

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Adolescent is the period of physical, psychological and social maturing from childhood to adulthood. It is the period of life spanning the ages between 10-19 years and youth as between 15-24 years. And young people are those between 10-24 years of age (WHO, 1997). Those are the formative phase, when the maximum physical, psychological and behavioral change takes place, this period is also known as the second decade of life and rapid development period. Moreover, it is a time when growth accelerated (WHO, 1997).

Adolescents period is the horizons and a time of ensure healthy, all round development of second decade of human life. It is a large and growing segment of the population (WHO/UNICEF/UNEPFA, 1999). It is one of the most crucial periods of life in which many key socio-economic, biological and demographic events occurred and that set the stage of adult life (Bongaart et. al. 1998).

Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Deficiency Virus (HIV). Human Immune Deficiency Virus (HIV) makes immune system weak when enter inside the human body. AIDS is a group of disease that occurs when a person's Immune system is damaged by HIV. AIDS was first reported in 1981 in the California of the United State of the America. The causative organization of AIDS and HIV was identified in 1983. The first case of AIDS in Nepal was reported in 1988. As of August 2010, 16262 HIV positive (including AIDS) persons. Out of total person 10,569 are male and 5,693 are female. (NCASC, 2010)

STDs are everywhere being a major public health problem in Developed and Developing countries. Disease are easily spread from one person to another person by sexual contract is known as the sexually transmitted disease.

The major STDs are Gonorrhoea, Syphilis and the other method of transmission are HIV infected blood, tissue of organ transplants, use of contaminated needles, syringes of other skin-piercing equipment and mother to child transmission during pregnancy, birth through breast feeding. (PRB, 2006)

Adolescents period is the horizons and a time of ensure healthy, all round development of second decade of human life. It is a large and growing segment of the population (WHO/UNICEF/UNEPFA, 1999). It is one of the most crucial periods of life in which many key socio-economic, biological and demographic events occurred and that set the stage of adult life (Bongaart et. al. 1998)

Adolescents are at high risk of contact STDs and HIV because they often have multiple short time sexual relationship and do not consistently use condoms. They also tend to lack sufficient information and understanding of HIV/AIDS and information and understanding of HIV/AIDS and the self-confidence necessary to protect them. STDs other than HIV such as (Chlamydia and gonorrhoea) are also a serious threat to adolescents worldwide the highest reported rate of STDs is found among the adolescents ages 10-19. In income developed countries, two third of all reported STIS infections occur men and women under age 25 and in less developed countries, the proportion of infected young people is even higher. Adolescents usually lack information about STIs and their symptoms, the need of treatment and place to obtain services. They are also reluctant to seek care and providers may be hesitant to treat them (Senderwitzu, 1997).

In Nepal according to NDHS 2006, 73 percent of women and 92 percent of men age 15-19 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 differences by background characteristics.

The chapter also focuses on HIV/AIDS knowledge and patterns of sexual activity among youth as youth are the main target of many HIV prevention efforts. This study is focused on the knowledge of adolescents studying in a higher secondary level.

1.2 Statement of the Problem

It is said, "Change is the order of Nature". Sometimes, changes are slow and silent and sometimes they are changing rapidly. During the adolescent's period, physical, emotional changes occur very rapidly.

An adolescent constitutes a sizable proportion of the total population of Nepal. According to 2001, census nearly 24 percent of total population is adolescent and it is continuing to grow for at least 20 years. The average annual growth rate of adolescent population is also increasing. Health and development adolescent is a great concern for the country as they comprise the future human resource. However, many adolescents are deprived from adequate and quality education and opportunities of acquiring makeable skills. They face various problems such as unemployment, violence, exploitation vulnerable to the rising incidence of STDs.

Adolescent in developing countries like Nepal have many more like early marriage, unwanted pregnancies, spreading HIV/AIDS and other STDs. Truth information about sexuality, STDs and HIV/AIDS is one of the problematic jobs because Hindu religion prohibits them to talk about their adolescent behavior only. Religion predominately prohibited to different sexes to be exposed before marriage. A problem of uninformed and unprotected adolescents. Sexual activity is increased exposes to STDs including STDs with HIV/AIDS. Adolescents of developing countries are less informed about sexuality, STDs and HIV/AIDS and also they cannot talk openly about activities because most of them hesitate to talk about sex and sexuality. The effect of social barriers such as religion, cultural values and traditional custom and society norms are exist in developing countries.

Many adolescent don't feel comfort to discuss sexuality with friends, parents, teachers likewise, parents, health care worker and educators are frequently unwilling or unable to provide complete, accurate, age appropriate reproductive health information to young people. In this respect, it is necessary to provide information to young people who have been involving.

Finally, the adolescent are the threshold of physical, mental and emotional change. So, different types of feeling towards heterogeneous sex arise on them, most of the adolescent are still not confusion about the transmission and preventive of HIV/AIDS. So, the growing age, they can become victim of such disease the large number of adolescents like in both city and rural areas therefore, it has become necessary to know the level of knowledge on STDs and HIV/AIDS among adolescent students. In this way, it has become growing concern at present. Thus, the study has made an attempt to answer the following research questions.

- What are the socio-economic and demographic characteristics of higher secondary level students?
- What is the level of knowledge and attitudes as STDs and HIV/AIDS, STDs among the students?

1.3 Objective of the Study

The main objective of this study is to find out the knowledge and attitude on STDs and HIV/AIDS among higher secondary school's adolescent students. The specific objectives are as follows.

-) To identify the socio-economic and demographic characteristics of higher secondary level students
-) To examine the knowledge and attitudes as STDs and HIV/AIDS among higher secondary school's adolescent students.
-) To identify the symptoms, mode of transmission and preventive measure of HIV/AIDS, STDs among the students.

1.4 Signification of the study

In Nepal adolescents constitute more than one fifth 23.62 percent of total population (CBS, 2001). And the number of Adolescents population will be continued to grow due to result of high population momentum. Adolescents and youth are most vulnerable grow among the total population. According recent estimates of UNAIDS and (HIV/AIDS the global pandemic). Most of the adolescents are derived by right of education. They start

sexual intercourse and activities before prepared, activities are the main causes of spreading STIs and HIV/AIDS. They are the backbone of the society and parents of tomorrow. They have great responsibility to make the society developed in future, but they have at high risk of transmission of STDs and HIV/AIDS. This research is directly related to the higher secondary school adolescents will play an important role to find out the necessity of the sex, sexuality and HIV/AIDS prevention education program at higher secondary school.

It will be helped to know more about the level of knowledge and attitudes views on STDs and HIV/AIDS among Higher Secondary School of Sunwal VDC of Nawalparasi district. This study will be useful for the academicians and researchers for further research. It will be helped to develop the skills and knowledge about research. It is useful for NGO and INGO to introduce their program which is related to topic.

1.5 limitation of the Study

-) This study is limited to adolescents of age 15-19 years and findings from this study may not be generalized for all age group.
-) The finding of this study will not be representative for adolescent's population of the whole country; recommendation may be more applicable to similar situation.
-) This study is a part of academic activities, thus, it is limited on time and financial constraints.

1.6 Organization of the Study

This study is organized in six major chapters. The first chapter holds introduction, which includes background of the study .statement of the problem, objectives of the study, signification of the study, limitation and organization of the study.

Chapter two presents the review of literature on HIV/AIDS. Chapter third deals with, the part of methodology where introduction of study area, source of data sampling

technique, sample size, data collection method, questionnaire design, data analysis, selection, of variables are explained.

The individual and households social-economic and demographic characteristics are described in the fourth chapter. In the chapter five, knowledge, attitude on STDs, HIV and AIDS of the respondents are presented. Finally, the six chapter deals about summary, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Review of the World's Literature

AIDS was first recognized in the United States in 1981. However, it is clear that AIDS cases had occurred in several parts of the world before 1981. The evidence now suggests that AIDS epidemics began at roughly the same time in several parts of the world, including the United States and Africa.

As the end of 2004, 39 million people worldwide were living with a symptomatic human immunodeficiency virus (HIV) infection or acquired immune deficiency syndrome (AIDS), and more than 20 million had died of AIDS since the beginning of the epidemic. More than 95 percent of people living with HIV and AIDS live in low and middle income countries nearly two-thirds are in Sub-Saharan Africa and nearly one five live in South or Southeast Asia. In 2004, 4.9 million people were newly infected 23.1 million people died of AIDS (UN, 2005).

An estimated 38.6 million people worldwide were living with HIV at the end of 2005. And estimated 4.1 million people become newly infected with HIV and 2.8 million lost their lives to AIDS. Overall, the HIV incidence rate (the proportion of people who have become infected with HIV) is believed to have peaked in the late 1990s and to have stabilized subsequently, not withstanding increasing incidence in several countries (UNAIDS, 2006). Africa remains the global epicenter of the AIDS South Africa's AIDS epidemic-one world-shows no evidence of a decline.

AIDS is the most devastating health disaster in the human history. It continues from one individual to family, community, nation and the world. In the context of world, 25 million people who had died by the end of 2005, at least 40 million people are living with AIDS now. 4.9 million People were infected with it in 2005-95% of them in Sub-Saharan Africa, Eastern Europe, and Asia. Countries throughout the industrialized world face serious challenges from AIDS. Infection rates have not declined 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.

Sub-Saharan Africa is the hardest hit region in the world. Most of the Africans die with this illness rather than other causes deaths. South Africa has the largest number of people living with HIV and AIDS between 4.5-6.2 million. Swaziland has the highest adult HIV prevalence rate. More than 30 percent of adults are infected with HIV and AIDS (PRB, 2006). Countries throughout the industrialized world face serious challenges from AIDS. Infection rates have not declined 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 the slowing, despite concerted efforts to control it and a few success stories. The difficulties in reducing the number of new infections are also compounded by poor access to lifesaving treatment. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that only about 15% of the 6.5 million people in developing who need treatment have access to anti-retroviral drugs.

HIV/AIDS spreads continuously all over the world. Now at least 40 million people are suffering from HIV and 25 million people had died till the end of 2005. The disease is crippling progress at the personal, family community and national levels. Now, 38.6 million people are infected in the world. Prevalence rate refers to the percentage of adults' ages 15 to 49 infected with HIV. Sub-Saharan Africa, North and Middle East Africa, South and Southeast Asia, East Asia, Oceania, Latin America, Caribbean, Eastern Europe, Western Europe, North America etc. regions people are infected by the HIV/AIDS (UN AIDS 2006).

Table 2.1: World Situation of HIV/AIDS

Region	People living with HIV	People Newly Infected in 2005	Prevalence (%) of adult infected	Death due to AIDS in 2005
World	40,300,000	4,900,000	1.1	3,100,000
Sub-Saharan Africa	25,800,000	3,200,000	7.2	2,400,000
North Africa Middle East	510,000	67,000	0.2	58,000
South/South East Asia	7,400,000	999,000	0.7	480,000
East Asia	870,000	140,000	0.1	41,000
Ocenia	74,000	8,200	0.5	3,600
Latin America	1,800,000	200,000	0.6	66,000
Caribbean	300,000	30,000	1.6	24,000
Eastern Europe/Central Asia	1,600,000	270,000	0.9	62,000
Western/Central Europe	720,000	22,000	0.3	12,000
North America	1,200,000	43,000	0.7	18,000

Source: Joint United Nation Program on HIV/AIDS, 2006

2.2 HIV and AIDS in Asia

HIV infection level is an Asian Country comparatively lower than other country. But, in some Asian countries are very much suffered by this disease. In the context of Asian countries, 8.2 million people were living with HIV at the end of 2004. Asian countries can be divided into several categories; according to the epidemic prevalence while some other countries such as, Cambodia, Myanmar and Thailand are just in starting phase and starting rapid experience of epidemic such as Indonesia, Nepal, Vietnam and Several province of China. Moreover, some countries including Bangladesh, East Timor, Laos, Pakistan and Philippines are experience extremely low level of HIV prevalence (Khanal, 2005).

South Asia has one of the fastest growing epidemics in the world, since its entry into region; every country has been new infection. In south Asia, 7,400,000 people living with

HIV where 990,000 people were newly infected in 2005. HIV prevalence is also raising rapid in many parts of the South Asia. Prevalence rate of HIV is 7 percent of adult infected in South Africa. Around 480,000 people were died due to AIDS in 2005 in South Asia (PRB, 2006).

National HIV infection levels in Asia are low comparing with some other continents, like Africa. But the populations of many Asian nations are large that means even low National HIV prevalence have large number of people living with HIV. Latest estimates show some 8.3 million people newly infected in the past year. The AIDS claimed some 540,000 lives in 2004. Among young people 15-24 years of age, 0.3 percent of women and 0.4 percent of men were living with HIV by the end of 2004 (NCASC, 2004).

Later estimates show that some 8.3 million people were living with HIV in Asia at the end of 2005, more than two third of them in one country India. India is the country which has the largest number of people suffering with is epidemic in the world. In Asia, about the sex people 16 percent in need of antiretroviral treatment are now receiving it. While progress has been strong in Thailand while the coverage of treatment still remains below 10 percent in India. China has expanded the HIV surveillance and Improved in estimating of the AIDS pandemic disease. Approximately, 650,000 people were living with HIV in China. Injecting drug users account for almost half (44 percent) out of their total infected percent. Injecting drug users and unprotected sex are the main course of spreading of HIV in Asia. In Myanmar and national adult prevalence stood at 1.3 percent. HIV epidemics remain relatively limited in Bangladesh, the Philippines, Indonesia and Pakistan, although each of these countries risks as more serious epidemic if prevention method are not improved (UNAIDS, 2006).

2.3 HIV and AIDS in SAARC countries

The first HIV infection in SAARC countries was reported in India in 1986. This means that the endemic was introduced in the region 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 severely affected very soon for this

reason the estimate of HIV in SARRC countries are often made on the basis of inadequate information (Aryal, 2000).

HIV/AIDS one of the burning issue among SAARC countries. Evidence from selected SAARC countries suggests poor knowledge on HIV/AIDS. Among ever-married adolescent's girls in 199, there were 5.4 million new infections worldwide, 4.0 million sub-Saharan Africa and around one million were in south East Asia (UNFPA, 2000:15). The limited infection (RTIS) and STDs among both married and unmarried adolescents' girls and boys in SAARC region the incidence of HIV/AIDS among them is limited but increasing particularly among girls (UNFPA, 1998).

In the knowledge on HIV/AIDS in SAARC countries, In this region has highest prevalence rate of HIV, which comprise 1.3 percent for female aged 15-19 (UNFPA, 2006). India has the highest number of people living with HIV/AIDS in almost all the years. In 2003, UNAIDS estimated that 5.3 million people were living with HIV/AIDS which number was increased to 5.7 million in 2005, in Nepal it was estimated that 62,000 people were living with HIV/AIDS in 2003, which Increased to 75000 by the end of 2005 other countries are Pakistan, Bangladesh and Srilanka, which have 56,000, 7,500 and 4,700 in 2003 which increased to 85,000, 11,000 and 5,000 in 2005 respectively.

Sex education suited to the needs of diverse groups of people should be an integral part of AIDS prevention program, but it is a very sensitive, controversial and complex subject matter which raises many questions for which there are no easy answers, which should be targeted for sex education? What should be its contents? What is the optimum strategy? For improving it? Contents and strategies of sex education. For groups of people differing in age, sex, education and occupation should be tailored to the needs, interest and absorbing capacity of each group (Moni, 1996).

2.4 Situation HIV/AIDS in Nepal

The first HIV Infection in Nepal was identified 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 level of condom use and pockets of intravenous drug users. As April 30, 2005, a total of 876 AIDS and 4904 cumulative cases of HIV infection were reported to the ministry of Health, National centre for AIDS and STIs control. (Acharya, 2005).

WHO defines health as "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity" and reproductive health (RH) is considered as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to reproductive systems and to its functions and processes. After the International Conference on Population and Development (ICPD) held in Cairo in 1994, reproductive health has been recognized as the crucial to the overall health and is central to human development (Shrestha, 2010).

Despite success in scaling down the HIV prevalence rate, Nepal seems to miss the universal access to HIV/AIDS prevention treatment care by 2010. Activists working in the field of HIV/AIDS said that although the government and the donor agencies have invested millions of rupees in this sector, Nepal is sure to miss the target.

According to Pun, of the total 28,000 IDUs in Nepal, around 12,000 have access to Needle Syringe Exchange Program while 1,500 are getting Oral Substitute Therapy. "Those who are out of these facilities are highly vulnerable to HIV", Pun added. At a time when 80 percent of the 64,000 HIV positive had to be in service, only 6,700 have access to Anti-Retroviral Treatment. Those who have less than 250 cells per cubic millimeter of blood are getting the treatment. According to the National Centre for AIDS and STD control, there are 35 anti-retroviral centers across the country. Similarly, 196 countries are providing VCT services, while 21 hospitals have been providing services for the prevention of mother to child transmission. Though the overall transmission in Nepal has decreased by some 20% in the last decade, mother to child transmission has

been increased by 46 percent during the same period, presently, of the total 2,100 HIV positive children, 200 are getting treatment. (Ghimire, B. 2010).

In the knowledge of the HIV/AIDS in Nepal, Nepal family Health Survey (NFHS, 1997) for the first time included question on the awareness of women about HIV/AIDS. The result of the survey showed that only slightly more than one-fourth (27%) ever married women had heard about AIDS. More than two in three (67%) of the urban women had heard about AIDS compared to only about one-fourth/23.90% of rural women (MoH 1997).

The HIV and AIDS has become a major public health in Nepal. It has been increasing since the first case was detected in 1988 in Nepal. The HIV infected person have been increasing rapidly in Nepal because of extensive use of commercial sex workers, high rates of sexually transmitted disease, 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 and AIDS in Nepal is tangible because of migrant working population in metros of India, lack of job opportunity 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 (IVDUS) migrant workers (UNAIDS, 2004).

Actual HIV and AIDS infection in Nepal is feared to be many times higher than the recorded cases. In the context of Nepal, estimated number of adults and children living with HIV and AIDS is estimated at 62,000 by the end of 2003 (UNAIDS/Nepal, 2004). Current estimated HIV infection rate of 0.5 percent pervades on adult population between the ages cohorts of 15-49 of the total reported HIV and AIDS infections, NCASC data reveal that males comprise 73 percent and females 27 percent young people (20-29 ages) make the highest suffering group from HIV and AIDS.

Sexual Transmitted Infections are proven co-factors increasing the risk of HIV transmission. Their appropriate diagnosis and treatment are critical. It is estimated that

about 2, 00,000 new STI episodes take place in Nepal in every year. STI prevalence rate among women is estimated at 4.7 percent (MoH, 2002).

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

The result of NDHS, 2006 indicates that more than, seven in ten (72.6%) women age 15-49 have heard of AIDS compared with more the nine in ten (91.7%) men in the same age group. It indicates that 83.5% of men aged 15-49 say that the risk of getting the AIDS virus can be reduced by using condoms every time they have sexual intercourse and 82.6 percent of men reported that the risk of getting AIDS virus can be reduced by limiting sexual intercourse to one uninfected partners. Same figure are 58.3 percent and 64.6 percent for women in the same group (MoH, New ERA and Macro International INC, 2007).

In the context of Nepal, the case of HIV was identified in July 1988, only four people were infected from the HIV. The increase rate of HIV positive was low by late 1996. In 1996 this number reached to 135. After one year in 1997 this number rapidly rose to 489. In the year 2004, 1282 people were infected with HIV positive. By the end of 2005 more than 950 than cases of AIDS and 5,800 cases of HIV infection rose to 1296 out of 9043. Number of people living with HIV around the country (NCASC, 2006).

The epidemic in Nepal is driven by injecting drug use and sexual transmission since the first reported case in 1988, at total 10,369. An HIV positive case has been reported to the NCASC as of November 2007, via hospitals and facility-based testing & counseling services. The largest number of HIV positive cases reported was among men and women aged 30 to 39 years old while 22 percent were among young men and women aged 24 to

29 years old. National level cumulative data show 15,783 cases of HIV/AIDS infection among than 10,289 men and 5,494, women the highest infection 30-39 age group is 6109 person (MoH, NCASC, 2010).

According to Ministry of Health and population, 2010 National centre of AIDS and STD control (NCASC) cumulative HIV/AIDS situation of Nepal as of Shrawan, 2067.

Table 1: Reported HIV Infections by Sub-Group and Sex

Sub Groups	Male	Female	Total
Sex Workers (SWs)	7	866	873
Injecting Drug Users	2,559	58	2,167
Men who have Sex with Men MSM)	151	NA	151
Blood or Organ recipients	35	14	49
Clients of SWs/STD	7,111	104	7,215
Housewives	NA	4,209	4,209
Male Partners	27	NA	27***
Children	624	413	1,037
<i>Sub-group NOT identified</i>	55	29	84
Total	10,569	5,693	16,262

Table 2: Cumulative HIV Infections by Age Group and Sex

Age Group (Years)	Male	Female	Total
0-4	253	152	405
5-9	279	198	477
10-14	103	67	170
15-19	263	274	537
20-24	1,271	911	2,182
24-29	2,293	1,330	3,623
30-39	4,336	1,976	6,312
40-49	1,406	609	2,015
50-above	265	176	441
Total	10,569	5,693	16,262

Source : NCASC, 2010

2.5 The Prevalence of HIV/AIDS in Nepal

The available HIV prevalence data show that 49% to 68% of injecting Drug Users (IDU) was HIV positive in the years 2001, about 17% female workers in Kathmandu and 0.8% in Pokhara was estimated. In the year 2001, HIV was estimated to be prevalent among 17% FSWs who return from India a study was conducted in 1963 showed that the prevalence of STDs is a serious problem among FSWs in Kathmandu. There female out of four FSWs were found to have a STDs related problem (NSASC, 2005) poverty, low level of Education, poor income,. Gender inequality, stigma and discrimination are some major factor contributing to HIV vulnerability in Nepal. According to National situation, young people mobile population FSWs multiple sex partners, and injecting Drug User (IDU) are most vulnerable.

2.6 Attitudes of People towards HIV/AIDS Infected Persons

Knowledge and beliefs about AIDS affect how people treat those they know people living with HIV/AIDS. In the NDHS, 2006, a number of questions were asked to respondents to measure their attitude toward people living with HIV/AIDS including question about the willingness to buy vegetable from an infected shopkeeper, to let other know the HIV status of family members. Nearly all women (94%) and men (96%) state that they would be willing to care for a family member with the AIDS virus in their home. Eighty percent of women and 84 percent of men say that they would not want to keep secret that a family member was infected with the AIDS virus, while 79 percent of women and 81 percent of men say that an HIV positive female teacher should be allowed to continue teaching. (NDHS, 2006)

Stigma associated with AIDS and attitudes related to HIV/AIDS differ by respondents' background characteristics. Ninety-Four percent adolescent women and 16 percent adolescent men are reported that they are willing to care for family member with the AIDS virus in their home. Seventy-Eight percent adolescent women and 80 percent adolescent men are reported they would buy fresh vegetables from shopkeeper who has the AIDS virus. Eight-Five percent adolescent women and 85 percent adolescent men say that a female teacher with the AIDS virus and is not sick should be allowed to continue

teaching. Similarly, Eighty percent adolescent women and 82 percent adolescent men report that they would not want to keep secret that family member got infected with the AIDS virus. (NDHS, 2006)

2.7 Conceptual Framework

The following conceptual framework attempt to show the socio economic factor including parent's education, Caste ethnicity, occupation, their religion etc. that could play an important role to determine the knowledge and attitude toward HIV and AIDS. Another important variable information, education and communication which has great role to determine the knowledge and attitude of the respondents.

Demographic factor includes age, sex, marital status, place of residence which affects knowledge and attitude toward STDs, HIV and AIDS. It is also determine to increase the knowledge and attitude of Students that will bring change of student's behavior.

Conceptual Framework

CHAPTER THREE

METHODOLOGY

Research Methodology is a way to solve systematically the research problems. This chapter deals with methods employed while constructing the research study in order to achieve the research objectives.

3.1 Introduction to the Study Area

Nawalparasi district lies in Lumbini zone of western development region. The Sunwal VDC is located in the western part of the district. Sunwal VDC, the study area situated 9 kilometer north from the Ramnagar municipality and lies on Mahendra Highway. This VDC is expanded up to boarder of swathi VDC in the north, Ramnagar VDC in the east, Rupendehi district in the west and Purkot VDC in the south.

According to CBS (2001) the total population of Nawalparasi district is 5,62,088 and the total population of Sunwal VDC is 25,000 according to (2062) out of them 10,432 are male and 14,568 female the VDC is the settlement of multi-caste, multi lingual and multi religious groups.

This study has been carried out at two higher secondary school of Sunwal VDC. The researcher is the case study of adolescent students of higher secondary school in the Sunwal VDC. Various adolescent students with different socio-economic, and different cultural background. Study is higher secondary school. Aim of this study will be identify the knowledge and attitude of STDs and HIV/AIDS among higher secondary school adolescent. The researcher will study of adolescent of Mahakavi Devkota Higher Secondary School and Lumbini Higher Secondary School.

3.2 Sources of Data

This study is preliminary based on the primary as main sources information primary data were collected from the field study and the questionnaire is distributed only two higher secondary adolescent student, secondary data have also taken from annual reports and

various publication and unpublished sources. Questionnaires were prepared and interviewed to the sample of target population.

The finding this is mainly based on primary data obtained from field study.

3.3 Sampling Technique and Selection of Respondents

This study is carried out in two higher secondary schools of Sunwal VDC. According to the review of school in enrollments register, there were 521 students in selected two Higher Secondary Level. Out of them 130 samples were taken from class 11 & 12. Where 50 students is carried out from class 11 population and Health student of Lumbini Higher Secondary School and 80 students is carried out from class 12 population student of Mahakavi Devkota Higher Secondary School. The sample population will be selected on the basis of proportional allocation method for two higher secondary schools at first stage. At second stage systematic random sampling will be applied to select the respondents for this purpose the sampling frame has been prepared on the on the basis of attendance register at survey date and irregular students will be ignored with this method.

S.No.	Name of school	No. of Student	Population proportion	Total
1	Mahakavi Devkota Higher Secondary School	321	0.62	$0.62 \times 130 = 80$
2	Lumbini Higher Secondary School	200	0.38	$0.38 \times 130 = 50$
	Total	521		130

Source: Field survey, 2010

3.4 Data Collection Method

The data of the study was based on primary data as main source of information primary data were collected from field study through surveying the higher secondary school students structured questions were based on closed and open ended questions.

3.5 Questionnaire Design

Questionnaire constituted the major tool of this study this study was designed to explore the necessary information with respect to higher secondary school students about knowledge and attitude towards on HIV/AIDS STDs and preventive measure of some attempts to identify this source of information about HIV/AIDS. It was based on the primary source of data information, for the collection of required information from target respondents.

This study was utilized both quantitative and qualitative research approaches to collect information from the respondents questionnaire is mainly constituted into four parts these are;

-) Individual questionnaire
-) Household questionnaire
-) Knowledge on STDs and HIV/AIDS
-) Attitude on STDs and HIV/AIDS

3.6 Data Analysis and Interpretation Procedure

The data analysis is simply based on descriptive from the frequency table, cross tabulation and other necessary information were extracted from the SPSS edited data on the basis of tables extracted information as well as other necessary Information the analysis and interpretation have been made.

3.7 Selection of the study variable

There are two types of variables namely:

1. Independent variable
2. Dependent variable

Selection of Independent variables

- Age of Respondents
- Sex of Respondents
- Caste of Respondents
- Religion of the Respondents

- Size of Family
- Occupation of Family
- Education level of Parents
- Facilities available at home

Selection of Dependent Variable

- Knowledge about HIV/AIDS
- Knowledge about STDs
- Knowledge about symptoms of HIV/AIDS
- Knowledge on mode of transmission of HIV/AIDS
- Knowledge of Preventive measures of HIV/AIDS

3.8 Operational Definition of the Variable

Age of respondents: the completed age of respondents, who are studying at higher secondary level.

Sex of Respondents: Respondents were categorized into two that is male and female. Seven Caste/Ethnicity groups are included in questionnaire considering the society of study area. However, there is other category of some falls beyond the mentioned caste.

Size of Family: Including this chapter; two boxes have been made where respondents were suggested to fill the boxes; with digits.

Religion of the Respondents: This question has also been categorized into two main religions they are Hindu and Buddhist. Most of the respondents follow Hindu religion.

Occupation of Family: The current major occupation of their parent-for this purpose questions has been divided into 5 categories, when respondents could choose.

Parents education: The highest level of Educational attainment of respondents father and mother respondent are report their parents' education within given categories.

Knowledge about STDs: Under this question, to know the knowledge of respondents on STDs, a question was asked.

Knowledge about HIV/AIDS: Under this question to know the knowledge of respondents on HIV/AIDS a question was asked.

Knowledge on Symptoms of HIV/AIDS:

The major symptoms were categorized and pre-coded where respondent were free to choose any one, more than one (multiple response)

Knowledge of Preventive Measure of HIV/AIDS: on the basis of various preventive measures, respondents have been categorized according to their background characteristics.

CHAPTER FOUR
DEMOGRAPHIC AND SOCIO -ECONOMIC CHARACTERISTICS
OF THE RESPONDENTS

This chapter describes the demographic and socio-economic characteristics of respondents interviewed in the field survey. This information helped to understand the background of the respondents.

4.1.1 Age-Sex Composition

Age and sex are such characteristics, which reflect the present situation of study area population. It plays an important role in the study of population dynamics. The respondents were selected from 11 and 12 class and information on age-sex composition is given in table 4.1.

Table 4.1: Distribution of Respondents by Age-Group and Sex

Age	Boys		Girls		Total	
	No.	Percent	No.	Percent	No.	Percent
15	-	-	4	5.1	4	3.1
16	3	5.8	9	11.6	12	9.2
17	21	40.4	32	41.0	53	40.8
18	19	36.5	22	28.2	41	31.5
19	9	17.3	11	14.1	20	15.4
Total	52	100	78	100	130	100

Source: Field survey, 2010

It is clear, from the table 4.1 that most of respondents (40.8 percent) are of 17 years of age, which is followed by 18 years (31.5 percent) and 19 years of age (15.4 percent). Least number of respondents are found from age of 16, (9.2 percent) and age of 15, (3.1 percent). These situations hold same for both boys and girls students.

4.1.2 Caste/Ethnic and Religion Composition of Respondents

From the Table 4.2 gives more information about the caste and ethnicity of the selected respondents. Among the total respondents, the highest number of respondents are Brahmin (29.2%) followed by Magar (24.6%), Chhetri (20.8%), Giri/Puri/Sanyasi (7.7%) and Newar, Thakuri, Dalit are 6.2%, 4.6%, 6.9%, respectively.

Table 4.2 Distribution of Respondent according to Caste/Ethnic and Religion
Composition of Respondents

Caste/Ethnicity	No. of Respondent	Percent
Brahmin	38	29.2
Magar	32	20.8
Chhetri	27	24.6
Giri/Puri/Sanyasi	10	7.7
Newar	8	6.2
Thakuri	6	4.6
Dalit	9	6.9
Total	130.0	100.0

Source: Field survey, 2010

4.1.3 Religion Composition

From the Table 4.3 shows that by religion, the majority of students studying at Higher Secondary School 81.5 percent are following Hindu religion and 18.5 percent are followers of Buddha religion.

Table 4.3: Distribution of Respondents by religion

Religion	No. of Respondent	Percent
Hindu	106	81.5
Buddhist	24	18.5
Total	130	100.0

Source: Field survey, 2010

4.1.4 Marital Status

Marital Status is one of the major factors for reliable information on behavior questionnaire in the research perspectives, marital status plays vital role in sexual behavior. In total, 91.5 percent respondents are unmarried while about 8.5 percent are married.

Table 4.4: Distribution of Marital Status

Marital Status	No. of Respondent	Percent
Married	11	8.5
Unmarried	119	91.5
Total	130	100.0

Source: Field survey, 2010

4.1.5 Place of Residence

All the respondents were asked current place of residence. Out of total respondent, about 78 percent were from rural areas and about 22 percent were from urban areas at the time of survey. This figure indicates that majority of respondents are from rural residential area.

Table 4.5: Distribution of Respondents by Place of Residence.

Place of Residence	No. of Respondent	Percent
Urban	29	22.3
Rural	101	77.7
Total	130	100.0

Source: Field Survey, 2010

4.2 Household Characteristics

In Household characteristics include family size; parent's educational occupational status, and household facilities, were included in the questionnaire.

4.2.1 Family Size

Small family size is an indicator of healthy and happy family. There is more possibility of family relation as well as frankly discussion on health related topics and others in small family. The data on family size indicate most of respondents (46.2%) having 5-6 family members in their household. However, Some Respondent (27.7%) has family size of only more than 7, and 26.2 percent have family size of less than 5, from Table 4.6.

Table 4.6 Distribution of Respondents by Family size

Family members	No. of Respondent	Percent
less than 5	34	26.2
5 to 6	60	46.2
more than 7	36	27.7
Total	130	100.0

Source: Field Survey, 2010

4.2.2 Family Type

There are two types of family joint and Nuclear. Table 4.7 percent that types of family.

Table 4.7 Distribution of Respondent by Family Type

Types of Family	No. of Respondent	Percent
Nuclear	90	69.2
Joint	40	30.8
Total	130	100.0

Source: Field Survey, 2010

The data on family type indicate most of Respondent (69.2%) live in Nuclear family and 30.8% respondent live in joint family.

4.2.3 House hold Facilities

The respondents were asked to specify whether they have the household facilities such as electricity, radio, TV, telephone, computer, and other, of which help them indirectly to increase their level of awareness on HIV/AIDS. Table 4.8 shows the distribution of respondents by availability of various types of household facilities.

Table 4.8 Distribution of Respondents by Household Facilities.

Facilities	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Electricity	103	79.2	27	20.8	130	100
Radio	121	93.1	9	6.9	130	100
TV	120	92.3	10	7.7	130	100
Telephone	112	86.2	18	13.8	130	100
Computer	52	40.0	78	60.0	130	100
Other	5	3.8	125	96.2	130	100

Source: Field Survey, 2010

From the table 4.7, it is seen that nearly 80 percent of respondent have electricity at their household and 93.1 percent have Radio. Similarly, 92.3 percent of the respondents reported that they have television at their home, and 86.2 percent have telephone and 40 percent have computer and only 3.8 percent have other facilities like sports, music etc.

4.2.4 Parent's Education

The level of Education attainment of the parent's of respondents are important socio-economic factor because this factor has played a great role on the level of knowledge of their children. This sub-section of the questionnaire, Education level of father and mother was asked separately by using different questions. The following table shows the combined result of both questions.

Table 4.9 Distribution of Respondents of Parent's Education

Literacy Status	Father		Mother	
	Number	Percent	Number	Percent
Illiterate	9	6.9	28	21.5
Literate only	2	1.5	16	12.3
Primary (1-5)	24	18.5	30	23.1
Lower Secondary (6-8)	17	13.1	10	7.7
Secondary (9-10)	26	20.0	20	15.4
SLC and Above	52	40.0	26	20.0
Total	130	100.0	130	100.0

Source: Field Survey, 2010

From table 4.8 it is seen that nearly 21.5 percent of the respondents reported that their mother are illiterate. Which is about 6.9 percent for father, there is higher proportion of mother (12.3 percent) to have non-formal education comparing to father 1.5 percent. The higher proportion of father with 40 percent have SLC and above, 18.5 percent of the total respondents that their father have primary and 13.1 percent have lower secondary, 20 percent secondary, similarly 23.1 percent of mother have primary and 7.7 percent, 15.4 percent, 20 percent respondents reported that there has the evaluation level lower secondary, secondary, SLC and above educational qualification.

4.2.5 Parent's Occupation

The occupation of the parents can also be taken as the important variables that determine the socio-economic status of the household and also affects the knowledge attitude on HIV/AIDS and STDs. Table no. 4.9 represents the occupation of father and mother of the respondents.

Table 4.10 Distribution of Respondents by Parent's Occupation

Occupation	Father		Mother	
	Number	Percent	Number	Percent
Agriculture	45	34.6	11	8.5
Services	46	35.4	13	10.0
Business	36	27.7	17	13.1
Daily wages	3	2.3	1	0.8
House Maker	-	-	88	67.7
Total	130	100.0	130	100.0

Source: Field Survey, 2010

From Table 4.9, it can be seen that 34.6 percent of respondent's father are involved in agriculture, followed by 35.4 percent in services and about 28 percent in Business, 2.3 percent in Daily wages. In case of mother about 9 percent respondents reported that their mothers are engaged in agriculture 67.7 percent are in household work, the share of mother engaged in business is only 13.1 percent and only 10 percent mothers are in services sector.

CHAPTER FIVE
KNOWLEDGE AND ATTITUDE ON STDs, AND HIV/AIDS

This chapter includes knowledge and attitude of the higher secondary level students on STDs and HIV/AIDS.

The knowledge about STDs and HIV/AIDS is measured in terms of several variables. At first, it is most necessary to examine that whether they heard STDs and HIV/AIDS or not, only there further questions are to be examined such as knowledge about symptoms, knowledge on transmission types of STDs, and source have been examined.

5.1.1 Heard of STDs

The knowledge on STIs can be taken as heard of STIs, the question was asked if the respondent have heard about STIs or not. According the table, almost all (97.7 percent) have heard about sexually transmitted infection.

Table 5.1 Distribution of Respondents by Heard of STDs

Heard of STDs	No. of Respondents	Percent
Yes	127	97.7
No	3	2.3
Total	130	100.0

Source: Field Survey, 2010

From table 5.1, it is clear to see that 97.7 percent respondents heard about STDs and only 2.3 percent respondent is not heard about STIs, so above table shows that many students heard about STDs.

The respondents who have heard about sexually transmitted infection were further asked to state which STIs they have heard. The following table gives the distribution of responding reporting different STIs.

Table 5.2 Distribution of Respondents by their Knowledge about Types of STIs

Types of STDs	No. of Respondents	Percent
Syphills	118	92.9
Gonorrhea	119	93.7
Genital Worst	65	51.2
Chancroid	50	39.4
Chlamydia	33	26.0
Herpesgenitalis	7	5.5
Total	127	100.0

Source: Field Survey, 2010

Note: Percentage total exceed 100 due to multiple responses.

Table 5.2 shows that the majority of respondents (93.7%) have knowledge of Gonorrhoea. Similarly 92.9 percent know about syphilis, 51.2 percent know about Genital worst, Chancroid 39.4 percent followed by Chlamydia (26.0%) and 5.5 percent know about herpesgenitalis know about STIs.

5.1.2 Source of Information about STDs

The source of information was crucial factor for the students to achieve knowledge regarding STDs and HIV/AIDS. The respondents acquire different source of information of knowledge on STDs and HIV/AIDS. Different means of source plays vital role to provide them information about STDs and HIV/AIDS, Radio, Television, Newspaper, Health Workers, Parents, Textbooks, Friends, Teachers are the major source of information about STDs.

Table 5.3 Distribution of Respondents by Source of Information on STDs

Source of Information	No. of Respondents	Percent
Radio	93	73.2
Television	92	72.4
Newspaper	73	57.5
Health worker	58	45.7
Parents	37	29.1
Textbooks	107	84.3
Friends	72	56.7
Teachers	113	89.0
Total	127	100.0

Source: Field Survey, 2010

Note: The total percent may exceed hundred because of multiple response total number of respondents (N=130).

From the Table 5.3 shows that the main sources of knowledge on STDs are teacher, text books and radio with 89 percent, 84.3 percent and 73.2 percent, respectively. Similarly only 29.1 percent respondents discuss with their parents about STDs in comparison to these information. It can be generalized here that the parent's do not share much about sexual disease with their children.

5.1.3 Knowledge of Affected Organ by STDs

From table 5.4 the respondents who know the knowledge of affected organ by STDs. 92.9 percent respondents reported that reproductive parts are more affected organ by STDs, 17.5 percent reported all over the body affected by STDs and only 1.6 percent respondents reported mouth is also affected by STDs.

Table 5.4 Distribution of Respondents by Knowledge of Affected Organ by STDs.

Affected organ by STDs	No. of Respondent	Percent
Reproductive parts	118	92.9
All over the body	22	17.3
Mouth	2	1.6
Total	127	100.0

Source: Field Survey 2010

Note: Percentage total exceed 100 due to multiple responses (N=130)

5.1.4 Knowledge about modes of Transmission of STDs

There were various modes mentioned in the questionnaire and the resulting causes mentioned below;

Table 5.5 Distribution of Respondents by Knowledge's Modes of Transmission and Transmission ways of STDs.

Knowledge	No. of Respondents	Percent
Yes	127	97.7
No	3	2.3
Total	130	100.0
Transmission ways		
Sexual contact with infected persons	124	97.6
Mother of fetus	58	45.7
Contaminated needles and blood	60	47.2

Source: Field Survey, 2010

Note: Percentage total exceed 100 due to multiple responses (N=127 the total number of respondents who have knowledge about model of transmission of STDs).

From the table 5.5 shows that 97.7 percent respondents reported that they know about the transmission way and only 2.3 percent respondents reported that they were unknown about it.

All most of the (97.6 percent) respondents reported that the main way of Transmission of STDs is sexual contact with infected persons, followed by contaminated needles and blood (47.2 percent and 45.7 percent) respondents who know the transmission of STDs reported mother to fetus are the transmission of STDs. This study shows that there are high levels of awareness regarding the STDs.

5.1.5 Preventive Method of STDs

It is essential to check whether the students have knowledge on preventive method of sexually transmitted disease or not the question was included and the result- indicating acceptance of respondents for each measure is shown below.

Table 5.6 Distribution of Respondents by Preventive Method of STDs.

Preventive method	No. of Respondent	Percent
Using Condom	98	77.2
Avoid sex with multiple partners	93	73.2
Contaminated syringe and blood	57	44.9
Other	1	0.8
Total	127	100.0

Source: Field Survey, 2010

Only those respondents who have knowledge about STDs as shown in table 5.6 consistent use of condom during sexual intercourse is the most preferred ways of prevention from sexually transmitted disease which had been reported by 77.2 percent respondents. Likewise avoid sex with multiple partners is reported by 93 respondents (73.2 percent), contaminated syringe and blood is reported 57 respondents (44.9 percent) and other by 1 respondents (0.8 percent).

5.2 Knowledge on HIV/AIDS

In this study, the knowledge of respondents on HIV/AIDS is important matter because it helps people to create awareness from the transmission and preventive measure of the disease.

Knowledge on HIV/AIDS has been assessed through various questions.

5.2.1 Heard of HIV/AIDS

To access the knowledge on HIV/AIDS, respondents were asked whether they had heard about HIV/AIDS or not. All of the respondents reported that they have heard about HIV/AIDS.

5.2.2 Source of Knowledge

It is important to find out the source of Information from which students hear about HIV and AIDS. The distribution of respondents by source of information is given.

Table 5.7 Distribution of Respondents by Source of Information on HIV and AIDS.

Source of Information	No. of Respondents	Percent
Radio	96	73.8
TV	101	77.7
Magazine	70	53.8
Friend	85	65.4
Doctor	65	50.0
Parents	57	43.8
Teacher	70	53.8
Text book	65	50.0

Source : Field Survey, 2010.

Note : Total percentage may exceed 100 due to multiple responses (N=130).

As shown in table 5.6, it is clear that the main source of information is TV (77.7%) followed by Radio (73.8%), Friend (65.4%), magazine and Teacher (53.8%), Similarly Doctor and Textbook with (50%) only (43.8%) respondents discuss with their parents about HIV/AIDS.

By this table, we can conclude that the mass media plays vital role in dispersing knowledge about HIV/AIDS, therefore, in future the radio, TV program should be utilized properly to provide people with HIV/AIDS messages.

5.2.3 Knowledge on Transmission of HIV/AIDS

Respondents were asked the question about transmission of HIV/AIDS in order to access their level of knowledge. All of the respondents reported that they have knowledge on transmission of HIV/AIDS.

Table 5.8 Distribution of Respondents by Mode of Transmission of HIV/AIDS

Transmission ways	Respondents	
	Number	Percent
Sexual Contact	144	110.8
Kissing	7	5.4
Breast Feeding	56	43.1
Sharing razor	79	60.8
Contaminated needles and blood	67	51.5
Infected mother to her baby	4	3.1

Survey: Field survey, 2010

Note: Total percentage may exceed 100 due to multiple responses (N=130).

As stated in Table 5.7 highest number of respondent (110.8 percent) reported that sexual contact with infected person is the way of transmission. Similarly there are, 79 respondents (60.8 percent) reporting sharing razor. Way of transmission reported by respondents are contaminated needles and blood (51.5 percent), Breast feeding from infected mother (43.1 percent) and kissing (5.4 percent) and infected mother to her baby (3.1 percent) thus by this table, we can say that they response that they have knowledge about ways of transmission of HIV and AIDS but they have not proper knowledge the ways of transmission.

5.2.4 Knowledge on Symptoms of HIV and AIDS

There were various symptoms mentioned about HIV/AIDS the following table gives more information about it.

Table 5.9 Distribution of Respondents by their Knowledge on Symptoms of HIV/AIDS

Symptoms of HIV	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Loss of weight	125	96.2	5	3.8	130	100.0
Fever for one month	101	77.7	29	22.3	130	100.0
Diarrhea for more than one month	70	53.8	60	46.2	130	100.0
Other	2	1.5	128	98.5	130	100.0

Source: Field Survey, 2010

From table 5.8, the respondents who know the symptoms of HIV and AIDS are asked to mention the symptoms. According to the table, 96.2 percent Respondents reported lot of weight total body, followed by 77.7 percent have fever for one month, 53.8 percent respondents reported Diarrohea for more than one month.

5.2.5 Knowledge on Preventive method of HIV and AIDS

The respondents were asked to state the preventive methods of HIV/AIDS they could give multiple responses for this question. The information provided by the respondents is given in the table no. 5.8.

Table 5.10: Distribution of Respondents by their Knowledge's on Preventive methods of HIV and AIDS

Preventive method	Yes		No		Total	
	No.	Percent	No.	Percent	No.	Percent
Avoid sex with multiple responses	117	90.0	13	10.0	130	100.0
Use of Condom during sexual intercourse	106	81.5	24	18.5	130	100.0
Use sterilized surgical instrument	45	34.6	85	65.4	130	100.0
Others	2	1.5	128	80.8	130	100.0

Source: Field Survey, 2010

Majority of the respondents (90 percent) reported to avoid sex with multiple partner followed by use of condom during sexual intercourse 81.5 percent, use sterilized surgical instrument (34.6 percent), are the preventive measures to transfers of HIV/AIDS and it

may be the reason of good educational status. HIV/AIDS prevention program focus their messages and efforts so students are more aware.

5.2.6 Perception about the HIV/AIDS Infected Person

It was aimed to find out the perception of the respondents about the HIV infected people four options were provided to choose to each of the respondents and the result is given in table 5.11.

Table 5.11: Distribution of Respondents by Perception about the HIV/AIDS

Perception	No. of Respondents	Percent
All of them die	58	44.6
Some of them die	52	40.0
Nobody dies at well	18	13.8
Don't know	2	1.5
Total	130	100.0

Source: Field Study, 2010

From the above table, 44.6 percent respondents have said that AIDS infected person all of them die, 40 percent respondents have said that some of them die, 13.8 percent respondents have said no body dies at all and only 1.5 percent respondents have reported that don't know about AIDS infected person. All respondents have reported that it is necessary to get knowledge and awareness about AIDS. Ninety nine percent respondents have said that they need sex knowledge education.

5.2.7 Knowledge about vulnerability group of HIV/AIDS

Respondents were asked "what types of people are more vulnerable for HIV/AIDS? In this regarding respondents choose various options, which are given in following table.

Table 5.12: Distribution of Respondent by Knowledge about the Vulnerability group of HIV/AIDS.

Vulnerable	No. of Respondents	Percent
Youth/Adolescent	64	49.2
Drug addicts	105	80.8
Drivers	65	50.0
Commercial Sex Workers	86	66.2
	130	100.0

Source: Field survey, 2010

Note: The total percentage may exceed hundred due to the multiple response N=130.

Table 5.12 shows that the majority of respondent with 80.8 percent said that the Drug addicts are more vulnerable than other, similarly about 66.2 percent respondents reported that the commercial sex workers are more vulnerable followed by drivers and youth/Adolescents for HIV/AIDS.

5.2.8 Knowledge on place to test the HIV virus

It is important to ask the question to assess the knowledge on place where people can go to test for the HIV virus. First of all respondents were whether they know the place where people can go to test the HIV virus or not.

Table 5.13: Distribution of Knowledge on Place to Test the HIV Virus

Knowledge	No. of Respondents	Percent
Yes	126	96.9
No	4	3.1
Total	130	100.0

Source: Field survey, 2010

According to the table 5.13, 96.9 percent respondents are reported that they know about the place where people can go to the test the HIV virus and nearly 3 percent respondents reported no idea about it.

5.2.9 Knowledge about HIV identification

There is many negative effects of HIV/AIDS in human life we can identified to checking the blood in health post, the question; do you know how this disease can be identified? Out of total respondents 99.2 percent answered by checking the blood and only 0.8 percent have answered by looking from symptoms.

Table 5.14: Distribution of respondent's Knowledge about HIV identification.

Do you know how this disease can be identified ?		
Response	No. of Respondent	Percent
By checking the Blood	129	99.2
By looking from symptoms	1	8
Total	130	100.0

Source: Field survey, 2010

5.2.10 Knowledge about use of Condom

Condom use is an important tool in the fight against the spread of HIV Infection, it is also essential to know about the use of condom itself before sexual behavior. Similarly, information, education and communities play important role to know the proper use of condom. Condom is the best appropriate measure to stop HIV/AIDS.

Table 5.15 Distribution of Respondents knowledge on use of condom

Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?		
Response	No. of Respondent	Percent
Yes	106	81.5
No	23	17.7
Don't Know	1	0.8
Total	130	100.0

Source: Field survey, 2010

Out of total respondents 81.5 percent reported that they know about reduce their chance of getting the AIDS virus by using a condom, but 17.7 percent doesn't agree about it.

5.2.11 Opinion Regarding HIV Infected Person

Table 5.16 shows the opinion of respondents regarding HIV infected person. Following question was asked to them "If a member of your family got infected with the HIV virus. Would you want to remain a secret or not? Out of total respondents N=130 among 32.3 percent reported their they want to remain secret and 66.9 percent they would not secret, 0.8 percent response don't know about it.

Table 5.16 Distribution of Respondents regarding HIV infected person

If a member of your family got infected with the HIV virus would you want to remain secret or not?		
Response	No. of Respondent	Percent
Yes	42	32.3
No	87	66.9
Don't Know	1	0.8
Total	130	100.0

Source: Field survey, 2010

5.2.12 Caring of HIV infected person

The educated people are very elite group of society, it is worth to assess their behavior to the infected person, it is clear that the most of the respondent state that they would be willing to care for a family member with the AIPS virus in their home. 14.6 percent respondents reported are doing not care.

Table 5.17 Distribution of Respondents by Caring to HIV Infected Person

If a member of your family got infected with HIV would you be willing to care for him or her in your own household?		
Response	No. of Respondent	Percent
Yes	111	85.4
No	19	14.6
Total	130	100.0

Source: Field survey, 2010

5.2.13 Knowledge about people gets the HIV virus from mosquito bites.

Majority of the respondents 77.7 percent does not agree about people get the HIV virus from mosquito bites but 22.3 percent people agree about it. So the Table 5.18 shows that many people didn't have knowledge about spread of HIV virus.

Table 5.18 Distribution of Respondents by Knowledge about People get the HIV Virus from Mosquito Bites.

Knowledge	No. of Respondent	Percent
Yes	29	22.3
No	101	77.7
Total	130	100.0

Source: Field survey, 2010

5.2.14 Allowed for HIV virus infected teacher

Out of respondents 99.2 percent student should be allowed if there teacher infected by HIV virus and only: 0.8 percent respondents should not be allowed infected teacher.

Table 5.19: Distribution of Respondents about allowed for HIV Virus Infected Teacher

Opinion	No. of Respondent	Percent
Should be allowed	129	99.2
Should not be allowed	1	0.8
Total	130	100.0

Source: Field survey, 2010

Above study shows that the society go to change about HIV infected person, they should accepted easily HIV infected person.

5.2.15 Expansion of HIV/AIDS is becoming a Social Problem

HIV/AIDS is the one of the social problem because this disease is not curable. Adolescents is more vulnerable group so we can say expansion of HIV create the new problem for society and nation for this purpose respondents were asked the questions and following table present their attitude.

Table 5.20 Distribution of Respondents by Expansion of HIV/AIDS is a Becoming a Social Problem

Opinion	No. of Respondent	Percent
Yes	121	93.1
No	8	6.2
Don't Know	1	0.8
Total	130	100.0

Source: Field survey, 2010

From the above table, 93.1 percent respondents agree that expansion of HIV/AIDS is a becoming a social problem, 6.2 percent does not agree that expansion of HIV/AIDS is a becoming a social problem but 0.8 percent does not know about that.

5.2.16 Attitude towards HIV/AIDS patients

Respondents who have knowledge on HIV/AIDSs also provided information on their attitudes towards HIV infected person. 99.2 percent have been found to be positive,

where as there are still 0.8 percent of the respondents who have negative attitude towards the infected persons.

5.3 Comprehensive Knowledge HIV and AIDS

It was tried to know their comprehensive knowledge about HIV/AIDS. Comprehensive knowledge about HIV/AIDS categories the following categories.

- HIV can't transmitted by mosquito bite.
- HIV transmitted through unsafe sexual intercourse.
- HIV transmitted through breast feeding to her child.
- Avoid sex with multiple sex partner is a way of HIV prevention.
- Frequent use of condom is a safe way to prevent HIV prevention.

Table 5.21 Distribution of Respondents by comprehensive knowledge about HIV/AIDS

Knowledge	No.	Percent
HIV can't transmitted by mosquito bite	101	77.7
HIV transmitted through unsafe sexual intercourse\	129	99.2
HIV transmitted through breast feeding to her child	56	43.1
Avoid sex with multiple sex partner is a way of HIV prevention	115	88.5
Frequent use of condom is a safe way to prevent HIV prevention	105	80.5
Total	130	100.0

Source: Field survey, 2010

Note : If anyone have knowledge in 4 or 5 conditions they are define in 'Yes' other in 'No' in comprehensive knowledge.

From the Table 5.22, we can show the comprehensive knowledge about HIV/AIDS by different background characteristics from the table.

5.22 Distribution of Respondents by their Comprehensive Knowledge on HIV and AIDS according to Background Characteristics.

Background Characteristics		Comprehensive Knowledge about HIV/AIDS		Total	
		Yes	No	No	Percent
		Percent	Percent		
Class	11	70.0	30.0	50	100.0
	12	65.0	35.0	80	100.0
Age	15-16	75.0	25.0	16	100.0
	17	77.4	22.6	53	100.0
	18-19	55.7	44.3	61	100.0
Sex	Male	55.7	42.3	52	100.0
	Female	73.1	26.9	75	100.0
Caste	Brahmin/Chettri	76.1	23.9	71	100.0
	Other Caste	55.9	44.1	59	100.0
Religion	Hindu	68.9	31.1	106	100.0
	Buddhist	58.3	41.7	24	100.0
Marital Status	Married	45.5	54.5	11	100.0
	Unmarried	68.9	31.1	119	100.0
Types of Family	Nuclear	70.0	30.0	90	100.0
	Joint	60.0	40.0	40	100.0
Exposure to mass media	Low	40.0	60.0	5	100.0
	Medium	71.4	28.6	28	100.0
	High	67.0	33.0	97	100.0
Total		66.9	33.1	130	100.0

Source: Field survey, 2010

The Respondents are categories by two grades (class 11 and 12). 70.0 percent of class 11 respondents have comprehensive knowledge about HIV/AIDS 65.0 percent of class 12 respondents have knowledge about HIV/AIDS but 30.0 and 35.0 percent doesn't know comprehensive knowledge about HIV/AIDS respectively.

The Respondents are categories by their complete age (15-16, 17, 18-19) they have comprehensive knowledge about HIV/AIDS, But (25.0%, 22.6%, 44.3%) don't any knowledge about HIV/AIDS.

The Respondents categories by two sex's male and female (55.7 percent) male respondents have comprehensive knowledge about HIV/AIDS and 73.1 percent female respondents have comprehensive knowledge about HIV/AIDS.

Respondents are categories in 2 caste and other caste which Brahmin/Chhetri and other caste, Brahmin/Chhetri 76.1 Respondents have comprehensive knowledge about HIV/AIDS and 55.9 percent other caste have comprehensive knowledge about HIV/AIDS.

The Respondents categories into two religious group Hindu and Buddhist (68.9% and 58.3%) have comprehensive knowledge about HIV/AIDS but (31.1% and 41.7%) doesn't have comprehensive knowledge about HIV/AIDS.

The Respondents categories two marital status married and unmarried (45.5% and 68.9%) Respondents have knowledge about HIV/AIDS.

Respondents' categories into two family group nuclear family and joint family 70.0 percent nuclear family Respondents have comprehensive knowledge about HIV/AIDS and 60.0 percent joint family respondents have comprehensive knowledge about HIV/AIDS.

Exposure to mass media categories are in three categories low, medium and high. (40.0%, 71.4%, 67.0%) have comprehensive knowledge about HIV/AIDS but (60.0, 28.6, 33.0) doesn't have any comprehensive knowledge about HIV/AIDS.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Summary

The study was conducted in the knowledge and attitude on STDs and HIV/AIDS. It is based on the small scale study carried out at higher secondary school in Nawalparasi district. (Venue: Shree Mahakavi Devkota Higher Secondary School and Lumbini Higher Secondary School Students), 15 to 19 years adolescents students were selected from systematic random sampling; this study is fully based on primary data. Only 130 students were taken from the class 11 and 12, for the collection of Necessary information; questionnaires were framed in different topics.

From the field surveys following major findings of the study are given below;

6.1.1 Individual Characteristics

- Highest numbers around 66 percent from class XII 39 percent respondents were taken class XI.
- Highest percent of Respondent 41 percent are in age 17 which is followed by 15, 16, 18, and 19 respectively.
- Majority of the Respondents, around 60 percent were female and 40 percent were males.
- Most of the Respondents were unmarried 119 (91.5 percent)
- There is overwhelming percentage of Respondents from Hindu religion with 81.5 percent.
- Highest number of Respondents is Brahmin 29 percent.
- All of the Respondents had stayed at rural areas.

6.1.2 Households characteristics

- According to family structure most of the respondents reported that their family size was (5-6) number with 46.2 percent.
- Most of the respondent's house there is facilities of Radio 93 percent, 92 percent. TV, telephone 86 percent, Electricity 79 percent, Computer 40 percent but only 4 percent have other facilities respectively.
- Education achievement by father is higher than mother.
- About one five (21.5 percent) mother of Respondents is found illiterate.
- The majority of Respondents 69 percent have nuclear family and 30.8 percent have joint family.
- Majority of parents were engaged in services 45 percent, around 43 percent Agricultural, 40.8 percent business. 3.1 percent daily wages and 67.7 percent respondents mother was involved in Housewife.

6.1.3 Knowledge and attitude on STDs

- Syphilis, Gonomhea and Genital worst were familiar among respondents.
- The main sources of STDs are 89 percent Teachers, 84.3 percent text books which are followed by 73.2 and 72.4, 57.5 percent by Radio, TV and Newspaper.
- Majority of Respondents reported that they know the transmission ways of STDs.
- Almost 98 percent of Respondents had reported that sexual contact with infected person is the major route of STDs transmission.
- Most of the Respondents reported that use of condom during sexual intercourse is the most one preventing measure.
- Most of the Respondents reported that reproductive parts are more affected organ by STDs.

6.1.4 Knowledge, Attitude on HIV/AIDS

- Cent percent respondents had heard HIV/AIDS and total total respondents are reported they know the full form of HIV/AIDS.
- Television, Radio, Friend, Class teacher, and magazine were main sources of Information about HIV/AIDS.
- Cent percent respondents reported that unsafe sexual contact is the major ways of transmission of HIV/AIDS.
- Including knowledge, most of the Respondents with 96 percent reported that loss of weight is the major symptoms of HIV/AIDS.
- 90% respondent said that avoiding sex with multiple partners is the main way of preventing method of HIV/AIDS, they reported.
- Majority of the Respondents reported with 81 percent that the Drug addicts are more vulnerable.
- Most of the Respondents suggested to not keeping the unsafe sexual intercourse is the main way in avoiding STDs.
- About 45 percent Respondents have said that AIDS infected person all of them die.
- Around 97 percent Respondents said that place test the HIV.
- Out of total 99 percent respondent said that the HIV/AIDS identified by checking the blood.
- More than 82 percent respondent has knowledge to reduce the HIV/AIDS by using a condom.
- Most of than half Respondents 67 percent said that they does not remain secret about HIV infected person.
- 85.4 percent respondents said that care them to HIV infected person.
- 78 percent Respondents said that people can't get the HIV virus from mosquito bites.
- 99% percent Respondent said that should be allowed for HIV virus infected teacher.
- Almost 93 percent respondents reported that the HIV infected people are facing problem in the society.

- It was found that 99 percent Respondents said that their attitude towards HIV infected person was positive.

6.2 Conclusion

Adolescent's sexual and psychological health is a matter of great concern since adolescents is the responsible citizens of a country in the future. Today's the changing social norms and values regarding sex and the increasing age at marriage are attributed to adolescent's premature sexual activities. Due to such activities, they may have risks of various health hazards, socio-economic and demographic consequences namely, Unwanted pregnancy, unwanted mother and HIV infection. In such a situation, they must be supported by correct information to dispel the mental stress and help them practice, responsible sexual behaviors.

The study points the current level of knowledge and attitude of higher secondary adolescent's students on STDs and HIV/AIDS. Findings from the study show that respondents have more knowledge on STDs and HIV/AIDS. Teacher, textbook, Radio and television is found to be strongest media provide the information regarding STDs and HIV/AIDS. The other important media are health worker, friends and Newspaper.

Among the respondents who said to have heard about STDs, most of them said to have heard of Syphilis, Gonorrhoea and Genital worst.

Most of the respondents said that the sexual contact, contaminated needles and blood, sharing razor and Breast feeding is the way of transmission of HIV/AIDS. Most of the Respondents reported that the Drug addicts are vulnerable to HIV/AIDS and reported youth/Adolescents drivers and commercial and sex workers are also vulnerable.

All of them said that HIV virus identified by checking the blood and they also know about the reduce of HIV/AIDS virus by using a condom every time they have sex. Despite the high knowledge on STDs and HIV/AIDS, and they said that they would be willing to care the HIV infected person.

6.3 Recommendation

On the basis of findings and conclusion of the study, following recommendation are made for the further improvement on the awareness, changing attitude and reducing and controlling of STDs and HIV/AIDS. Among the identified case of HIV most of the cases are between the ages of 15-24 years, it shows that Adolescent are more vulnerable which are physically, mentally and sexually active and passing through transitional phase from development of physical and mental viewpoint.

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 and HIV/AIDS should be included in the curriculum in every Higher Secondary School.
- STDs and HIV/AIDS through different media such as Radio and TV. Also they should be informed through non-formal education and education campaign.
- Sex education should be provided to the society through information, education and communication programmes.
- HIV/AIDS programs should be launched based on the adolescents by NGOs, INGO.
- Education about STDs and HIV/AIDS need to be encouraged through family, community and school level.
- Socio and cultural norms are obstacles in the society to discuss about STDs and HIV/AIDS. Therefore STDs and HIV/AIDS education should be provided according to the cultural and social view of society.
- The students in higher secondary level have good knowledge about STDs and HIV/AIDS. It is necessary to study the level of knowledge and attitude of STDs and HIV/AIDS among the adolescent who are out of schools.

REFERENCE

- Acharya, S. (2005). The HIV/AIDS situation in Nepal. In Mani Prasad Gaihre (ed.). *Population magazine*. vol. III. Kathmandu: Population Student Society of Nepal.
- Aryal, R.H. (2000). HIV/AIDS: An Emerging Issues in the Health Status with Special Reference to Nepal. In Bal Kumar KC (ed.). *Population and Development in Nepal*, Vol. 7, Kathmandu: Central Department of Population Study.
- Bongarts, J. and B. Cohen (1998). Adolescent Reproductive Behavior in the Developing world. *In Studies in Family Planning*. 29(2).
- Central Bureau of Statistics (CBS) (2001). *Population Monograph of Nepal*. Vol. I and Vol. II. Kathmandu: CBS.
- Ghimire, B. (2010). Nepal to miss HIV control Target. *The Kathmandu Post*. December 1.
- International Conference on Population and Development (ICPD) (1994). *Program of Action: Adopted at the International conference on population and Development*. Cairo, Egypt : ICPD.
- Ministry of Health (MoH), New ERA and ORC Macro (2002). *Nepal Demographic and Health Survey 2001*. Kathmandu: MoH, New ERA and ORC macro.
- Ministry of Health and Population (MoHP), New ERA and Macro International INC. (2007). *Nepal Demographic and Health Survey 2006*. Kathmandu: MoHP, New ERA and Macro International Inc.
- Moni Nag (1996). *Sexual Behavior and AIDS in India*. India: Vikas Publishing House, India.
- National Center For AIDS and STDs Control (NCASC) (2004). *National STIS case management guide lines*. Kathmandu: DOHS.
- (2005). *The situation of HIV throughout the country*. Kathmandu: NCASC.
- (2006). *National Strategic Plan for HIV/AIDS, 2002-2006*. Kathmandu: NCASC.
- (2010). *Cumulative HIV/AIDS Situation of Nepal*. Kathmandu: NCASC.
- Population Reference Bureau (2006). The Global Challenge of HIV/AIDS. *Population Bulletin* : Vol.6, No.1.

- Shane, J.K. (1997). Controlling Sexually Transmitted Disease. *Himalayan Bulletin*, Vol. 15, No.2.
- Shrestha, S. (2010). *Knowledge Attitude and Practice on STIs and HIV/AIDS on Secondary level of Students*. An Unpublished M.A. Thesis Submitted to the Central Department of Population Studies. Kathmandu: CDPS.
- United Nation Population Fund (UNFPA) (1998). *Situation of Adolescent in South Asia Conference on Adolescent*. Kathmandu: UNFPA.
- (2000), *The State of World Population*. New York: UNFPA.
- The Joint United Nation Programme on HIV/AIDS of Nepal (UNAIDS) (2004). *The HIV/AIDS/STD situation and the national responses in Nepal*. Kathmandu: UNAIDS.
- The Joint United Nation Programme on HIV/AIDS (UNAIDS) (2006). *Report on Global AIDS Epidemic*. Geneva: UNAIDS.
- United Nations (UN) (2005). *Committing to Result: Improving the Effectiveness of HIV/AIDS Assistance*. New York: UN.
- World Health Organization (WHO) and United Nation Programme on HIV/AIDS (UNAIDS) (2006). *The AIDS Epidemic and its Demographic Consequence*. New York: WHO.
- World Health Organization (WHO) (1997). *Adolescent, How to prevent STDs and HIV/AIDS*. New Delhi: Regional Office for South East Asia.

Tribhuvan University
 Central Department of population studies (CDPS)
 Kirtipur, Kathmandu
 "Knowledge and attitude on STDs and HIV/AIDS
 Among adolescents of Higher Secondary school
 Student" (A case of some selected higher
 Secondary school, Nawalparasi District)

Group A. Individual characteristics:

1. Name of School
2. Name of student
3. Class
4. Age (completed)
5. sex: Male Female

S.N	Question	Coding description
6	Castle/ethnic	Brahmin.....1 Thakuri.....2 Chhetri.....3 Giri/Puri/sanyasi.....4 Newar.....5 Magar.....6 Dalit.....7 Others.....
7	Religion	Hindu.....1 Buddhist.....2 Islam.....3 Kirat.....4 Other (Specific)
8	Marital status	Married.....1 Unmarried.....2
9	If married at which is did you get married?
10	Which age is appropriate to gate married?
11	Where are living now?	At home.....1 Hostel.....2 Relatives house.....3 Rented house.....4 Other.....

Group: B House hold questionnaire

12	What type of family your?	Nuclear.....1 Joint.....2
13	How many members are there in your family?	6 members.
14	Can your father read and write?	Yes.....1 No.....2
15	If yes, what is your father's education level?	No schooling.....0 Primary (1-5).....1 Lower secondary.....2 Secondary.....3 S.L.C & Above.....4 No formal.....5
16	Can your mother read and write?	Yrs.....1 No.....2
17	If yes, what is your mother Education level?	No Schooling0 Primary.....1 Lower Secondary.....2 Secondary.....3 S.L.C & Above4 Non formal.....5
18	What is your father occupation?	Agriculture.....1 Service.....2 Business.....3 Daily wages.....4 Other
19	What is your mother's occupation?	Agriculture.....1 Service.....2 Business.....3 Daily wages.....4 House wife.....5 Other
20	How many sister and brother do you have? (Including yourself)	Brothers.....1 Sisters2
21	Where is your permanent residence?	Town.....1 Village.....2
22	Do you have the following facility at home?	Electricity.....1 Radio.....2 TV.....3 Telephone.....4 Computer.....5 Other.....
23	Do you read newsreader?	Daily.....1 Sometime.....2 Rarely.....3 Never.....4

24	Do you listen radio?	Daily.....1 Sometime.....2 Rarely.....3 Never.....4
25	Do you watch TV?	Daily.....1 Sometime.....2 Rarely.....3 Never.....4

Group C: Knowledge and attitude on STDS and HIV/AIDS

26	Have you heard about STDs?	Yes.....1 No.....2
27	If yes, which type of STDs Have you heard?	Syphilis.....1 Gonorrhea.....2 Genital worst.....3 Chancroid.....4 Chlamydia.....5 Herpesgenitalis.....6 Other
28	If yes, from which source have you heard about STDs?	Radio.....1 Television.....2 Newspaper.....3 Health workers.....4 Parents.....5 Text books.....6 Friends.....7 Teachers.....8 Others
29	Which organ affected by STDs?	Reproductive.....1 All over the body.....2 Mouth.....3 Head.....4 Hand.....5
30	Do you know about the mode of transmission of STDs?	Yes.....1 No.....2
31	If yes, How are STDs transmitted?	Sexual contact which infected persons.....1 Mother to fetus.....2 Contaminated needles and blood.....3 Other
32	What is the mode of preventing STDs?	Using condom.....1

		Avoid sex with multiple partners.....2 Avoiding contact with contaminated syringe and blood.....3 Other
33	Have you heard about HIV/AIDS?	Yes.....1 No.....2
34	Which sources have you're heard about AIDS?	Radio.....1 T.V.....2 Magazine.....3 Friend.....4 Doctor.....5 Parents.....6 Teacher.....7 Text Book.....8 Other
35	If yes, write down the full form of AIDS?	Yes.....1 No.....2
36	Can people catch the AIDS virus from mosquito bites?	Yes.....1 No.....2
37	Do you know about the way of transmission of HIV?	Yes.....1 No.....2
38	If yes, how is HIV/AIDS transmitted?	Sexual contact.....1 Kissing.....2 Breast feeding.....3 Sharing razor.....4 Contaminated headland blood.....5 Other..... Infected mother to her baby.
39	What are the major symptoms of HIV?	Loss of weight.....1 Fever for one month.....2 Diarrhea for more than one month.....3 Do not know.....4
40	What are the preventive measures of HIV/AIDS?	Avoid sex with multiple partner.....1 Use condom during sexual intercourse.....2 Use sterilized surgical instrument.....3 Other.....

41. In your opinion, who are the most vulnerable group in our society from HIV/AIDS?

- Youth/adolescents.....1
- Drug addicts.....2
- Drivers.....3
- Commercial sex workers.....4
- Other.....5

42	What is your perception about on HIV/AIDS infected person?	All of them die.....1 Some of them die.....2 No body dies at all.....3 Don't know.....4
43	Do you know how this disease can be identified?	By checking the blood.....1 By looking from symptom.....2 Other.....
44	Can people reduce their chance of getting the AIDS virus using a condom every time they have sex?	Yes.....1 No.....2 Don't know.....3
45	Do you know a people where people can go to get tested for HIV?	Yes.....1 No.....2

46. If a member of your family got infected with the HIV virus would you want to remain a secret or not?

- Yes.....1
- No.....2
- Don't know.....3

47. If a member of family of your family got infected with HIV would you be willing to care or him or he in your won house hold?

- Yes.....1
- No.....2
- Don't know.....3

- 48 Do your opinion if a female teacher has the HIV virus but is not sick should she be allowed to continue teaching in the school?**
- a. Should be allowed.
 - b. Should not be allowed.
 - c. Don't know.
- 49 Do you agree that the expansion of and HIV/AIDS is becoming a social problem?**
- Yes.....1
- No.....2
- Don't know.....3
- 50 How do you behave with an HIV infected person?**
- a. Positive.....1
 - b. Negative.....2
- 51 Write your comment or suggestions regarding this..... Study if any.....**