

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Adolescence is a period of transition from childhood to adulthood in which physical, social, psychological, emotional 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 greater responsibilities. Adolescents health is the outcome of several factors such as socio-economic status, environment in which they live and grow, good guidance. UNFPA, UNICEF and WHO define "young people" as a between the ages of 10 to 24, "youth people" between the ages of 15-25 and "Adolescents" as the population 10-14 are early and 15-19 as late-adolescents (UNFPA, 1998).

Psychologically, adolescence is the age when an individual becomes integrated into the society of adults or the age when the child no longer feels that is below the level of his/her elder but equal at least insight this integration into adult socially has many aspects. More or less linked with puberty and maturity. It also includes very profound intellectual changes these intellectual transformations typical of the adolescents thinking unable a person not only to achieve integration into the social relationship of adults, but also develop the phenomena of responsibility and feeling of being a part of society.

The diseases that can be transmitted from one person to another mainly through sexual contact are known as sexually transmitted infection (STI) and HIV. Some STIs can also be transmitted by other routes such as blood, semen, vaginal secretion and breast feeding.

Human Immunodeficiency Virus (HIV) is an infection agent that cause Acquired Immune Deficiency Syndrome (AIDS) which destroy immune system of the body and loses body's natural ability to fight against various

diseases. The infected person may lose weight and become ill with disease like persistent, severe diarrhea, fever, skin disease, pneumonia, TB or tumor. At this stage, he or she developed AIDS (WHO). Therefore, AIDS is the last stage or life threatening stage of HIV infection. The full form of AIDS is:

- A - Acquired = not born with
- I - Immune = body defense system
- D - Deficiency = not working properly, and
- S - Syndrome = group of signs and symptoms

The adolescents are at greater risk of STI and HIV infection due to ignorance, risk behaviour and lack of information and services, menstrual hygiene the main purpose of reproductive and sexual health education is to make young people aware of the various mental physical and emotional changes at the period of adolescence. Further more, they should emphasize on providing knowledge about the disadvantages of early sexual intercourse especially unsafe sex.

AIDS (Acquired Immune deficiency Syndrome) is not one disease, but a set of diseases (Upreti, 1998) caused by the human immune deficiency virus (HIV) that can breakdown the today's immune system and lead to total infections and some forms of cancer. Human immune deficiency virus kills by weakening the boys immune system until it can no longer fight infection. Opportunistic infections are illness such as pneumonia meningitis, some cancers, tuberculosis (TB) or other parasitic, viral, and fungal infections that occur when the immune system is weakened (PRB, 2006).

The HIV/AIDS pandemic is one of the most serious health problem in the world today because of high case totality rate and lack of curative treatment of vaccines. HIV is spread through blood, semen, vaginal secretions and breast milk, the most common method of transmission is unprotected sexual intercourse with an HIV-positive partner.

1.2 Statement of the Problem

Various research were conducted on knowledge and attitude towards STIs and HIV/AIDS by many researchers. Most of them are found to be urban basis. Only limited research work are done using the data from remote rural area of Nepal. From a policy-making point of view, the information each and every part of the country is given an equal importance.

In this case study, the study area lies in remote rural areas of Surkhet district. There were not conducted any research activity and had not lunched any awareness programs. Most of the people are illiterate. It lead them get married at early age without having basic sex education. In the study area, most of the people are depend upon the agriculture and they also went in India for the purpose of employment. When they return they bring not only money but also they carry HIV/AIDS so in the study area. HIV/AIDS is the burning problem. Many people are illiterate so they don't know about the mode of transmission of HIV/AIDS and method of prevention.

STIs particularly HIV/AIDS is a burning and growing problem allover the world as well as Nepal. In most of the Nepalese societies, adolescents particularly in the school age have to face pressure to engage in sexual activities. Adolescents are more vulnerable; they have high risk increasing and transmitting STIs including HIV/AIDS. There have not conducted any studies regarding knowledge and attitude towards STIs and HIV/AIDS among adolescents in Gadhi VDC of Surkhet district. However, adolescents have little access to information about their physical, mental, social, emotional and behavioral change as well as they have less access to knowledge and information about reproductive health including contraceptive, STIs and HIV/AIDS. So that they are facing various problems i.e. early pregnancy, frequent pregnancies, unplanned birth, unsafe abortion, infected with STIs and HIV/AIDS etc.

1.3 Objectives of the Study

The main objective of this study is to find out the knowledge and attitude on STIs and HIV/AIDS among secondary school adolescents. The specific objectives are as following:

- To analyze the knowledge on HIV/AIDS and STIs among adolescent by their background characteristics,
- To identify the knowledge on modes of transmission and methods of prevention STIs and HIV/AIDS among the respondents,
- To assess their attitude and understanding about STIs and HIV/AIDS.

1.4 Significance of the Study

- In Nepal, adolescents constitute more than one fifth (23.62) of the total population (CBS 2001) and the number of adolescents population will be continue to grow due to result of high population momentum. Adolescents and youth are most vulnerable group among the total population. According to recent estimates of UNAIDS and WHO (HIV/AIDS, the global pandemic). Most of the adolescents are derived by right of education illiteracy feel them get married early age with out having basic sex and health education. They start sexual intercourse and activities, before prepared, activities are the main causes of spreading STIs and HIV/AIDS.
- Nepal is developing country with low economic status most people are far from educational opportunity; they have not sufficient knowledge about HIV/AIDS. There is no effective programme. Which can make the people aware and playing vital role to prevent from STIs and HIV/AIDS.
- Generally, the adolescents are vulnerable; they have at high risk of transmission of STIs and HIV/AIDS. Because of this research is directly based on school adolescents. It will be help to know more about the

level of knowledge and attitudes, views on STIs, and HIV/AIDS at Shree Siddha Secondary School, Gothikanda (Mehealpani), Surkhet. More over, it has more significance in this particular areas, because of this type of studies has never been conducted.

- This study will help to understand the importance of knowledge, attitudes on STIs, and HIV/AIDS among school adolescent's parents and community.

1.5 Limitation of the Study

This study is consists of the knowledge and attitude towards adolescent STIs and HIV/AIDS among secondary school students of age between 13-18 years. This study has been limited within only one selected schools of Surkhet district (Shree Siddha Secondary School). Every study has their own limitations. Therefore, this study have own limitation they are as follows:

- This study is based on primary data about knowledge and attitude towards adolescent STIs and HIV/AIDS.
- This study is limited within 1 schools of Surkhet district, therefore, the findings may not be generalized for all over the nation.
- This study takes account of the school adolescents, so the study does not represent the view of non-school adolescents.
- Due to the causes of time resources, the sample populations are taken from only one secondary school of Surkhet district.
- This study is taken among limited number of respondents i.e. 110 students from one school.
- The study does not cover more than the objectives of the study.

1.6 Organization of the Study

The study is organized into six chapters. The first chapter is introductory that includes background of the study, statement of the problem, objectives, significance, limitation and organization of the study. In the second chapter, review of literature and conceptual framework are presented. The third chapter deals with methodology, which includes selection and introduction of the study, sample size and selecting procedure, questionnaire design, method of data collection, data management, data analysis and interpretation.

The socio-economic and demographic characteristics of respondents are described in the fourth chapter. In the fifth chapter, the knowledge and attitude on STIs and HIV/AIDS of the respondents has been described. At last, sixth chapter presents the summary, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

This chapter deals about the available literatures on sexual behaviour, sexually transmitted infection HIV/AIDS, history of more vulnerable groups of acquiring STIs like syphilis, gonorrhoea and HIV/AIDS etc. were reviewed to generate the adequate relationship between the variables and to share the other opinion on the issued statement.

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 worlds 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).

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 acquired immune deficiency syndrome (AIDS) pandemic is a widespread disease caused by human immunodeficiency virus (HIV). Since AIDS was first recognized in 1981, it has led to the deaths of more than 25 million people, making it one of the most destructive diseases in recorded history. Despite recent improved access to antiretroviral treatment and care in many regions of the world, in 2007 the AIDS pandemic killed an estimated 2.1 million people, including 330,000 children. As of 2009, it is estimated that there are 33.3 million people worldwide living with HIV/AIDS, with 2.6 million new HIV infections per year and 1.8 million annual deaths due to AIDS. This has been attributed to lack of access to antiretroviral treatment in huge areas such as the continent of Africa, where (according to French researcher Olivier Schwartz), less than 10 percent of infected are reported to have access to it. According to some researchers and institutions the situation is more serious than the UNAIDS figures suggest, the epidemic is accelerating and a second wave is developing (www.righthealth.com).

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 some what 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, Srilanka 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 rose. 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 Srilanka 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-committee on laboratory services and surveillance, HIV care and counseling legal and ethical issues on HIV/AIDS and information, education and communication (IFC) 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 under-estimated 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).

According to Ministry of Health and Population, National Centre of AIDS and STD Control (NCASC) cumulative HIV/AIDS situation of Nepal as Asoj 2067 (17 October, 2010) shows the following table.

Total HIV Infections reported	Male	Female	Total	New Cases of This Month
	10809	5828	16637	206

Cumulative HIV infection by sub-group and sex					
Sub-groups	Male	Female	Total		New Cases of This Month
Sex Workers (SW)	7	874	881		7
Injecting Drug Users	2,598	59	2,657		25
Men having sex with Men (MSM)	160	0	160		5
Blood or organ recipients	35	14	49		0
Clients of sex workers	7,279	104	7,383	**	78
Men having sex with Men (MSM)	65		65		2
Housewives	0	4,325	4,325		71
Male Partners	30	0	30		2
Children	645	423	1,068		18
Sub-group Not identified	55	29	84		0
Total	10,809	5,828	16,637		206

Source: NCASC, 2010.

* Mode of Transmission - IDUs or Sexual

** Male Partners of FSW/Female IDU/Female Migrant

Cumulative HIV infection by sub-group and sex				
Sub-groups	Male	Female	Total	New Cases in April 2008
0-4 years	259	153	412	3
5-9 years	288	202	490	8
10-14 years	109	72	181	7
15-19 years	264	278	542	4
20-24 years	1,290	921	2,211	14
25-29 years	2,330	1,352	3,682	36
35-39 years	4,427	2,037	6,464	85
40-49 years	1,454	629	2,083	34
50 above	388	184	572	15
Total	10,809	5,828	16,637	206

Source: NCASC, 2010.

2.4 Knowledge on STIs and HIV/AIDS

The NDHS 2006 shows 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 form 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, 2006).

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 gonorrhoea (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.

- 1986 organization of STD/AIDS control committee.
- 1987/88 implementation of short-term plan.
- 1995 national policy on AIDS and STD prevention adopted.
- 1997-2001 strategic plan for HIV/AIDS prevention adopted.
- 2002 National AIDS council formed.
- 2002-2006 National strategy for HIV/AIDS prevention adopted
- 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 (truck 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 Heath, National Centre for AIDS and STD control (Acharya, 2005).

2.6 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 an 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 THREE

METHODOLOGY

This chapter explains the methodology adopted to conduct this study. This study is based on the field survey. This study is carried out based on primary data. This chapter contains selection of the study area, nature and sources of data, questionnaire design, sample selection, and sample size, method of data collection, data management and data processing and analysis. The methodologies are briefly discussed along the following sub-titles.

3.1 Selection of the Study Area

Surkhet is a beautiful mid-hilly district which lies in the Bheri zone belonging to the mid-western development region of Nepal. It is also headquarter of mid-western development region. It is extending from east to west with an area of 2451sq.km. According to the population census of 2001, the total population of the district is 2,88,527 of which 142817 (49.50%) are males and 145,710 (50.50%) are females. The total no. of households are 45047 with an average household size of 5.34 person per house. The population density is 118 per sq. km.

Surkhet district is surrounded by another 7 districts, Banke and Bardiya in the south, Dailekh and Jajarkot in the north, Kailali and Achham in west and Salyan in east. There are 50 village development committees (VDCs) and one municipality (Birendranagar) in Surkhet.

According to the VDC profile (2010) the total population of Gadhi VDC is 3228 among them 1622 (50.25%) are males and 1606 (49.75%) are females. The total no. of households are 619 with an average household size of 5.2 person per house. The total area of VDC is 28 sq. km.

This study has been carried out in Gadhi VDCs of Surkhet districts. Within Gadhi VDCs Shree Siddha secondary school Gothikanda (Mehealpani), Surkhet is only one secondary school in this VDCs. It lies in the ward no. 4 of

Gadhi VDC. The main occupation of people in the study area is agriculture. The study area has been chosen deliberately because of the pre-informed area for the researcher to draw the real information of respondents (Adolescents/ students).

3.2 Nature and Sources of Data

This study is primarily based on primary data as main source of information. To draw the reliable and acceptable finding of the research, two types of data, primary and secondary were used in this study. The primary data collected from the survey in February 2011. Secondary data used in this study were collected from the various national international annual reports, newspaper bulletins and previous thesis. Questionnaire were prepared and interviewed to the sample of target population. The finding of this study are mainly based on primary data (Field Survey, 2011). The primary data that is quantitative in nature were collected directly from the respondents, under study population by means of interview and questionnaire methods.

3.3 Questionnaire Design

A well knitted questionnaire was developed for the study. For this study, structure, semi-structure and open-ended questions designed for quantitative data collection. Most of the questions were pre-coded and the questionnaire was also pre-tested and then required modifications were made before-field work. The study questionnaire included the socio-economic and demographic characteristics of the respondents. The whole set of questionnaire was divided into four sections.

- i) Household characteristics
- ii) Individual characteristics
- iii) Knowledge and attitudes on STIs and
- iv) Knowledge and attitudes on HIV/AIDS

3.4 Sample Size and Selection Procedures

Shree Siddha Secondary School, Gothikanda (Mehealpani), Surkhet was selected by using purposive sampling method. The sample size of this study is 110 secondary level students of class 9 and 10 for the purpose of the study. According to the review of school enrollment registers of 2067, there were 350 students (i.e, 178 boys and 172 girls) in this selected school. Out of them 110 students are related in class 9 and 10. All the students of class 9 and 10 were interviewed in this study.

The sample selection was drawn as follows:

Class	Total Population		
	Male	Female	Total
9	28	22	50
10	36	24	60
Total	64	46	110

Source: Field Survey, 2011.

3.5 Method of Data Collection

In this study data were collected through the individual written interview method. The well prepared structure questionnaires were distributed to the total students of 9 and 10. The respondents were carefully supervised during the distribution of questionnaires to minimize data error. And also they were given necessary information to fill up the questionnaire. Then, students were asked to fill up the questionnaires and finally after completion, questionnaires were collected. The help of school teachers from related schools was taken during data collection.

3.6 Data Management

After collection of the questionnaires, they were checked, edited and post coded. Then the necessary tables were generated using the traditional method i.e. tally bar. The gathered data have been presented in different tables.

3.7 Data Analysis and Interpretation

The collected information are put together and analyzed in a separate chapter of interpretation. The data obtained from the field survey was processed and analyzed to interpret their implication. The data analysis and interpretation have been made based on the number of cases (simple frequency tables), percentage distribution, cross tabulations as well as the figures i.e. bar-diagram and pie-charts.

CHAPTER FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS

This chapter presents the socio-economics and demographic characteristics of the respondents, mainly as age and sex, caste/ethnicity, education, religion, marital status, parents education and current place of residence. Socio-economic background also provides information about parents occupation, and housing facilities of respondents.

4.1 Household Characteristics

This section identifies about the socio-economic status of respondents parents such as level of education, parent's occupation and family size and facility available in the household. The questions regarding these household characteristics were included into the questionnaire.

4.1.1 Family Size

Family size show the status of quality of life. Small family size may be considered as an indicator of healthy and happy life. To find out the family size of the respondents, they were further asked about the number of their family members and the result is presented in Table 4.1.

Table 4.1: Distribution of Respondents by their Family size

Number of family size	Number	Percent
Less than 5 members	15	13.6
5 - 7 members	80	72.7
8 -10 members	12	10.9
more than 10 members	3	2.8
Total	110	100.0

Source : Field Survey, 2011.

Table 4.1 shows that majority of the respondents (72.7%) have the family size of five to seven members. (13.6%) of the respondents have the

family size of eight to ten members and the lowest proportion of them (2.8%) reported family size of more than 10 members.

4.1.2 Educational Level of Parents

Parent's education is one of the important socio-economic factors that may determine their children's level of knowledge and attitude in every aspect. In questionnaire the educational level of father and mother were asked separately in household roster schedule. The results are shown in Table 4.2.

Table 4.2: Distribution of Respondents by Parents Educational Level

Educational Status	Father		Mother	
	Number	Percent	Number	Percent
Literate	98	92.50	82	75.9
Illiterate	8	7.50	26	24.1
Total	106	100.00	108	100.00
Level of literacy				
Literate (non-formal)	15	15.3	38	46.3
Primary (1-5)	40	40.8	25	30.5
L. Secondary (6-8)	22	22.4	14	17.1
Secondary (9-10)	12	12.3	4	4.9
SLC passed	6	6.1	1	1.2
HHS and above	3	3.1	-	-
Total	98	100.00	82	100.00

Source: Field Survey, 2011.

Note: Educational status of parents who are still alive and level of literacy is present from literate father and mother only.

Table 4.2 shows that (24.1%) respondents mothers are illiterate whereas only 7.5 percent respondent's fathers are illiterate. Among literate, majority of respondents mothers (46.3%) have non-formal education, (30.5%) attained primary level of education and only (1.2%) have SLC level of education and above comparatively, the respondent's fathers educational attainments are better than their mothers. The table shows that the proportion of respondent's

fathers having secondary level of education is more than 3 times that of their mothers.

Figure 1 : Percentage Distribution of Respondents by Parents' Education

Source: Table 4.2.

4.1.3 Parent's Occupation

The occupation of parents can also be taken as the important variable that determines the socio-economic status of the household and it may also affects the knowledge of their children on STIs and HIV/AIDS. Information about respondents parent's occupation are presented in Table 4.3.

Table 4.3: Distribution of Respondents by Parent's Occupation

Occupation	Father		Mother	
	Number	Percent	Number	Percent
Agriculture	93	87.7	103	95.4
Business	3	2.8	3	2.8
Service	2	1.9		-
Labour/Daily wages	6	5.7	2	1.8

Foreign workers	2	1.9	-	-
Total	106	100.00	108	100.00

Source: Field Survey, 2011.

Note: Occupation status of parents who are still alive only.

Table 4.3 shows that higher percentage (87.7%) of respondent's reported their father's major occupation is agriculture, followed by daily wages (5.7%), business (2.8%), service (1.9%) and the lowest proportion (1.9%) reported foreign workers. Most of the respondent's mothers are dependent on agriculture/housewife (95.4%). Involvement in other occupation is very low. The proportions of respondents whose mothers are involved in business and daily wages are only 2.8 and 1.8 percent respectively. No one of them reported their mothers involving in service and foreign workers.

4.1.4 Household Facilities

Household facility is important economic indicator of the family as well as country. More the household facility at home that makes easy to survive the member of family. Respondents household facility is shown in Table 4.4.

Table 4.4 : Distribution of Respondents by Facilities at Home

Facilities	Number	Percent
Electricity	82	74.5
Radio	94	85.4
T.V.	35	31.8
Telephone/ Mobile	88	80.0
Total	110	

Sources: Field Survey, 2011.

Note: The sum of number and percentages may exceed 100 due to multiple responses.

From Table 4.4 it is seen that most of the respondents (85.5%) have facility of radio, followed by (80.0%) respondents have telephone (including

mobile facility), (74.5%) have facility of electricity and (31.8%) have television facility at their home but no one of them reported have computer facility at their home.

Figure 2: Percentage Distribution of Respondents by Facilities at Home

Source: Table 4.4.

4.2 Individual Characteristics

This section includes different characteristics of the respondents, individual characteristics include age and sex, caste ethnicity, religion, marital status and place of residence of respondents at the time of survey. To obtain the information about these individual characteristics the questionnaire was given to respond about it.

4.2.1 Age and Sex Composition

Age and sex composition are the strong determining factors for the demography. In order to know the age and sex of the respondents, the question

was asked about it and the distribution of the respondents by single year of age and sex obtain from the field are presented in Table 4.5.

Table 4.5: Distribution of Respondents by Age and Sex

Age in years	Respondents					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
14	7	11.0	6	13.0	13	11.8
15	27	42.2	13	28.3	40	36.4
16	19	29.6	16	34.8	35	31.8
17	8	12.5	10	21.7	18	16.4
18	2	3.1	1	2.2	3	2.7
19	1	1.6	-	-	1	0.9
Total	64	100.0	46	100.0	110	100.0

Source: Field Survey. 2011.

The age of the students ranges from 14 to 19 years. Table 4.5 shows that highest percentage (36.4%) of respondents are found in the age of 15 years which is followed by 16 years (31.8%) and 17 years of age (16.4%), and 14 years (11.8%). The lowest percentage (0.9%) of respondents are found in 19 years. The table also clarifies that higher proportions of males (42.2%) and females (34.8%) are found in 15 years and 16 years respectively. There is no female student of age 19 years. The lowest percentages of male (1.6%) and females (2.2%) are found in 19 years and 18 years of age respectively. The single year age/sex distribution of the respondents can also be observed in figure 3.

Figure 3: Single Year Age Distribution of Respondents by Sex

Source: Table 4.5.

4.2.2 Caste/Ethnicity

Caste/ethnicity in the context of Nepal is important social factor affecting attitude and standard of people (K.C., 1995). According to census, 2001, more than 100 caste ethnic groups were prevalent in Nepal. A question on caste ethnicity was kept in the questionnaire. The caste/ethnic status of the respondents is presented in Table 4.6.

Table 4.6: Distribution of Respondents by Caste/Ethnicity

Caste/Ethnicity	Number	Percent
Brahmin	53	48.2
Magar	35	31.8
Chhetri	20	18.2
Kami	2	1.8
Total	110	100.0

Source: Field Survey, 2011.

Table 4.6 gives the information about the caste/ethnicity of the respondents. The total respondents fall into four caste/ethnic groups. Among them the highest proportion of respondents are Brahmin (48.2%) followed by Magar (31.8%), Chhetri (18.2%) and Kami (1.8%). The distribution of respondents by caste/ethnicity can also be observed in figure 4.

Figure 4 : Distribution of Respondents by Caste/Ethnicity

Source: Table 4.6.

4.2.3 Religion

Religion belief and social values guides the human behaviour. Religion has become a sensitive topic in ethnically diverse Nepalese society, because, caste/ethnicity has close relationship with religion. In Nepalese society, religion is affected by caste system (K.C., 1995). In the study area 3 religion groups are found which are presented in Table 4.7.

Table 4.7: Distribution of Respondents by Religion

Religion	Number	Percent
Hindu	95	86.4
Buddhist	4	3.6

Christian	11	10.0
Total	110	100.0

Source: Field Survey, 2011.

Table 4.7 shows the composition of respondents by religion. In this study area most of the respondents (86.4%) are Hindu and followed by Christian (10.0%) and Buddhist (3.6%).

4.2.4 Marital Status

In spite of rural area all adolescents students were unmarried. All of the respondents 100 percent they were found to be unmarried. No one students of grade 9 and 10 reported that they were married.

4.2.5 Current Place of Residence

Respondents were asked about their current living status i.e. whether they were living in their home, hostel, rented house or relative's house. This also affects the level of knowledge and attitude on HIV/AIDS because it is expected that the mobile population generally have more knowledge on such matters than others who stay in one place. The responses on the living status is presented in Table 4.8.

Table 4.8: Distribution of Respondents by Current Place of Residence

Current place of residence	Number	Percent
Home	107	97.3
Relative's house	3	2.7
Total	110	100.0

Source: Field Survey, 2011.

Table 4.8 shows that majority of the respondents are residing in their own home which is accounted for 97.3 percent and 2.7 percent accounted relatives house and no one respondents are found residing in rented room.

CHAPTER FIVE

KNOWLEDGE AND ATTITUDE ON STIs AND HIV/AIDS

This chapter presents the analysis about the extent of knowledge on STIs and HIV/AIDS among adolescents and it also discusses their attitudes on the respective issues. In the context of knowledge, heard of STIs, HIV/AIDS and their names, knowledge on transmission, knowledge on preventive measures and sources of knowledge and described. Similarly, regarding their attitudes, their opinion on HIV/AIDS, whom they think the most vulnerable from STIs and their opinion on sexuality education.

5.1 Knowledge on STIs

The knowledge on sexually transmitted infection is measured in terms of several variables. First of all, it is examined whether the respondents heard about STIs or not. Then knowledge on symptoms, mode of transmission, preventive measures have been examined.

5.1.1 Heard of STIs

The most important variables to access the knowledge on STIs was taken as heard of STIs. The question was asked if the respondents have heard about STIs or not. The responses are presented in Table 5.1

Table 5.1: Distribution of Respondents by Heard of STIs According to Sex

Heard of STIS	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	64	100.0	44	95.7	108	98.2
No	-	-	2	4.3	2	1.8
Total	64	100.0	46	100.0	110	100.0

Source: Field Survey, 2011.

According to Table 5.1, most of the respondents (98.2%) have heard about sexually transmitted infections. But a few (1.8%) respondents have not heard STIs. All of the male respondents reported that they have heard about STIs but 95.7 percent female respondents have heard about STIs

5.1.2 Knowledge on Types of STIs Heard

The respondents who heard about sexually transmitted infection were further asked to state which STIs they have heard. Table 5.2 gives the data about different types of STIs they have heard.

Table 5.2: Distribution of Respondents by Types of STIs Heard

Types of STIs	Number	Percentage
Gonorrhoea	71	65.7
Syphilis	76	70.4
HIV	108	100.0
Hepatitis-B	30	27.8
Others	9	8.3
Total	108	

Source: Field Survey, 2011.

Note: Total is among them who have heard about STIs.

As stated in Table 5.2, the HIV is very common type of sexually transmitted infection which is heard by all of the respondents (100%). Gonorrhoea and syphilis are heard by 65.7 and 70.4 percent of the respondents respectively. 8.3 percent of the respondents have heard others types of STIs like Genital warts and Chlamydia. 27.8 percent of the respondents have heard of Hepatitis-B also.

5.1.3 Knowledge on Symptoms of STIs

It is important to ask the symptoms of sexually transmitted infection to evaluate the knowledge about. Table 5.3 gives the data about knowledge on symptoms of STIs.

Table 5.3: Distribution of Respondents by Knowledge on Symptoms of STIs by Sex

Symptoms of STIs	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Headache	28	43.75	21	47.7	49	45.4
Swelling limbs	41	64.1	26	59.1	67	62.0
Itching around genital and mouth	48	75.0	30	68.2	78	72.2
Yellowish pus-like discharge from vagina	35	54.7	35	79.5	70	64.8
Total	64		44		108	

Source: Field Survey, 2011.

Note: Total percentage may exceed hundred due to multiple responses.

Table 5.3 shows that among the respondents who have heard STIs, most of them understand that the main symptoms of STIs is itching around genitals (72.2%) followed by yellowish pus-like discharge from vagina (64.8%), swelling limbs (62.0%) and (45.4%) of the respondents said headache as one of the symptoms of STIs.

Similarly, more girls (79.5%) than boys (54.7%) said yellowish pus-like discharge from vagina as the symptoms of SITs.

5.1.4 Sources of Information on STIs

Respondents were asked about the media through which they heard about STIs. The responses are tabulated in Table 5.4.

Table 5.4: Distribution of Respondents by Source of Information STIs by Sex

Sources of Information	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Radio	56	87.5	38	86.4	94	87.0
T.V.	17	26.6	15	34.1	32	29.6
Magazine	6	9.3	7	15.9	13	12.0
NGO/INGO	4	6.2	6	13.6	10	9.3
Health Personnel	21	32.8	22	50	43	39.8
Friends	34	53.1	20	45.5	54	50.0
Teacher/Textbook	62	96.9	42	95.5	106	98.1
Total	64		44		108	

Source: Field Survey, 2011.

Note: Only those who have heard of STIs and total percentage may exceed hundred due to multiple responses.

It is notable from Table 5.4 that the strongest media to get information on STIs is teacher/textbook for the school adolescents for which about (98%) of the girls and boys reported on it. The second strongest media was found to be radio 87 percent of the respondents reported. Friends and health personnel and T.V. to be less effective to have heard about STIs (50%), (39.8%) and (29.6%) respectively. The socio-economic status of parents was found low. Therefore their children have not get information about STIs from their parents. No one reported that they have heard about STIs by their parents.

5.1.5 Knowledge on Mode of Transmission of SITs

First of all, respondents were asked whether they know the mode of transmission of STIs or not. According to Table 5.5, among those who have heard of STIs 106 respondents (98.1%) know the mode of transmission of STIs. Only 2 respondents of class nine reported that they do not know the mode

of transmission of STIs. It shows that the knowledge is different by level of education.

Table 5.5: Distribution of Respondents by Knowledge on Mode of Transmission of STIs by Grade

Knowledge on Transmission of STIs	Grade 9		Grade 10		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	46	95.8	60	100.0	106	98.1
No	2	4.2	-	-	2	1.9
Total	48	100.0	60	100.0	108	100.0

Source: Field Survey, 2011.

Note: Only those who have heard of STIs.

The respondents who have knowledge on mode of transmission of STIs were further asked to specify the modes. Table 5.6 gives the data about it.

Table 5.6: Distribution of Respondents by Knowledge on Mode of Transmission of STIs by Grade

Knowledge on Transmission of STIs	Grade 9		Grade 10		Total	
	No.	Percent	No.	Percent	No.	Percent
Sexual contacts	46	100.0	60	100.0	106	100.0
Living together	23	50.0	18	30.0	41	38.7
Contaminated needles and blood	40	86.9	53	88.3	93	87.7
Mother to fetus	28	60.9	45	75.0	73	68.9
Total	46		60		106	

Source: Field Survey, 2011.

Note: Only those who have knowledge on STIs.

Table 5.6 shows that 100 percent respondents of grade 9 and 10 stated sexual contact with infected person as the most important mode of STIs transmission. The second most reported mode of transmission (87.7%) is contaminated needles and blood in which (86.9%) and (88.3%) of the

respondents said grade 9 and 10 respectively. Living together with infected person and infected mother to her child were reported by 38.7 and 68.9 percent respectively. It shows that the level of knowledge is differ due to level of education.

5.1.6 Knowledge on Preventive Methods of STIs

The respondents were also asked about whether they have knowledge on preventive methods of STIs or not. Table 5.7 shows the clear picture about their knowledge on preventive methods.

Table 5.7: Distribution of Respondents by Knowledge on Methods of Prevention of STIs

Preventive Methods of STIs	Number	Percent
Using condom	106	100.0
Sexual contact with single partner	70	66.0
Avoiding contaminated syringes and blood	65	61.3
Common use of patient's essentials	43	40.6
Total	106	

Source: Field Survey, 2011.

Note: The percentage is based on only those who have knowledge on modes of STIs transmission and its sum may exceed 100 due to multiple responses.

5.2 Attitude on STIs

This section deals with the respondents view towards STIs, STIs infected person, vulnerable professionals in the society. The attitude towards STIs has been addressed from various types of attitudes and perceptions about this disease and infected persons.

5.2.1 Attitude towards STIs infected Person

Table 5.8 gives the distribution of respondents by having attitude towards STIs infected person in their community.

Table 5.8: Distribution of Respondents by having Attitude Towards STIs Infected Person

Attitude	Number	Percent
Hate them	27	25.0
Love and respect them	14	13.0
Help and participate them	40	37.0
Don't know	27	25.0
Total	108	100.0

Source: Field Survey, 2011.

Table 5.8 shows that 50 percent of the respondents have positive attitude towards STIs infected person in their community. Only 25 percent respondents have negative attitude and 25 percent of the respondents reported they don't know toward STIs infected person.

5.2.2 Attitude Towards Sexually Transmitted Infection (STIs)

Table 5.9 gives the distribution of the respondents by having attitude towards STIs for this respondents were asked the question, STIs be cured or not. Among the respondents 73.1 percent said STIs be cured, 10.2 percent said not cured and 16.7 percent of the respondents said they don't know towards STIs be cured or not.

Table 5.9: Distribution of Respondents by having Attitude Towards STIs be Cured or Not

Attitude	Number	Percent
Yes	79	73.1
No	11	10.2
Don't know	18	16.7
Total	108	100.0

Source: Field Survey, 2011.

5.2.3 Suggestion for Avoiding STIs

For this, respondents were asked to suggest for avoiding STIs. Table 5.10 gives the detailed information about it.

Table 5.10: Distribution of Respondents by Suggestions for Avoiding STIs

Suggestions	Number	Percent
Using condom during sexual intercourse	97	89.8
Always clean own sexual organs	38	35.2
Always keep sexual relation with one partner	57	52.8
Acquire sexual education	37	34.2
Avoid sexual intercourse with infected person	65	60.2
Keep the infected person separate	16	14.8
Not stated	11	10.2
Total	108	

Source: Field Survey, 2011.

Note: Total percent may exceed hundred due to multiple responses.

Table 5.10 clarifies that the main suggestion, which is given by majority of respondents, is to use condom during sexual intercourse which is reported by majority of respondents (89.8%) follow by avoid intercourse with infected person (60.2%), always keep sexual relation with one partner (52.8%), always clean own sexual organs (35.2%), acquire sexual education (34.2%), and only (14.8%) respondents suggest keeping infected person separately. (10.2%) respondents have not mentioned any preventive measures.

5.2.4 Suggestions for Infected Persons of STIs

Table 5.11 gives the distribution of the respondents by suggestions to infected person in their community.

Table 5.11: Distribution of Respondents by Suggestions to STIs Infected Person

Suggestions	Number	Percent
Go for treatment	92	85.2
Use condom or avoid sex	48	44.4
Make aware to others	41	38.0
Keep sexual organs clean	33	30.5
Others suggestions	7	6.5
Not stated	16	14.8
Total	108	

Source: Field Survey, 2011.

Note: Total percent may exceed hundred due to multiple responses.

Table 5.11 shows that most of the respondents (85.2%) suggests infected persons to go for treatment. likewise 44.4 percent respondents said that they would suggest using condom or avoiding sex with other persons. (38.0%) respondents suggest make aware to others. Similarly (30.5%) said keep sexual organs clean only few respondents (6.5%) would suggest other suggestions and (14.8%) respondents did not state any suggestion to the infected person.

5.3 Knowledge on HIV/AIDS

In this study knowledge on HIV/AIDS has been addressed through various questions first of all, wheather heard about HIV/AIDS, full form of HIV/AIDS, source of information modes of transmission and methods of prevention. The data obtained about it are presented simultaneously.

5.3.1 Heard of HIV/AIDS

To examine the knowledge on HIV/AIDS respondents were asked wheather they have heard about HIV/AIDS or not. All of they respondents reported that they have heard about HIV/AIDS because of their text book where information about HIV/AIDS are included.

5.3.2 Source of Information

Table 5.12 provides the information on the distribution of the respondents who have knowledge on HIV/AIDS by source of information.

Table 5.12 Distribution of Respondents by Source of Information on HIV/AIDS

Source of information	Number	Percent
Radio	97	88.2
T.V.	36	32.7
Magazine	11	10.0
NGO/INGO	18	16.4
Health Personnel	44	40.0
Friends	41	37.3
Parents	3	2.7
Teachers/Text book	110	100.0
Total	110	

Source: Field Survey, 2011.

Note: Total percent may exceed hundred due to multiple responses.

Table 5.12 clearly shows that all of the respondents were found having heard about HIV/AIDS. Regarding source of information on HIV/AIDS, the table shows 100 percent of the respondents have heard about HIV/AIDS through teacher textbook followed by Radio (88.2%). Similarly (40%) health personnel, (32.7%) respondents reported T.V. and (37.3%) reported friends, (10%) magazine, (16.4%) NGO/INGO and only (2.7%) respondents reported parents as the source of information on HIV/AIDS.

5.3.3 Knowledge on Full-Form of HIV/AIDS

To find out the level of knowledge on HIV/AIDS, respondents were asked to write the respective full-forms. The responses were categorized in two levels as correctly written and incorrectly written. These two categories of responses are tabulated in Table 5.13.

Table 5.13: Distribution of the Respondents by Knowledge on Full-Form of HIV/AIDS

Knowledge on full-form of HIV/AIDS	Number	Percent
Correctly written	75	68.2
Incorrectly written	35	31.8
Total	110	100.0

Source: Field Survey, 2011.

It is evident from Table 5.13 shows that most of the respondents have written the full-form HIV/AIDS correctly which is accounted for 68.2 percent. The rest 31.8 percent of the respondents have not written correctly.

5.3.4 Knowledge on Modes of Transmission of AIDS

In order to know about the level of knowledge on HIV/AIDS among the respondents, they were asked the ways of transmission of AIDS. Respondents are found to have proper knowledge on the ways of transmission of AIDS. Table 5.14 presents the responses on the ways of transmission of AIDS by sex.

Table 5.14: Distribution of the Respondents by Knowledge on Modes of Transmission of AIDS

Modes of transmission	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Sexual contacts	64	100.0	46	100.0	110	100.0
contaminated needles and blood	56	87.5	37	80.4	93	84.5
mother to fetus	48	75.0	32	69.6	80	72.7
Brest feeding	4	6.2	3	6.5	7	6.4
sharing razor	21	32.8	13	28.3	34	30.9
kissing	-	-	2	4.3	-	1.8
sleeping together	-	-	2	4.3		1.8
Total	64		46		110	

Source: Field Survey, 2011.

Note: Total percent may exceed hundred due to multiple responses.

No matter about sex differences all of the respondents reported that the main ways of transmission of HIV/AIDS are sexual contacts followed by contaminated needles and blood (84.5%), mother to fetus (72.7%), sharing razor (30.9%). The percentage is high for boys for this option because mostly the boys use razor for shaving and barbers use one razor for only one person. Sharing razor also may transmit. If the bloody razor of infected person makes wound to healthy, but such chance is rare.

5.3.5 Knowledge on Preventive Methods of HIV/AIDS

It is important to ask about the preventive methods of HIV/AIDS to evaluate the knowledge about the preventive methods. Among the respondents who have ever heard about HIV/AIDS were asked about the methods of prevention of it. All of the respondents were reported having heard about HIV/AIDS. The goal of HIV/AIDS programme is not only to make people knowledge about HIV/AIDS but it is to change the attitude and behaviour about it. The result from the survey among the secondary school adolescents on the knowledge of preventive methods of HIV/AIDS is presented in Table 5.15.

Table 5.15: Distribution of the Respondents by Knowledge on Preventive Methods of HIV/AIDS

Methods of prevention of AIDS	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Use condom	64	100.0	46	100.0	110	100.0
Don't have sex with multiple partner	59	92.2	43	93.5	102	92.7
Use sterilize surgical instruments	44	68.7	33	71.7	77	70.0
Total	64		46		110	

Source: Field Survey, 2011.

Note: Total percent may exceed hundred due to multiple responses.

It is notable from the Table 5.15 that the respondents shortly choose only three main preventive methods of HIV/AIDS. Interestingly, all of the respondents reported that the use of condom is the most important and effective method of prevention of HIV/AIDS. Similarly, higher proportions of girls (93.5%) than boys (92.2%) said not to have sex with multiple partners in order to prevent HIV/AIDS and (71.7%) of the girls also said to use sterilized surgical instruments while (68.7%) percent of the boys agreed on this.

5.4 Attitudes on HIV/AIDS

This section deals with the respondents view towards AIDS, AIDS infected person, vulnerable professionals in the society, opinion on HIV/AIDS. The open discussion status in school is also attempted to collect.

5.4.1 Views on Vulnerable Group for HIV Infection

In order to know their views on vulnerable group for HIV infection based on their understanding about AIDS, respondents were asked a question about it. The responses are tabulated in Table 5.16.

Table 5.16: Distribution of the Respondents by Views on Vulnerable Group for AIDS Infection in Society

Vulnerable group	No. of Respondents	Percent
Youth/adolescents	30	27.3
Drivers	44	40
Drugs addicts	96	87.3
Commercial sex workers	105	95.5
All of the above	8	7.3
Total	110	

Source: Field Survey, 2011.

Note: Total percent may exceed hundred due to multiple responses.

It is clear from the Table 5.16 that most of the respondents (95.5%) said that the commercial sex workers are vulnerable to HIV/AIDS in the society,

followed by drug addicts (87.3%), drivers (40%). (27.3%) of respondents also reported the youth/adolescents as vulnerable group of HIV infection in the society. The least proportion of the respondents also said all as vulnerable group of AIDS in the society.

5.4.2 Perception towards HIV/AIDS Infected Person

In order to know their attitudes on HIV/AIDS infected person, respondents were asked about what is your perception about AIDS infected person some options were given in which 'all of them die,' 'some of them die', 'nobody dies at all' or 'don't know' were given. Respondents choose only two of them, which are 'all of them die' and 'some of them die'. The responses are tabulated in Table 5.17.

Table 5.17: Distribution of the Respondents by Perception on HIV/AIDS Infected Person

Perception on HIV/AIDS infected person	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
All of them die	47	73.4	30	65.2	77	70.0
Some of them die	17	26.6	16	34.8	33	30.0
Total	64	100.0	46	100.0	110	100.0

Source: Field Survey, 2011.

Table 5.17 shows that among the respondents 70 percent consisting 73.4 percent of the male and 65.2 percent of the females reported that all of the HIV infected person die, while 30 percent (male 26.6% and girls 34.8%) said that some of them die.

5.4.3 Opinion on HIV/AIDS

In order to know about their attitude towards AIDS, respondents were asked about how they have perceived the AIDS whether it is a fatal disease, sexually transmitted disease, communicable disease and so on. The responses are tabulated in Table 5.18.

Table 5.18: Distribution of the Respondents by Opinion on HIV/AIDS

Opinion on HIV/AIDS	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Fatal disease	32	50.0	25	54.3	57	51.8
Sexually transmitted disease	54	84.4	38	82.6	92	83.6
Communicable disease	13	20.3	9	19.6	22	20.0
Dangerous disease	30	49.6	23	50.0	53	48.2
Immune deficiency Syndrome	31	48.4	13	28.3	44	40.0
Total	64		46		110	

Source: Field Survey, 2011.

Note: Total percent may exceed hundred due to multiple responses.

It is clear to note from the Table 5.18 that the majority of the respondents have accepted AIDS as sexually transmitted disease which is accounted for about 84 percent of the respondents followed by fatal disease 51.5 percent, dangerous disease 48.2 percent, immune deficiency 40 percent and 20 percent accepted AIDS as communicable disease.

5.4.4 Teacher's Perception to Provide Information on STIs and HIV/AIDS

Because of our societal belief, teacher's perception on STIs and HIV/AIDS or (sexuality) has not been changed as that had to be. Teachers in the remote areas still hesitate to teach clearly on sexuality what they have understood. Rather they have less information on it because it became trend to provide less information and they also learnt less from their teacher. But in the urban situation is different. Because of interest and availability of different media, adolescents get more information on STIs and HIV/AIDS or (sexuality) on the one hand and teacher also provides information without hesitation on the other.

Table 5.19: Distribution of the Respondents by Opinion on Teachers Behaviour in Providing Information on STIs and HIV/AIDS and Response for Not Describing

Teacher's description	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	49	76.6	29	63.0	78	70.9
No	15	23.4	17	37.0	32	29.1
Total	64	100.0	46	100.0	110	100.0
Reason for not describing						
Shy	15	100.0	17	100.0	32	100.0
Total	64	100.0	46	100.0	110	100.0

Source: Field Survey, 2011.

Table 5.19 clarifies that majority of the respondents with no difference regarding sex said that their teacher do not hesitate to describe regarding sexuality and sexually transmitted infections. The proportions of such adolescent students about 71 percent. The rest 29 percent of respondents said that their teacher hesitate to describe reported that it was because of their shyness.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary of the Findings

This is the study on knowledge and attitudes towards STIs and HIV/AIDS among secondary level students of Gadhi VDC in Surkhet district based on the small scale study carried out only one Siddha secondary school of Gadhi VDC. The main objectives are to analyze the knowledge on HIV/AIDS and STIs among adolescents by their background characteristics and identify the knowledge on modes of transmission and methods of prevention STIs and HIV/AIDS among the respondents. Altogether 110 students as a sample size. From the field survey following major findings are taken, which are as follows.

6.1.1 Household Characteristics

- The majority of the respondent's (72.7%) family size was 5 to 7 members.
- Most of the respondents fathers (40.8%) have primary level and only (9.2%) of the respondent's fathers have SLC and above level of education while 24 percent respondents mothers were illiterate and only (1.2%) respondents mothers have SLC level of education.
- Most of respondents parents (87.7%) father and (95.4%) mother were engaged in agricultural occupation.
- 85.4 percent of respondents have radio facility, 80 percent have telephone/mobile facility, 74.5 percent have electricity facility at their home.

6.1.2 Individual Characteristics

- Highest proportion of respondents (36.4%) were of 15 years. Among them male proportion was high than female.
- Highest proportion of respondents are Brahmin (48.2%) followed by Magar (31.8%).
- Majority of the respondents are Hindu (86.4%).
- All of the respondents are unmarried.

- Majority of the respondents are resided in their own home (97.3%).

6.1.3 Knowledge and Attitudes about STIs

- More respondents are found knowledgeable about STIs. Almost respondents (98.2%) have heard about STIs. This can be the result of increasing access to information, education and communication materials as well as there is inclusion of STIs and HIV/AIDS chapter in secondary level textbook.
- Among the respondents who have heard about STIs, all of them know about the HIV/AIDS, followed by syphilis (70.4%) and Gonorrhoea (65.7%).
- Among the respondents who have heard about STIs, most of them understand that the main symptom of STIs is itching around genitals (72.2%) followed by yellowish pus-like discharge from vagina (64.8), swelling limbs (62%).
- The strongest media to get information on STIs is teacher/textbook for the school adolescents for which most of the (98.1%) girls and boys reported.
- All of the respondents (100%) reported that by sexual contact the STIs can be transmitted from one person to another.
- All of the respondents (100%) reported that the STIs can be prevented using condom followed by the respondents who said sexual contact with single partner (66%).
- Fifty percent of the respondents have positive attitude towards STIs infected person.
- Most of the respondents (73.1%) reported that STIs be cured.
- Most of the respondents (89.8%) suggest that using condom during sexual intercourse avoiding from STIs.
- Almost all respondents (85.2%) would suggest for infected person in their community by go for treatment followed by (44.4%) would suggest use condom/avoid sex.

6.1.4 Knowledge and attitudes about HIV/AIDS

- All of the respondents were found having heard about HIV/AIDS. Regarding source of information on HIV/AIDS, the table shows that all of the respondents (100%) have heard about HIV/AIDS through teacher/textbook followed by radio (88.2%).
- Most of the respondents have written the full-form of AIDS correctly which is accounted for (68.2%).
- All of the respondents reported that the main ways of transmission of HIV/AIDS is sexual contacts, followed by contaminated needles and blood (84.5%) and mother to fetus (72.7%).
- All of the respondents reported that the use of condom is the most important and effective method of prevention of HIV/AIDS.
- Most of the respondents (95.5%) agreed that the commercial sex workers are vulnerable to HIV/AIDS in the society followed by drug addicts (87.3%).
- The majority of the respondents have accepted AIDS as sexually transmitted disease which is accounted for (83.6%) followed by fatal disease (51.8%) and dangerous disease (48.2%).
- Majority of the respondents have accepted AIDS infected persons, all of them die which is accounted for (70%) followed by some of them die (30%).
- Majority of the respondents with no difference regarding sex said that their teacher do not hesitate to describe regarding sexuality, STIs and HIV/AIDS. Interestingly, all of the respondents who said that their teacher hesitate to describe reported that it was because of their shyness.

6.2 Conclusions

The changing social norms and values regarding sex and the increasing age at marriage are attributed to adolescents premarital sexual activities. Due to

such activities, they may have risks of various health hazards, socio-economic and demographic consequence namely unwanted pregnancy, unmarried 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 behaviours.

Findings from the study show that respondents have more knowledge on STIs and HIV/AIDS. Respondent's parents were found low educated, low employee and low economic condition.

Among the respondents who said to have heard about STIs, most of them said to have heard of syphilis and gonorrhoea but they are ignorant about other venereal diseases like urinary problems and genital warts.

Teacher/textbook is found to be the strongest media provide the information regarding STIs and HIV/AIDS. It shows that the out-school adolescents would have very less knowledge on it. The other important media are radio, health person and friends. These media are very rare for out of school adolescents because they may not have educated friends to give information on these matters.

Most of the respondents said that the commercial sex workers are vulnerable to HIV/AIDS but lower proportions of them reported drug addicts, drivers and adolescents. Less proportion of the respondents reported their teacher hesitates to describe openly about sexual matters. All of them said this reported the only one reason behind it is his/her shyness. Despite the high knowledge on STIs and HIV/AIDS, adolescent boys are found less exposed towards drug addicts and the severe impact of carelessness in blood transfusion. Similarly, none of the respondents are found to have informed about sexuality, STIs and HIV/AIDS through their parents.

6.3 Recommendations

On the basis of findings and conclusion of the study, following recommendations are made for the further improvement on the awareness, changing attitude and reducing and controlling of STIs and HIV/AIDS

- It is notable that adolescents are less exposed on drug addiction for which they have said less vulnerable to HIV transmission are likely to ignore it in their behavioural life. Therefore, they should be provided detailed and proper knowledge on it.
- STIs and HIV/AIDS through different media such as radio and TV. Also they should be informed through non-formal education and education campaign.
- Sexuality education is highly welcomed by students of lower secondary and secondary school. Therefore, the sexuality education should be provided in school level education.
- The plan and policy should be targeted to adolescents' health, education and overall improvement of their physical, social and psychological change.
- Majority of adolescents reported that use of condom is the most important method of preventing HIV/AIDS and STIs transmission therefore it is necessary to make them more knowledgeable in the context of condom use.
- Sex education should be provided to the society through information, education and communication programme.
- Knowledge on prevention mode of transmission and other information of STIs and HIV/AIDS should be provided regularly.
- HIV/AIDS programs should be launched based on the adolescents by GOs and INGOs.

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APPENDIX

Tribhuvan University

Central Department of Population Studies (CDPS)

A questionnaire of knowledge and Attitude on STIs and HIV/AIDS among Shree Siddha Secondary School's in Gadhi VDC, Surkhet

A. Household Roster

Household No.:

Date:

Name of Locality :

Religion :

Name of Respondents:

Ward No.:

Sex of Respondents:

Family Type :

1) Nuclear

2) Extended

S.N.	Name	Relation of the HH Sex	Sex		Age	Education	Marital Status	Occupation	Eligible Aged 13-19=1 Others = 2
			M	F					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Code for

<u>Relation to HH</u>	<u>Sex</u>	<u>Education</u>	<u>Occupation</u>
Head of the household	01 Male	01 No education	01 Agriculture 01
Wife or husband	02 Female	02 Primary	02 Business 02
Son and daughter	03 <u>Marital Status</u>	Lower secondary	03 Service 03
Grand son/daughter	04 Married	01 Secondary	01 Labour 04
Father/mother	05 Unmarried	02 SLC passed	02 Students 05
Brother and sister	06 Widow/widower	03 HHS and above	03 Others 06
Causein/nephew	07 Separated	04	
Son and daughter in law	08		
Mother/father in law	09		

1. Do you have following facility at home ?

Electricity1
Radio2
T.V.3
Telephone/Mobile.....4

Computer.....5

B. Individual Characteristic

Respondent Number:

Date: / /

2) School's Name:

3) Name of Students:

4) Class:

5) Age:

6) Sex: Boy1

Girl 2

7) Caste/Ethnicity:

8) Marital Status: Married..... 1 Unmarried2

9) Religion :

Hindu 1 Buddhist2 Islam3 Christian4 Others (Specify)....5

10) Where do you live/stay at present ?

At home 1 At hostel.....2 At rented room3 At relative4

Others (specify)5

C. Knowledge on STIs

S.N.	Questions	Response Category	Skip
11	Have you heard about Sexually Transmitted infections (STIs)?	Yes.....1 No.....2	Q.N 21
12	If yes from which source did you hear?	Radio.....1 TV.....2 News paper.....3 GO/NGO/INGO.....4 Health personnel.....5 Friends.....6 Parents.....7 Teachers.....8 Text book.....9 Others(specify)10	
13	If yes which of the following STIs have you heard?	Syphilis.....1 Gonorrhea.....2 HIV/AIDS.....3 Genital warts.....4 Hepatitis-B.....5 HIV/AIDS.....6 Others (specify).....7	
14	What are the main symptoms of STIs?	Headache.....1 Swelling.....2 Itching around Genital and mouth.....3 Yellowish pus like discharge from vagina...4	

15	Do you know about the ways of transmission of STIs?	Yes.....1 No..... 2	
16	If yes, how is STIs Transmitted ?	Sexual contact.....1 Living together.....2 Contaminated needles and blood.....3 Infected mother to fetus.....4 Others(specify)5	
17	Do you know how is STIs prevented?	Using condom.....1 Sexual contact with single partner.....2 Avoiding contaminated syringes and blood.....3 Others (specify)4	

D. Attitude on STIs

18	What do you suggest for avoiding STIS ?	
19	What attitude do you have towards STIS infected person in your community ?	Hate them1 Love and respect them2 Help and participate them3 Don't know4 Other (specify)5	
20	Can STIS be cured ?	Yes1 No2 Don't know3	

E. Knowledge on HIV/AIDS

21	Have you ever heard about the HIV/AIDS?	Yes.....1 No.....2	Q.N 29
22	Through which sources have you heard about HIV/AIDS?	Radio.....1 TV.....2 News paper.....3 GO/NGO/INGO.....4 Health personnel.....5 Friends.....6 Parents.....7 Teachers.....8 Text book.....9 Others(specify)10	
23	If yes, write down the full form of AIDS?	

24	How is HIV/AIDS transmitted?	Sexual contacts.....1 Contaminated needles and blood.....2 Infected Mother to fetus.....3 Breast feeding.....4 Sharing razor.....5 Kissing.....6 Slipping together.....7 Others(specify)8	
25	Do you know how is HIV/AIDS prevented?	Do not have sex with multiple partner.....1 Do not have sex with unknown person.....2 Use condom.....3 Use sterilized surgical instrument.....4	

F. Attitude on HIV/AIDS

26	In your opinion, who are the most vulnerable group in our society from HIV/AIDS?	Youth adolescent.....1 Drivers.....2 Drug addicts.....3 Commercial sex workers.....4 Others(specify)5	
27	In your opinion, does the entire AIDS infected person die or some of them die or do not die?	All of them die.....1 Some of them die.....2 Nobody dies at all.....3 Don't know.....4	
28	In your opinion, what is AIDS?	Fatal disease.....1 Sexual transmitted disease.....2 Communicable disease.....3 Dangerous and transmitted by careless sexual contact.....4 Immune deficiency syndrome.....5	
29	Do your teacher describe about STIs and HIV/AIDS?	Yes.....1 No.....2	
30	If not, what may be the reason for not describing?	Shy.....1 Don't know about subject matter.....2 Negligence.....3 Don't know.....4	
31	Write your comments or suggestions regarding this study if any?	

Thank you

