving and donating the blood. They must be thoroughly cleaned. A businessman was found to complain about the message but illiterate cannot read it.

Erepelding & Bista (1997) has conducted a research work on “Assessment of knowledge attitude and behaviors concerning. STIs /HIV/AIDS is selected population”. They

mentioned in this report that the overall awareness about STIs/HIV/AIDS was found to be quite high misconceptions regarding non-sexual transmission route of policeman, 9 percent of antenatal care (ANC) patients and 18 percent of male high school students reported that HIV/AIDS is transmitted through insect bites.

The researcher (Bista et, al) found differences up to 50 percent in the level of knowldege between male & female students suggesting that knowledge on STIs is not only determined by education but also by gender for example 81.6 percent of the male campus students indicated that they use condom to avoid STIs/HIV/AIDS but only 35 percent of the female students were aware about the facts.

Jha (2004) in a survey carried out among currently married of Saptari district found that 54.2 percent had heard about HIV/AIDS. About 46 percent of the respondents said that they never heard about AIDS. Of the respondents who heard the name of AIDS only about AIDS, only about 10 percent of them were found to know the main mode of HIV transmission. About 36 percent of the respondents had no sexual intercourse as one of the modes of HIV transmission, while a few respondents (2.8%) have reported inaccurate modes like mosquito bites and so. Four out of five respondents who had involved in extra marital sexual behavior said there is no such chance in future with about of HIV/AIDS.

Studies have been found that connection between higher AIDS incidence and lower income. For instance a study of African American women in North Carolina found that those with HIV infection were more likely than non infected women to be unemployed, receiver public assistance have had 20 or more life time sexual partners, have a life time history of genital herpes infection have used cracks or cocaine or have traded sex for drugs money or shelter (CDC., 2005)

Bista (1996) had conducted as assessment of knowledge attitude and behaviors concerning STIs & AIDS in selected population of such central urban of Nepal. The objective of the study was to assess the knowledge and attitude about STIs and HIV/AIDS in group with potentially risky behavior to identify sexual behaviors patterns. The target population if the study was policeman, antenatal case clients (ANC) and students from campus and secondary schools. Systematic sampling method was applied for the study. Total of 1919 questionnaires were collected among them 500 from police,

492 from ANC patients 427 from campus students (250 males & 177 females) and 500 (251 males and 249 females) from high school students the study indicates that 84 percent male and 76 percent female students from high school and 93 percent male and 76 percent female students of campus responded positive view about transmission of HIV/AIDS: likewise 57 percent male 44 percent female students of high school responded non-sexual transmission.

Sexual violence against women is most inflicted by a husband or partner can also be factors in HIV infection. According to one South African study, women who experienced violence from their parents were 48%, more likely to be HIV-positive than those who had not (Peter et. al., 2006)

2.1 HIV/AIDS and STIs in the World

Adolescence is a period of transition from childhood to adulthood in which physical and behavioral changes take place. It is also known as the teenage years. This is also a period of a Milestone for everyone. This is a time of preparation for undertaking grater responsibilities. Adolescents health is the outcome of several factors such as socio-economic status, environment in which they live and grow, good guidance, and family/community. UNFPA, UNICEF and WHO define young people as a between the ages of 10 and 24, youth as those aged 15-25, and adolescents as the population aged 10-19 years. Adolescents aged 10-14 is known as early adolescents and 15-19 as late adolescents (UNFPA, 1998).

Adolescence is the second decade of life and it is a period of rapid development. Major physical changes take place and differences between boys and girls are accounted (WHO, 1998). Since about one third of the world's population are between the age of 10 and 24 with vast majority living in developing countries. They have not received specific attention in most population and health research and programs. During the past decade young people and their health needs have been the subject of greater attention worldwide. Especially, the issue of adolescent reproductive health received global attention after the international conference on population and development (ICPD) 1994 (CBS, 2003).

Adolescent are more vulnerable than adults to unplanned pregnancies, STIs and HIV/AIDS. It has been documented that although premarital sex is less common in the

Asia region, it is clearly on the rise. It has been observed that when adolescents become sexually active, they tend to have multiple partner and use condoms and other contraceptive inconsistently furthermore, younger women are more vulnerable to forced sex and sex in exchange for gifts and money, with increasing risk of contracting STIs, including HIV/AIDS (Ashford, 2001).

It has been found that while women, in general, are more likely than men to be infected with HIV during unprotected vaginal intercourse prevalence of HIV infection among adolescent girls is strikingly high. Biologically young girls are vulnerable to the risk of HIV transmission because their genital tracts are not fully mature. Other biological, cultural and economic factors that make young girls particularly vulnerable to the sexual transmission of HIV. The vulnerability of adolescent girls of STDS including HIV/AIDS have a negative impact on the educational prospects as well as high rate of material death. The following factors influence the sexual an reproductive of adolescents in Asia and the pacific.

- Inadequate access to correct information.
- Availability of and access to youth friendly healthy services.
- Peer pressure and the erosion of the role of the family and
- Economic constraints (Gubhaju, 2002).

Sexual Transmitted Disease (STD) are among the most common health problems in the united states, and women experience a disproportionate amount of the burden associate with these illnesses, including complications sterility, prenatal infections, genital tract neoplasm, and possible death. Available date suggest that female to male transmission is less efficient than male to female transmission. Human mobility in the era of AIDS has dramatically increase the potential for the spread of HIV is now leading killer of person between the ages of 25 and 44 in the united states and similar western nation. It is the leading cause of adult death in many third world countries. (SAGE)

In Africa the HIV/AIDS epidemic could also bring a slowdown in socio-economic progress and an increase in couples desire for children (PRB, 2005).

STIs increase the likelihood of HIV transmission considerably, as well as having other reproductive health consequences such as chronic pain, infertility or life threaten entopic pregnancies. While data on STIs in developing countries are scare, particularly for young people. WHO estimates that at least a third of the more than 333 million new cases of curable STIs each year occur among people under age 25. Young people are also substantially more likely than adults to become re-infected after having been treated (UNFPA, 2003).

Almost a quarter of people living with HIV are under the age of 25 young people now represent half of all new cases. An estimated 6,000 young people are infected every day-one every 14 minutes. The majority are women and girls. In sub-Saharan Africa, 63 percent of those who were HIV positive in 2003 were between the ages of 15 and 24. In the Russian federation and other countries of Eastern Europe and Central Asia, more than 80 percent of those living with HIV are under the age of 30, a majority of them young men. In these regions, as well as in southeast Asia and China. HIV is spread primarily by drug infection and commercial sex works. One third of new cases of curable sexually transmitted infections every year are contracted by young people under 25 (UNFPA, 2005).

The AIDS epidemic may become the most devastating health disaster in human history. The disease continues to ravage families and communities throughout the world. In addition 25 million people who died of AIDS by the end of 2005 at least 40 million people are now living with HIV at the end of 2005. An estimated 4.9 million people were newly infected with HIV in 2005. But of the total HIV infected people, 95 percent are from the sub-Saharan Africa, Eastern Europe or Asia. In Southwest Asia, 74,00,000 are living with HIV and 480,000 are living with HIV and 480,000 have died from the AIDS (PRB, 2006).

2.2 The HIV/AIDS Situation in SAARC Countries

The first HIV infection of South Asian region was reported in India in 1986. This means that the endemic was introduced in the region somewhat later than other parts of the world. The infection rates in South Asia are lower than Africa but the spread of HIV is rapid. However, current trends show that this region will be severally affected very soon.

The epidemic in South Asia is newer and many countries are yet to develop a proper monitoring system. For this reason the estimates of HIV in South Asia are often made on the basis of inadequate information (Aryal, 2000).

The virus of HIV/AIDS was reported in India in 1986, and second goes to Pakistan 1986, Sri Lanka 1987, Nepal 1988, Bangladesh 1989 and Maldives 1991. The latest estimates show that about 5.1 million people were living with HIV in India in 2003. Serious epidemics are underway in several states. In Tamil Nadu, HIV prevalence of 50 percent has been found among sex workers while in each of Andhra Pradesh, Karnataka, Maharashtra and Haryana, HIV prevalence measured at antenatal clinic in the Manipuri cities of Imphal and Chaurachmand has risen. Below 1 percent to over 5 percent with many of the women testing positive appearing to be the sex partners of male drug injectors. Several factors look set to sustain Manipuri's epidemic, including the large proportion about 20 percent of female sex workers who inject drugs and the young ages of many injectors (UNAIDS, 2004).

Although the reported HIV cases are very small in Maldives, Maldives is highly vulnerable to the AIDS pandemic. A sustained rapid economic growth to 7.2 percent has exposed Maldives to the outside world. HIV/AIDS prevention and control activities are given higher national priority under the national AIDS council programme. The government of Sri Lanka established a national task force (NIF). In 1987 and a short term plan of action was formulated in July 1987. A multi sectoral, multidisciplinary national AIDS committee (NAC) first formed in 1988. NAC has four sub-committees on laboratory services and surveillance, HIV care and counseling legal and ethical issues on HIV/AIDS and information, education and communication (IEC) functioning under it (Devkota, 2005).

2.3 HIV and STIs Situation in Nepal

HIV/AIDS has been increasing since the first case was detected in 1988 in Nepal. Only 3 male and 1 female were detected of HIV infection for the year when it was diagnosed at first in the year 1988. Since the rate is increasing each year because of extensive use of commercial sex workers, high rates of sexually transmitted diseases, low use of condom, drug users etc. Nepal ranks sixth among Asian nations in absolute numbers of HIV

positive persons considering existing open borders with India, the threat of HIV/AIDS in Nepal is tangible because of migrant working population in metros of India, lack job opportunities in Nepal, drug transfer and silk route. The main identified mode of HIV transmission in Nepal is heterosexual contact, primarily commercial sex workers and their clients. Intravenous drug users (HIV/AIDS), migrant workers. (UNAIDS, 2004).

The first case of AIDS in Nepal was reported in 1988. The National centre for AIDS and STD control (NCASC) of the Ministry of Health and Population has estimated an average of 70000 adult HIV-positive people in Nepal (NCASC, 2006 a). As of September 2006, a total of 1171 AIDS cases among the 7894 cases of HIV infection were reported to NCASC (NCASC, 2006 b). However, these figures are probably grossly underestimated given the existing medical and public health infrastructure and limited HIV/AIDS surveillance system in Nepal. (NDHS, 2006)

The results of the IBBS conducted so far clearly indicate that the early concentrated stage and is driven by injecting drug use, commercial sex, and migration, findings from the last rounds of the IBBS conducted in 2005 among 1945 show that about 30 percent of male IDUS in Kathmandu (New ERA and SACTS, 2005a), Pokhara (New ERA and SACTS, 2005 b), Eastern Terai (New ERA and SACTS, 2005c), and western and far western Terai sub-regions (New ERA and SACTS, 2005d) reported having sex with FSWS, and more than half do not use condoms when they have sex with FSWS. Similarly migrants who have sexual intercourse with sex workers in India have a higher risk of HIV infection and only a few use condoms when they have sex with their spouses. (New ERA and SACTS, 2006)

STIs prevalence among sex workers (SWS) is notably higher. Data from Pokhara, Kathmandu and Terai revealed the syphilis prevalence among SWS were 18.8 percent in Terai, 19 percent in Kathmandu and 13.8 percent in Pokhara clients of sex workers were found to have 5.3 percent syphilis. Similarly among family planning attendees, trichomoniasis was 6.0 percent, Chlamydia was 1.0 percent and HIV was 0.3 percent as per results of study conducted (UNAIDS. 2004).

As of October 2001, a total of 533 AIDS cases and 1564 cases of HIV infection were reported to the ministry of Health National center for AIDS and STD control (NCASE).

2001). However these figures are probably grossly underestimated given the current medical and public health infrastructure and limited HIV/AIDS surveillance system in Nepal. One estimated shows approximately 34000 cases of HIV/AIDS infection in Nepal. (UNAIDS, 2004)

The national data as of December 31, 2004 reveals 4593 individual having HIV of which 846 have developed AIDS of the Total AIDS , cases 233 have died. HIV transmission is increasing in population of 14 to 49 years age groups. sex workers their clients seeking care for SITS and injecting tug users (IDUS) were reported having high rate of HIV. Remarkably, the number of house wives with HIV infection is increasing. It is though that HIV might have spread to them through their husbands who might have exposed to high-risk behaviours of HIV transmission. Given the high rate of HIV risk behaviours Nepal ranks in concentrated epidemic countries (NCASC, 2004)

According to Ministry of Health and Population, National Centre of AIDS and STD Control (NCASC) cumulative HIV/AIDS situation of Nepal as Jestha 2066 (in June, 2009) shows the following table.

Condition	Male	Female	Total	New Cases of This Month
HIV positives (including AIDS)	8345	4080	12425	390
AIDS (Out of the total HIV)	1445	599	2044	109

Source: *NCASC, 2009.*

Cumulative HIV infection by sub-group and sex

Condition	Male	Female	Total	New Cases of This Month
Sex Workers (SW)	6	802	808	13
Clients of SWs/STD	5448	143	5591	156
Housewives		2780	2780	127
Blood or organ recipients	28	10	38	0
Injecting Drug Users	2290	46	2336	41
Men having Sex with Men (MSM)	69		69	19
Children	441	278	719	34
Sub-group not identified	63	21	84	0
Total	8345	4080	12425	390

Source: NCASC, 2009.

2.4 Knowledge on STIs and HIV/AIDS

The NDHS 2006 show that 73 percent of women and 92 percent of men age 15-49 have heard of AIDS. Knowledge of AIDS varies by background characteristics and this is more evident among women than men. Since overall knowledge of AIDS among men is very high, there is little difference by background characteristics. (NDHS, 2006)

The level of awareness of AIDS is lower among older respondents, especially among respondents age 40-49, and among ever-married women and men. Respondents living in rural areas are less likely to know about AIDS than urban residents. For example, 69 percent of rural women have heard of AIDS, compared with 91 percent of urban women. (NDHS, 2006)

In Nepal, knowledge of AIDS is much higher among men (72%) than women (50%). Although women's knowledge of AIDS is lower than men's the percentage of women who have heard of AIDS has nearly double in the last five years from 27 percent in 1996 (Pradhan et al., 1997). Two fifth of women and two thirds of men believe that there is a

way to avoid HIV/AIDS. As level of education increase, respondents knowledge of AIDS also increases respondents who have passed their SLC. (NDHS, 2001)

Regarding the STIs, 8.5% of the young people have knowledge of STIs, two third reported HIV/AIDS as the main type of STIs followed by syphilis (20%) and gonorrhea (13%). (Pathak and Subedi, 2002)

Twenty percent among adolescents and about 26 percent among youth reported that they know how to avoid AIDS. The knowledge of protecting one for deadly sexually transmitted disease among the adolescent and youths shown by the data is far from satisfactory because these groups of population are considered to be highly vulnerable to AIDS exposure. (Pant, 2001)

Young women and men age 15-24 are relatively more knowledge. the various modes of prevention than older respondents. for instance, about 35 percent of women and 65 percent of men age 40-49 mentioned that using condoms and limiting sex to our uninfected partner can reduce to risk of HIV/AIDS infection, compared with 65 percent of women both women and men is highest among never- married respondents and lowest among those divorce, separated or widowed. (NDHS, 2006)

Education and wealth are strongly associated with AIDS awareness. Knowledge of AIDS is universal among women with SLC or higher level of education, compared with just over half of women with no education. Similarly, awareness is lowest among women living in the poorest households and highest among women living in the wealthiest households. Knowledge of AIDS is also higher among women who have traveled away for their home, particularly among those who have been away for six months or more in the past 12 months. (NDHS, 2006)

2.5 Major Routes of Transmission of HIV/AIDS

It is presumed that the major routes of transmission for HIV/AIDS in Nepal remains heterosexual and through sexual contact. However, very little data exists to be able to clarify the extent of transmission in this route. Existing data indicates that the highest rates of infection are among injecting drug users and that IDUS as well as sex work contribute to a large and significant proportion of HIV transmission (Acharya, 2005).

The major mode of transmission of HIV in the country is heterosexual. Using that these are more than 60,000 people living with HIV/AIDS in Nepal at the end of 2003. By far the largest numbers of reported HIV infection come from men who have been clients of sex workers (57.2%) following by injecting drug users (16.0%) HIV infection in Nepal mainly occurs in the younger age of 20 to 39 years. HIV/AIDS and STDS are emerging as a major threats of Nepalese socio-economic and health service. The following milestones in AIDS and STD prevention activities in Nepal.

- Z 1986 organization of STD/AIDS control committee.
- Z 1987/88 implementation of short-term plan.
- Z 1995 national policy on AIDS and STD prevention adopted.
- Z 1997-2001 strategic plan for HIV/AIDS prevention adopted.
- Z 2002 National AIDS council formed.
- Z 2002-2006 National strategy for HIV/AIDS prevention adopted
- Z 2004 STIs case management guidelines development (DOHS, Annual Report, 2003/04).

Studies conducted in main highway routes in different parts of the country indicate that transport workers (track drivers and their helpers) are also turning to one of the major population sub-group susceptible to HIV infection. Recent studies in the far western region suggest that transmission among infected migrant laborers returning home from India could also contribute largely to a rise in HIV infection. According to one policy assessment report, the epidemic has reached the concentrated stage and may be on the verge of spreading to the entire reproductive age population (Acharya, 2005).

Many Nepalese adults lack accurate knowledge about the ways in which the AIDS virus can and cannot be transmitted. Only 29 percent of women and 49 percent of men know that AIDS cannot be transmitted by mosquito bites. Relatively larger proportions of respondents (59 percent of women and 75 percent of men) are aware that a healthy looking person can have the AIDS virus. Similar proportions of women and men (58 percent of women and 77 percent of men) correctly believe that a person can not get the AIDS virus by touching someone who has AIDS. 45 percent of women and 63 percent of

men correctly believe that a person cannot become infected by sharing food with a person who has AIDS (NDHS, 2006).

The potential for the spread of HIV in Nepal is larger because of extensive use of commercial sex workers, high rates of sexually transmitted diseases, low level of condom use and pockets of intravenous drug users. As of April 30, 2005 a total of 876 AIDS and 4904 cumulative cases of HIV infection were report to the ministry of Health, National Centre for AIDS and STD control. (Acharya, 2005)

2.5.1 Injecting Drug Users (IDUs)

Number of ID users including heroin users in increasing all over Nepal. Currently in Kathmandu valley, HIV infections among IDUs are estimated at 67 percent. These studies show that the IDUs, both male and female are in their early 20s. The median age of IDUs at the times of their first sexual encounter was 18 for males and 16 years for females. The study further shows that 89% of male and 81% of females had been sexually active (New Era, 2002). Several of these research studies also indicate a very risky sex and drug taking behavior of IDUs which makes them more susceptible towards HIV infection (CREHPA, 2002; New Era, 2002; FHI, 2002). In one of the study, two thirds of the IDUs reported being sexually active before the age 10. 80 % of male IDUs had unprotected sex with their regular partner. The study also found low rate of condom use (FHI, 2002).

2.5.2 Commercial Sex Workers and their Clients

Commercial sex workers are found all over Nepal but they tend to get concentrated in large cities, border towns, and truck routes and the Haat Baazar areas in the villages (New Era, 2002). Nepal's sex work is primarily street based though more recently concentration of sex workers is becoming more pronounced in the dance and cabin restaurants operating in cities of Kathmandu valley and Pokhara. The scale and magnitude of commercial sex work & trafficking in Nepal seem to be much larger than what is usually believed (New Era, 2002). Poverty & economic hardship has been found to be the main factors for motivating most of the women to get involved in the sex work because they needed the money immediately and sex work was the only way out for them. Another study also shows that the reasons for the women to get involved in sex

work are mainly related to financial issues such as need of money, poverty, unemployment and hunger etc. In addition to financial reasons, social reasons also appear to have much influence in pushing girls women into sex work. (New Era, 2002)

2.5.3 The Migrant Workers

Just as internal and external labour migration constitute the hidden or unrecognized dynamism of the real economy of Nepal. It is now being identified as the hidden and unrecognized dynamic of the spread of HIV/AIDS in the country (Acharya, 2005, 2002). According to 2001 census the country had 7,62,000 external and 14,00,000 internal migrants, male and female together. The western region has the highest proportion of external migrants working abroad. Migration to India will undoubtedly continue to increase in coming years. Many of these men are contracting HIV/AIDS in India and bringing it back to their wives in Nepal. A recent survey of men returning from Mumbai to Nepal revealed an HIV infection rate of 10 percent. (MOH, 2003)

2.6 Prevention, Care and Treatment

In this third decade of the epidemic, there is still neither a cure nor vaccine for AIDS life prolonging drugs have become more affordable and accessible, yet treatment is still largely unavailable to most people who need it in developing countries. As of June, 2005, out of the 605 million people needing treatment prolongs the lives of many AIDS patients. It does not cure AIDS. More than 50 HIV vaccine candidates have undergone clinical trials since 1987 and researchers continue to 1987 and researchers continue to develop strategies for improving defenses against the virus. Despite this progress, a safe and effective vaccine is years away. (PRB, 2006)

HIV is transmitted in three ways: (a) through sexual contact; (b) through direct exposure to blood, primarily as a result of injecting drug use, blood transfusions, or unsafe injecting in health-care settings; and (c) from infected mother to child, during birth or as a result of breast feeding. Effective means exist to prevent transmission through each of these modes.

As HIV continues to spread, prevention, remains the backbone of programs to cure the epidemic for the foreseeable future. However, there is a need for more comprehensive

programs that encompass prevention, care, treatment, and support interventions. Comprehensive prevention programs for people living with HIV include. (PRB, 2006: 12)

- General education about the risk of sexual transmission,
- Support for low-risk behaviour, including condom, use;
- Diagnosis and treatment of STIs,
- Counseling and testing for HIV;
- Preventing mother-to-child transmission;
- Ensuring the safety of blood and blood products;
- Needle exchange programs; and
- Reducing the stigma attached to HIV and AIDS.

Women are most aware that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners (65 percent) or by abstaining from sexual intercourse (60 percent). Among men, the most commonly known prevention methods are use of condoms (84 percent) and limiting sex to one uninfected partner (83 percent). Knowledge of condoms and the role that they can play in preventing the transmission of AIDS is much less common among women than among men (58 percent versus 84 percent). Fewer women and men (55 percent and 77 percent, respectively) are aware that using condoms and also limiting sex to one uninfected partner can reduce the risk of getting the AIDS virus. (NDHS, 2006)

2.7 Conceptual Framework

There are various factors to determine the level of knowledge and attitude towards SITs and HIV/AIDS. Parental socio-economic background characteristic such as education, occupation, family size and household facilities could play an important role to determine the knowledge and attitudes towards SITs and HIV/AIDS of their children. Demographic factors of respondents such as age, sex, educational level, marital status, caste/ethnicity and religion may also affect the knowledge and attitudes towards SITs and HIV/AIDS. IEC materials may play a vital role in determining knowledge and attitudes towards SITs and HIV/AIDS among adolescents.

Conceptual Framework of the Study

The conceptual framework which is made on the basis of literature review helps to analyze the knowledge and attitude of context of HIV/AIDS among secondary level school students.

CHAPTER – III

METHODOLOGY

3.1. Research Design

A research design is a plan structure and strategy of investigation so conceived as to obtain answer to research questions or problems. The plan is the complete scheme or program of the research. It includes an outline of what the investigator will do from writing the hypothesis and their operational implications or the final analysis of data.

A traditional research design is a blueprint or detailed plan for how a research study is to be completed operational zing variables so they can be measured selecting a sample of interest to study, collecting data to be used as a basis for testing hypothesis and analyzing the result.

This study follows the descriptive types of research method which facility the answering of the question to identify the existing conditions of knowledge and attitude towards HIV/AIDS among the secondary level especially grade 8, 9 and grade 10 students in Zenith English Secondary School, Bafal, Kahmandu. Only simple mathematical analysis and interpretation have been adopted in the research.

3.2 Source of Data

The study is based on primary data and information. Structured (mostly closed and a few open ended) questionnaire was applied as a major tool of information collection for the required data in this research work. Data and other information for this study were collected particularly by primary sources applying questionnaire in the field survey. The students in Zenith English Secondary School, Bafal, and Kathmandu were the main sources of the data.

Some of the secondary data were also obtained for this study and the source were educational statistics, CBS report, different reports books and journals. Similarly some relevant and research studies in relevant areas were also used as guide in the preparation of this research works.

3.3. Sampling Procedure

The study is based on primary data collected through field visit. For the purpose of study, the students in the sample were selected from Zenith English Secondary School. The school was purposively selected. Sample population for the study constitutes students from 8, 9 and 10. There were 91 students. Out of them 86 students were included in this study. Particular respondents were identified using purposively. The sampling frame was made by arranging the name of the students in alphabetic and 86 respondents were taken from grade 8, 9 and 10 in the school. The researcher could not meet the students of other institutions due to lack of time. The distribution of the sample size is given in table no.3.1

Table 3.1: Distribution of sample per grade of Zenith English Secondary School, Bafal, Kathmandu

Grade	Total boys	Total girls	Total students	Sample boys	Sample girls	Total sample
X	21	11	32	18	11	29
IX	20	9	29	20	7	27
VIII	15	15	30	15	15	30
Total	56	35	91	53	33	86

Source: *Field Study, 2010*.

3.4 Tools and Instruments

Questionnaire is the main tool applied in this study. A set of questionnaire was formulated to collect the information from respondents regarding HIV/AIDS. For the development of questionnaire, the researcher consulted different references sources such as books, magazines research paper. In addition some suggestion & comments were obtained as advices from supervisor and other to improve and modify for its betterment.

3.5 Validation of the Instruments

Trail test

The questionnaire were trial-tested among 6 students (3 boys & 3 girls) using prescheduled questionnaire to identify and determine particularly validity & objectively.

Revision of tool

The research tools were revised and finalized on the basis of result obtained from the trial and comments made by the researcher.

3.6 Method of Data Collection.

During data collection, respondents were planned in such a way that they were sitting for an examination, so that they could not talk to each other and unable to copy. Then the questionnaires were distributed to the respondents. Necessary help has done by the school staff at the time of data collection.

3.7 Data Analysis of Interpretation Procedure

After the collection of required data, they are tabulated into the master chart and converted item into percentage also. The data are categories into different tables separately under the selected issue ones with numerical and percentage. The data analysis and interpretation have been made based on the number of cases (simple frequency tables), percentage distribution, cross tabulations. Descriptive simple mathematical interpretation procedure is adopted in the research.

CHAPTER – IV

DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

The level of knowledge of attitude of HIV/AIDS primarily depends on the demographic characteristics. This part contains general background of the respondents which include distribution of age, sex, caste, religion etc. of the students in Zenith English Secondary School, Bafal, and Kathmandu.

4.1 Composition of the Respondents by Age

Every population is made of the percentage of people in different age groups. The age composition of population means the composition of population of a certain age groups in the certain place. The age of population can be classified corresponding to the age composition. Here the age composition of population is classified in single year age group to cussing adolescents group. So age wise distribution is given is given in table 4.1

Table 4.1: Distribution of respondents by Age

Age	N	%
13	12	13.95
14	26	30.23
15	28	32.56
16	16	18.61
17	3	3.49
18	1	1.16
Total	86	100.00

Source: *Field Study, 2010*

Table No.4.1 shows that 13.95 5percentage respondents are of 13 years which is the youngest age group in the study. Likewise 30.23 percentage respondents are of 14 years of age. The highest number of respondents is 32.56 percentage which is of 15 years of age. 18.61 percentage respondents are of 16 years of age. Similarly the number of

respondents of 17 and 18 years of age are 3.49 percentage and 1.16 percentage respectively.

4.2 Composition of the Respondents by Sex

If the population is classified according to sex this is composition of population by sex. If the population of a place is counted by male and female the sex composition of population can be found out the sex wise distribution of the respondents is given in table 4.2

Table 4.2: Distribution of the respondents by Sex

Sex	N	%
Male	53	61.63
Female	33	38.37
Total	86	100.00

Source: *Field Study, 2010.*

The table No. 4.2 shows that the population of male is 61.63 percentage and female population is 38.37 percentage.

4.3 Composition of the Respondents by Language

Nepal is a country of multilingual society those are various language spoken in different areas of Nepal. Nepal is our national and special language. This is used in offices, schools and other organizations as the medium of communication. Almost all Nepalese speak this language. Table No.4.3 depicts the prominent languages:

Table 4.3: Distribution of the respondents by Language

Language	N	%
Nepali	49	56.98
Newari	29	33.72
Tamang	6	6.98
Rai	2	2.32
Total	86	100.00

Source: *Field Study, 2010.*

Table 4.3 shows that the highest numbers of students speaking are Nepal which is 56.98 percentage. In the same way the percentage of respondents of Newari is 33.72 percentage. Tamang and Rai speakers are 6.98 percentage and 2.32 percentage respectively.

4.4 Composition of Respondents by Types of Family

Table 4.4: Distribution of respondents by Family type

Family type	N	%
Nuclear/Small	57	66.28
Joint/Large	29	33.72
Total	86	100.00

Source: *Field Study, 2010*.

Table 4.4 shows that the percentage of respondents living in nuclear family is 66.28 and the percentage of respondents living in joint family is 33.72 percentage.

4.5 Composition of the Respondents by Caste/Ethnic

Nepal is a country of 4 castes and 36 different descendents. It is also known as a country of multi-lingual multi-religions & multi-ethnic society.

Table 4.5: Distribution of the respondents by Caste/Ethnicity

Caste/Ethnicity	N	%
Brahman	8	9.30
Chhetri	21	24.42
Newar	42	48.84
Tamang	9	10.47
Rai	4	4.65
Rajbanshi	1	1.16
Sherpa	1	1.16
Total	86	100.00

Source: *Field Study, 2010.*

Table no.4.5 shows that 48.84 percentage respondents are Newar which is the highest number found in Zenith English Boarding School Bafal, Kathmandu. 24.42 percentage respondents are Chhetri. 10.47percentage respondents are Tamang. In the same way Brahman & Rai are 9.30percentage and 4.65percentage respectively Sherpa and Rajbanshi are equal in percentage which is 1.16 percentage.

4.6 Composition of Respondents by Religion

It has been said Nepal though being a small country, is a multi-religious country. The people of different religion groups have unity and mutual integration. The religion composition of population depicts the percentage of people under different religions. Most of the respondents in Zenith are Hindus. The composition of population by religion is shown in table in 4.6

Table 4.6: Distribution of respondents by Religion

Religion	N	%
Hindu	74	86.05
Buddhism	9	10.47
Christian	3	3.48
Total	86	100.00

Source: *Field Study, 2010.*

Table 4.6 shows that the percentage of the people under Hindu religion is 86.05percentage.The percentage of respondents of Buddhism are 10.47 and Christian is 3.48 percentage.

4.7 Occupational Status of the respondents Father

Composition of population by occupation shows how many people are involved in which occupation. Occupation is an important thing for human being without it one cannot live successfully. Occupation leads person towards certain direction and it can make his life comfortable as well as enjoyable. Table no. 4.7 shows the occupation status of the respondent's father

Table 4.7: Distribution of Respondents by father's occupation

Occupation	No. of respondents	Percentage of respondents
Agriculture	10	11.63
Service	27	31.39
Business	40	46.51
Other	9	10.47
Total	86	100.00

Source: *Field Study, 2010.*

Table no.4.7 shows that 46.51 percentage of respondents reported that business is the main occupation of their father. Likewise 31.39percentage and 11.63 percentages of respondents mentioned service and agriculture as the main the occupation of the father. Those who did not mention their father's occupation have been included in others.

CHAPTER – V
KNOWLEDGE AND ATTITUDE OF SECONDARY LEVEL
ADOLESCENT STUDENTS ON HIV/AIDS

5.1 Knowledge of Respondents on HIV/AIDS

This part deals with the different aspects of knowledge on HIV/AIDS of the respondents, which are the most important of this study. It can guide or direct towards prevention and control of HIV/AIDS. The main focus of this part has been to correct the wrong knowledge about disease, like sign/symptoms, transmission routes, control and preventive measures. Similarly, it includes the most common and popular sources of information and frequency of explored media about the disease.

5.1.1 Knowledge on Sexually Transmitted Infections (STIs)

There is co-relation between the connection of STIs and HIV/AIDS become STIs may also contribute to spread of HIV/AIDS infection. That is why two related questions about the STIs were also asked to the each respondent. The knowledge on STIs is to help individual to change their behavior and to minimize the chances of HIV/AIDS disease transmission. STIs are caused due to the uncleanliness of genitals which is venerable for HIV. The prevalence of awareness about the infections of STIs among segments of the population facilitate the transmission of HIV/AIDS STIs increase the risk of HIV transmission three to nine times gonorrhea three to five time. The answer of the respondents is given in tableno.5.1

Table 5.1: Distribution of Respondents by knowledge on STIs.

Knowledge	Yes	%	No	%	Total	%
Heard about STIs	69	80.23	17	19.77	86	100.00
Know the full form of STIs	70	81.39	10	11.61	86	100.00

Source: *Field Study, 2010.*

Table 5.1 shows that 81.39 percentages of respondents gave positive answers and 19.77 percentage respondents gave negative answers.

In the same way on the respond of question “What is the full form of STIs?” 80.23 percentages of respondents gave positive and answer and 11.61 percentage of respondents gave negative or wrong answers.

With together of this question the diseases that come under STIs was asked to the respondents and the answer of this questions given in table in 5.2

Table 5.2: Distribution of Respondents by receiving the following Disease as STIs

Disease	N	%
Syphilis/Gonorrhoea/AIDS	73	84.88
Common cold/Cancer/Cholera	13	15.12
Total	86	100.00

Source: *Field Study, 2010.*

Table No.5.2 shows 84.88 percentage of respondents mentioned that syphilis/Gonorrhoea/AIDS are the diseases which come under STIs and 15.12percentage of respondents mentioned common cold/Cancer/Cholera are the diseases which do not come under STIs.

5.1.2 Student’s View on General Knowledge about HIV/AIDS

Table 5.3: Distribution of Respondents by opinion on “What is AIDS?”

Opinion	N	%
Fatal	78	90.69
Not fatal	8	9.31
Total	86	100.00

Source: *Field Study, 2010.*

Table no. 5.3 shows that 90.69 percentage of respondents gave AIDS as a fatal disease and 9.31 percentage of respondents gave AIDS as a not fatal disease.

With together of this question, the knowledge of respondents on HIV/AIDS is important matters because it helps to create awareness from the transmission and preventive measure of the disease. Still now HIV/AIDS is known to be incurable. So counseling types of function is only a very important component for providing case, counseling includes giving information providing emotional social and psychological support to expression and discussion of feeling and maintain or establish of social support and health case arrangement. To find out the exiting level of knowledge a set of questions were asked to each respondent's such as full form, name of virus, sign & symptoms control and preventive measure, mode of transmission etc. The responses of these questions are presented in table 5.4

Table 5.4: Distribution of Respondents by View on Knowledge About HIV/AIDS

Knowledge	Yes	%	No	%	Total	%
Heard about HIV/AIDS	86	100.00	0	0	86	100.00
Full form of HIV/AIDS	86	100.00	0	0	86	100.00
Full form of HIV/AIDS	74	86.05	12	13.95	86	100.00
Know the name of virus	71	82.56	15	17.44	86	100.00

Source: *Field Study, 2010.*

Table no 5.4 shows that 100 percent respondents have known the full form of HIV/AIDS. Similarly, on the question “Is there any difference between HIV &AIDS?” Majority 86.05 percent of respondents gave positive answer and very few 13.95 percentage gave negative answer likewise 82.56 percentage of respondents have the knowledge about the name of causing agent of AIDS. 17.44 percentage gave the causing agent of AIDS is filterable virus.

It was found that about all of them gave answer about the fall form of AIDS. Most of the respondents have knowledge about the name of AIDS causing agents and almost all of them gave good answer about the fall form of AIDS. Most of the respondents have

knowledge about the causing agents of AIDS and almost all of them mentioned that there is quite difference between HIV & AIDS

5.1.3 Sign and Symptoms of AIDS

Clinical sign and symptoms of AIDS are caused by pathogenic retro virus. The body's immune system is weakened by HIV infection. Often early symptom is no recovery of common cold, itching and skin rashes. Later on persistent of diarrhea weight loss, repeatedly suffering of pneumonia. On the question mentioning the major sign & minor symptoms of AIDS the respondent's answer are presented below in table 5.5

Table 5.5: Distribution of Respondents by Major sign and symptoms of AIDS

Symptoms	N	%
Loss of weight	47	54.65
Continuous fever	27	31.40
Continuous diarrhea	12	13.95
Total	86	100.00

Source: *Field Study, 2010.*

Table no. 5.5 shows that 54.65 percentage of respondents mentioned loss of weight, 31.40 percentage of respondents gave continuous fever and 13.95 percentage of respondents mentioned continuous diarrhea as major symptoms of AIDS.

Table 5.6: Distribution of Respondents by Minor Sign and Symptoms of AIDS

Symptoms	N	%
Cough	20	23.26
Common cold	29	33.72
Itching and skin rashes	27	31.39
Pneumonia	10	11.63
Total	86	100.00

Source: *Field Study, 2010.*

Table 5.6 shows 23.26 percentage of respondents' mentioned cough as a minor sign of AIDS. In the same way common cold 33.72 percentage, itching and skin rashes 31.39 percentage and Pneumonia 11.63 percentage respectively as minor symptoms of AIDS.

5.1.4 Knowledge on Major Route of HIV/AIDS Spreading

The question was also asked to each respondent regarding the major 4 routes of HIV/AIDS spreading in Nepal. Sexual contact with HIV infected person, from infected pregnant mother to her child, using unsterilized needles and transmitting blood are the major 4 routes of spreading AIDS. The answers of the respondents are given below in table 5.7

Table 5.7: Distribution of Respondents by Mode of HIV/AIDS Transmission

Medium	N	%
Unsafe sex	26	30.25
Infected mother to her unborn baby	16	18.60
Infected needle & syringe	16	18.60
Blood transmission	16	18.60
Mosquito bite	12	13.95
Total	86	100.00

Source: *Field Study, 2010.*

Table no. 5.7 shows 30.25 percentage of respondents mentioned unsafe sex as the main mode of HIV/AIDS transmission. Similarly infected mother to her unborn baby, infected needle and syringe and blood transfusion have the same percent i.e. 18.60 percentage. Similarly 13.95 percentage of respondents mentioned HIV/AIDS can be transmitted by mosquito bite. But there are no any response on shaking hands, hugging, kissing, food and drinking and respiration.

5.1.5 Main Epidemiological Media of HIV/AIDS Spreading in Nepal

The respondents were asked to mention main medium of AIDS spreading in Nepal. The answer of these questions is given in table no 5.8

Table 5.8: Distribution of Respondents by Epidemiological media of HIV/AIDS

Epidemiological	N	%
Blood transfusion	23	26.74
Prostitution	19	22.09
Mosquito bite	9	10.47
Infected mother and syringe	13	15.12
Unsafe sex	12	13.95
Total	86	100.00

Source: *Field Study, 2010.*

The table no. 5.8 shows that 26.74 percent of the respondents said that blood transfusion from one person to another is the main way of HIV/AIDS in Nepal. Similarly prostitution from infected mother to her unborn baby, from infected needle and syringe and unsafe sex have 22.09 percent 11.63 percent , 15.12 percent and 13.95 mentioned by the respondents respectively.

5.1.6 Knowledge on Ways of Protection against HIV/AIDS

In the absence of any treatment, we must look prevention as our main hope for overcoming this fatal disease. The most important way to prevent the spread of AIDS is to ensure that their sexual behavior do not involve themselves at risk. Two major change in sexual activity are needed the reduction in the no sexual partners and move from high risk to low risk sexual activities.

To find out the knowledge about the methods of protection against HIV/AIDS some questions were asked to each respondent about it, the respondents answer is presented in table 5.9

Table 5.9: Distribution of Respondents by Main way to be safe from HIV/AIDS

Method of protection	N	%
Avoid unsafe	28	32.56
Use of medicine	11	12.79
Public awareness	22	25.58
Seminar	8	9.30
Strict rule and law	8	9.30
No use of unsterilized needle and syringe	9	10.47
Total	86	100.00

Source: *Field Study, 2010.*

The table no.5.9 shows that 32.56 percentage of students said that one could protect from AIDS by avoiding unsafe sex. Likewise, 12.79 percentage of them said that by the use of medicine AIDS can be prevented 25.58 percentage of respondents mentioned public awareness of AIDS in Nepal. By launching seminar and by formulating strict rule and law on prostitution have got the same i.e. 9.30 percentage by the respondents. Similarly 10.47 percentage of respondents mentioned no use of unsterilized needles and syringes as the safe methods to prevent from AIDS.

5.1.7 Students View on Contraceptive Used to Prevent HIV/AIDS Transmission

“Which of the contraceptive is applicable for the preventions of AIDS?”

This was another question being asked to the respondents to find their understanding about the contraceptives as the methods of AIDS prevention. The response on this question is presented in table 5.10

Table 5.10: Distribution of Respondents by Contraceptives Used to Prevent HIV/AIDS Transmission

Contraceptive devices	N	%
Condom	86	100.00
Total	86	100.00

Source: *Field Study, 2010.*

Table no.10 shows that 100 percent respondents have mentioned condom as main device to prevent from AIDS transmission.

5.1.8 Knowledge on Source of Information of HIV/AIDS

Communication media plays a vital role in dissemination of HIV/AIDS messages to the people. The role of channels in different media of communication in providing message to the students and community people can be neglected. That's why the respondents were asked to mention the main sources of information for AIDS from which they sources of information for AIDS from which they heard about it. The different sources pointed they heard about it. The different sources pointed out by them are summarized in table no.5.11

Table 5.11: Distribution of Respondents by Knowledge on source of information of HIV/AIDS

Source	N	%
Parents and family members	13	15.12
Teachers	18	20.93
Radio/TV	17	19.77
Total	86	100.00

Source: *Field Study, 2010.*

Table no.5.11 shows that the highest proportion 31.39 percentage of students have heard about different them in for matrons on HIV/AIDS by reading magazines/newspapers. Significantly 20.93 percentages of students knew from teachers. 19.77 percentage by TV,

radio, 15.12 percentage by their parents and family members and 12.79 percentage by friends and relatives. On the basis of data it can be said that magazines and newspaper is the most popular and teacher is the second and radio and TV is the third important sources of the information.

5.1.9 Students View on STIs and HIV/AIDS Lesson Included in School Course

On the response of the question “Is the lesson of STIs and HIV/AIDS included in your school course?” The answer of the respondents is given in Table 5.12

Table 5.12: Distribution of Respondents by view on STIs and HIV/AIDS lesson included in school course.

View	N	%
Lesson included	75	87.21
Lesson not included	11	12.79
Total	86	100.00

Source: *Field Study, 2010.*

Table no.5.12 shows that majority of the students mentioned that the STIs and HIV/AIDS lesson included in school course which is 87.21 percentage and 12.79 percentage of students mentioned that the lesson is not in the school course

5.1.10 Students view on explanation of STIs and HIV/AIDS lesson by teacher

Table 5.13: Distribution of Respondents by view on explanation of STIs and HIV/AIDS lesson by teacher

View	No. of students	Percentage
Explain	80	93.02
Not explain	6	6.98
Total	86	100.00

Source: *Field Study, 2010.*

Table no. 5.13 shows that the percentage of students who said that the teacher explains the lesson is 93.02 and the percentage of students who mentioned negative or no answers are 6.98 percentage.

5.1.11 Student's attitudes towards AIDS patients

An attitude may lead behavior response towards the object students attitudes can be derived from their answer which reflects how they access the attitude of the object. Thus in knowledge and attitude study, a person's response displaying his/her feelings, beliefs interests or intended behavior can be used to define his attitude.

Table 5.14: Distribution of Respondents by attitude towards HIV/AIDS patients

View	N	%
Hate	2	2.83
Discourage	2	2.33
Sympathy	32	37.21
Love	50	58.19
Total	86	100.00

Source: *Field Study, 2010.*

Table no.5.14 shows that 58.13 percentage of respondents said that AIDS patients should be loved 37.13 percentage of respondents mentioned that they should be shown very sympathetic behaviors. 2.33 percentage of students have responded that they should be hated and the same of percent of students responded that AIDS patients should be discouraged.

5.1.12 Students View on Feeling When Talking to AIDS Patients

Table 5.15: Distribution of Respondents by View on Feeling When Talking to AIDS Patients

Views	No. of respondents	Percentage
Goods	79	91.86
Bad	7	8.14
Total	86	100.00

Source: *Field Study, 2010*

Table no. 5.15 shows that 91.86 percentage of respondents said they feel good & 8.14 percentage of respondents said they feel bad talking to AIDS patients.

CHAPTER –VI

SUMMARY, CONCLUSION & RECOMMENDATIONS

6.1 Summary

The study on “Knowledge & Attitudes towards HIV/AIDS among students of secondary level has been carried out in zenith English secondary school, Bafal, Kathmandu in July 2010. The main objectives of this study are to access the knowledge and attitude about HIV/AIDS among the students particularly about the modes of transmission and method of prevention on AIDS. The major findings of the study are as follows:

Demographic Characteristics of the Respondents:

The students are of age between 13 to 18 years and most of them (32.56%) are of 15 among the total 86 respondents 61.54 percent were boys and 38.46 percent were girls.

66.28 percent of the respondents live in nuclear family and 46.51 percent father's occupational is business.

Out of total respondents most (48.84 percent) of them belong to Newar 24.42 percent were Brahman.

Knowledge of students on HIV/AIDS

More than 80.23 percent respondents have read about STIs and 81.39 percent respondents knew the full form of STIs.

Almost all 100 percent respondents have heard about the AIDS and also were able to write down the full form of HIV/AIDS.

Among the total students 82.56 percent respondents gave correct answer about the name of causing agent of AIDS and 86.05 percent of them mentioned that there is quite different between HIV/AIDS.

About 54.65 respondents gave the loss of weight more than 10% as major sign and symptoms of AIDS.

In the context of HIV/AIDS transmission higher proportion (30.25%) of the respondents answered unsafe sex as the main mode of HIV/AIDS transmission.

Magazines and Newspaper are the most popular source of information and teachers, TV, radio are the other important sources of information.

In the context of contraceptives, 100 percent of students mentioned that only condom was useful to be safe from HIV/AIDS.

About 32.56 percent of students mentioned that avoiding unsafe sex was the most important things to protect against HIV/AIDS.

Attitudes of the students on HIV/AIDS

The attitude about AIDS disease was found on different ways. 90.69 percent of them mentioned that it is a fatal disease.

Nearly 91.86 percent of respondents showed positive attitude towards people with AIDS & some show sympathy for infected people. But some of them had bad concept saying that they should be hated.

In the context of student's view on controlling HIV/AIDS, 100 percent of students gave opinion that it is necessary to have knowledge and awareness about HIV/AIDS.

About 58.13 percent of students mentioned that AIDS patients should be loved.

6.2 Conclusion

This study is mainly emphasized to investigate student's perceptions about HIV/AIDS and their knowledge about transmission cause and prevention of AIDS.

Although various government, non-government and international nongovernmental organization have been working by developing plans and policy to fight against deadly disease AIDS, the findings of this study do not support on the effectiveness of these programs reaching in grass route level to control this disease. There is wide gap between what on expect from intervention of various programs against AIDS and what is prevailing in practice.

The knowledge and attitude of higher secondary school students towards HIV/AIDS was found satisfactory but not sufficient. Despite the respondents having considerable amount

of knowledge, the result show, that the students have still some misconception on transmission of AIDS and about carrier stage and window period.

However, small proportions of students who are in vulnerable status do not have enough information about STIs and they have no knowledge about linkage between STIs and AIDS.

On the basis of experiences from the visited secondary school, it seems that even almost all of them have heard AIDS and its means of transmission but they were not clear about full concept of HIV/AIDS. In other way, they were confused with the mosquito bite whether it can transmit HIV or not. Likewise it was found that they were not aware of HIV “window period” and “carrier stage” few misconceptions were found that AIDS is curable.

6.3 Recommendation

This study examines the level of knowledge and attitude of students on HIV/AIDS, transmission and preventive measures but the students’ risky behaviors is not studied here, so it should be studied in other research.

The response regarding knowledge and attitude on HIV/AIDS and STDs through gender and religion basis would be effective.

The research is determined only to the secondary level students, the people who are out of school were not included, so the research can also be conducted in community level.

HIV/AIDS is today’s most burning issue in the world so more research could be done in this field and high risk behavior of the vulnerable group.

How much contribution has been done in the field of AIDS awareness by the local government health organization, NGOs and INGOs also can study.

Social and cultural norms are obstacles to discuss about STIs and HIV/AIDS. People hesitate to talk about them. The government NGOs and INGOs should provide sex education to the people.

Sex education should be included in the curriculum sex education to the adults should be provided.

Adolescent students should be targeted group to provide the information and awareness about STIs and HIV/AIDS. So various programmes should be effectively provided to the target group.

The major source of information on STIs and HIV/AIDS are radio, TV, Newspaper and teachers. The information on STIs and HIV/AIDS should be provided regularly by these sources to the target group.

Long term sustainable programme & should term strategic plan must be formulated to combat with STIs and HIV/AIDS nationwide.

Strong legal provision should be set up nationwide to control the unorganized and hide prostitution in the urban area. The safe area should be provided for such type of activities.

Government should be provided various types of awareness programmes among the people who are going to abroad for the employment.

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Sample of Questionnaire

Tribhuvan University Central Department of Population Studies

Kirtipur, Kathmandu

Survey for obtaining Masters Degree in Population Studies 2010

Questions to be administered to adolescents of secondary Knowledge and Attitudes towards HIV/AIDS among Secondary students of *Zenith English Secondary School, Bafal, Kathmandu*

Personal Record

Introduction Background

Respondent No: -

Date:-

Name of the respondent: -

Age:

Caste:

Sex:-

Religion: -

Father's occupation:-

Language: -

Ward No:-

Family type:

Grade:-

Education:-

1) Have you heard about STIs?

If yes then skip to 2

(a) Yes

(b) No

If no then skip to 4

2) What is the full form of STIs?

(a) Sexually transmitted Infections

(b) Satellite Transmission Devices

3) What are the diseases that come under STIs?

(a) Shyphilis/gonorrhoea/AIDS

(b) common cold / cancer/ cholera

4) Have you heard about HIV/AIDS?

If yes then skip to 5

(a) Yes

(b) No

If no then skip to 7

- 5) If yes, then what is the full form of HIV/AIDS?**
- (a) Human Immune Virus/Acquired Immune Deficiency Syndrome
 (b) Humanity Infection Virus/ Acquired Infection Deficiency Symptom
- 6) Do there any difference between HIV/AIDS?** If yes then skip to 7
 (a) Yes (b) No If no then skip to 8
- 7) If yes, then in your opinion, what is AIDS?**
- (a) It is a fatal disease (b) It is not a fatal disease.
- 8) Do you know the name of causing agent of AIDS?** If yes skip to 9
 (a) Yes (b) No If no skip to 10
- 9) If yes then, can you name of causative agent of AIDS?**
- (a) Retro virus (HIV) (b) Filterable virus
- 10) When AIDS was medically recognized?**
- (a) 1981 (b) 1999
- 11) When was the first case of AIDS identified in Nepal?**
- (a) 1988 (b) 1998
- 12) What are the major sign of HIV and AIDS?**
- (a) Loss of weight more than 10% of body
 (b) Continuous fever for more than one month
 (c) Continuous diarrhea for more than one month

13) What are the minor sign of HIV and AIDS?

- (a) Coughing more than one month
- (b) No recovery of common cold
- (c) Itching and skin rashes
- (d) Repeatedly suffering of pneumonia

14) Mention the main mode of transmission of HIV/AIDS?

- (a) Unsafe sex
- (b) Infected mother to unborn baby
- (c) Infected needle and syringe
- (d) Blood transfusion
- (f) Shaking hands
- (g) mosquito bite
- (h) Hugging
- (i) kissing
- (j) Food and drinking
- (k) respiration

15) What is the main epidemiological media of HIV/AIDS spreading In Nepal?

- (a) Blood transfusion
- (b) Prostitution
- (c) Mosquito bite
- (d) infected mother to her unborn child
- (e) Infected needle & syringe
- (f) avoid unsafe sex

16) What is the main way to be safe from HIV/AIDS?

- (a) Avoid unsafe sex
- (b) use of medicine
- (c) Public awareness
- (d) seminar
- (e) Strict rule and law
- (f) No use of infected blood
- (g) No use of unsterilized needle, blades, scissors

17) Which of the contraceptive is used to prevent HIV transmission?

- (a) Pills
- (b) condom

18) What are the major sources of information that you know about STIs & HIV/AIDS?

- (a) Parents and family members
- (b) Teachers
- (c) Radio/TV
- (d) Magazines and newspapers
- (e) Friends

19) Is the lesson of STIs and HIV/AIDS included in your school course?

- (a) Yes
 - (b) No
- If yes skip to 20
If no skip to 21

20) If included can your teacher explain them?

- (a) Yes
- (b) No

21) If not what is the reason behind it?

22) Is it possible to have HIV/AIDS virus in healthy person in Nepal?

- (a) Yes
 - (b) No
- If yes skip to 23
If no skip to 25

23) In your opinion, is it necessary for students to have knowledge and awareness about HIV/AIDS?

- (a) Yes
- (b) No

24) Do you need the knowledge about sex education?

- (a) Yes
- (b) No

25) Have you ever talk about sexual activities with your friend

- (a) Yes
 - (b) No
- If yes skip to 26
If no skip to 27

26) If yes, in what way?

.....

27) Have you ever met AIDS patients?

(a) Yes

(b) No

If yes then skip to 28

If no then skip to 30

28) What types of response should be done to the AIDS patients?

(a) Hate

(b) Discourage

(c) Sympathy

(d) Love

29) How do you feel when you talk to AIDS patients?

(a) Good

(b) Bad

30) What is the message you want to give to those people who suffers from HIV/AIDS?

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