

**KNOWLEDGE ON SRH, STIS HIV AND AIDS : A STUDY OF GRADE IX AND X
STUDENTS OF AMARJYOTI MODEL HS SCHOOL IN BIRENDRANAGAR,
SURKHET, NEPAL**

CHAPTER ONE

INTRODUCTION

1.1: General Background

The topic HIV/AIDS has now become one of the major public health problems in the world in 21st century. It had challenged the discipline of medical science. More than three and half decades passed in search for the curable treatment of this disease in the world (WHO, 2005 : 1).

The HIV/AIDS was easily spread from one person to another by sexual contact, and was considered as the sexually transmitted disease in the beginning. The sexually transmitted diseases were generated and transferred one to another by sexual intercourse and injecting drugs. However the HIV/AIDS was later found with its different and incurable nature spreading very rapidly and victimizing women. Therefore HIV and AIDS share the higher proportion of maternal morbidity and mortality both in developed and developing countries (Oli, 2005: 158).

It was first identified in 1980s in American continent. Spreadness of this disease was seen much more in underdeveloped countries because of the lack of accessibility of accurate information and effective preventive programmes. The first HIV infection in Nepal was identified in 1988; the potential for the spread of HIV in Nepal is large because of the extensive use of commercial sex, high rates of sexually transmitted disease, low level of condom use and intravenous drug users (NCASC, 2009).

Adolescence is the period of physical, psychological and social maturing from childhood to adulthood. It is the period of life spanning the ages between 10 and 19 years and youth as between 15 and 24 years. Young people were those between 10 and 24 years of age (WHO, 1997). Those were in the formative phase, experience the maximum physical, psychological behavioural change takes place. This period is also known as the second

decade of life and rapid development period. More over it is a time when growth accelerated. In the broader term youth encompasses the 15- 24 years old age group (WHO, 1997).

The period of early adolescence that started of the childhood is also called the puberty age. It refers to the physical rather than behavioural change that accrue when the individual become sexually mature and able to produce offspring. During this period, there is development of change in body, change in appearance, behaviour and change in attitude towards sex and opposite sex (Aachary, 2005: 30).

Sexually Transmitted Infection (STIs) indicated the disease which is transmitted by sexual intercourse. A sexually transmitted infection (STIs) to transmitted to one person to another person primarily thorough sexual contact. Now a days the incidences of sexualiy transmitted infections prevalent high and are rapidly increasing because of the unprotected sex between commercial sex workers and their clients, needle sharing among drug injectors and unprotected sex between men. Therefore, these medium help transmit the virus from infected to uninfected person. Maximum countries in the world have been suffering from this problem (UNAIDS, 2010).

Sex is the integral part of human life for maintaining the future generation. It is stated that sexual desire is the demand of sexual organ, associated with it exactly the same way. However, it was true that the aim of the nature appears to be procreation. The aim of the individual is to achieve the fullest possible satisfaction in the sexual organ (Wilson, 1931 cited in Acharya, 2004). That was sexual behaviour to major function, one production and other pleaser. Reproduction is a most essential for the every lasting existence of human being in the earth. For this purpose actual activities should take place between men and women (Bhatta and Bhatta, 1979 cited in Acharya, 2004). The human being is sexual but adolescent and youth is the very crucial age group in the context of sexual relationship behaviours (Acharya, 2004).

The AIDS is caused by the HIV which spreads through blood, semen, vaginal secretion and breast milk. The most common method of transmission isunprotected sexual intercourse with HIV infected blood, use of contaminated needles, syringes, or other skin piercing equipment and

mother to child transmission during pregnancy or breast feeding (PRB, 2006: 3).

So, the knowledge on HIV and AIDS is the necessary to be studied especially focussing the adolescent topic broadly and to inform to all people from its effect after on the sex relations and a happy life.

1.2: Statement of the Problem

Change is the order of nature. Sometimes, changes are slow and silent and sometimes they are changing rapid. During the adolescence period, Physical and emotional changes occur very rapidly. Adolescents start to realize that they are no more the children living with parents, but the independent person who may leave home and start struggle to live themselves. The question of career choice hunts them. They start to wonder what is good and bad. They look for specific answer to every question what they have in mind. Established values and traditions loose their appeal for them. Adolescents dare to be different; they think their ideas are new and innovative. They have their own views, dream as well as versions. So, they need right information at this juncture regarding in general and about in particular. It is important for the adolescents and young, to have a better sex education which helps to increase awareness about HIV/AIDS. Because of the various socio-economic, religious and traditional factors, The number of adolescents people had been increasing rate in the involvement of sexual activity. Young particularly with low income, poor socio-economic status, illiteracy as well as weakness factors have been playing a great role in the involvement of adolescents in sexual activity. Involving in sexual activity at younger age exposed with not fully aware in various problems, such as unwanted pregnancy as well as high risk of contracting of HIV/AIDS, the future life could be devastating with most adolescents as the victim of HIV/AIDS (PRB, 2006).

Many adolescents don't feel comfortable in discussing sexuality with friends, parents and teachers. Likewise, health workers and educator were also not found able to provide appropriate reproductive health information to young people. Therefore, the young people who have less access to such information materials (CREHPA, 2004).

Consequently HIV/AIDS was growing problem in Nepal with poor socioeconomic status. Most of the people are illiterate, so they get married at

early age. They start sexual activities without basic sex education. They are able in sexual activity before marriage. Most of them do not use contraceptives during sexual activities. Such type of activity is the main cause of spreading STIs and HIV/AIDS. Some of factors were considered for rapid transmission of HIV inside the country (Aryal, 2001: 84).

The number of socio-cultural factors and traditional believes operating in Nepalese societies had contributed to high level of illiteracy, early age at marriage, early and frequent child bearing (Aryal, 2001: 108).

The first HIV positive case in Nepal was diagnosed in July 1988. By the 1997 the number has reached Cass ranged from 15000 to 25000 for that period homosexual transmission is still. The major cause for all infection and more than 50 percent of such Cass occur in age group 15 to 24 years. By the end of April 1998, the number of HIV positive Cass had reached 1070 out of those number 205 people developed AIDS and 102 were died. There were 148 HIV cass among injecting drug users (Karki, 1998) in Nepal.

The magnitude of HIV and AIDS increased rapidly until 2008 and there a need to aware people, especially in adolescence to combat it adverse effect robustly. To target the adolescents for awareness programmes there is a need to study effectively of their knowledge on HIV and AIDS. Therefore, their study is one of the attempts to understand the level of knowledge on HIV and AIDS, so that the policies and programmes are to be formulated recently.

1.3: Objectives of the Study

The general objectives of the study is to assess the knowledge on STIs, HIV and AIDS of secondary level school students in Shree Amarjyoti Model Higher Secondary School in Birendranagar, Surkhet. The specific objectives of the study are as follows:

- 1) To assess the knowledge on SRH, STIs, HIV and AIDS by social variables
- 2) To examine the knowledge on SRH, STIs, HIV and AIDS by economic variables
- 3) To evaluate the knowledge on SRH, STIs, HIV and AIDS by demographic variables

1.4: Significance of the Study

In Nepal, adolescents constitute one-fifth of the total population. They are the backbone of the society and parents of tomorrow. They have great responsibility make the society developed in future. Adolescents have less access to information regarding puberty, physical change reproductive health, contraceptives, STIs and HIV infection. If the adolescents are supported with proper information knowledge could create positive attitudes and help to maintain public health properly (NDHS, 2006).

This research helps to HIV and AIDS prevention programme for secondary school students and will make also HIV and AIDS education more effective and fruitful at secondary level. It also may help curriculum designer, especially at secondary level. In their perspectives the study seems to be very important for policy makers, planners, programmers implementers and demographers. It also give a new way for the future research and study.

1.5: Limitations of the Study

This study consists of knowledge SRH, STIs, HIV and AIDS among class 9 and 10 students, aged 12-20 years. This study is limited within only a selected school of Surkhet District (shree AmarJyoti Model Higher secondary school). This study is based on primary data about pertaining knowledge on SRH, STIs, HIV and AIDS of class 9 and 10 students. So, this study is limited within only one school of Surkhet District. Therefore, the findings may not be generalized for all over the nation. This study takes account of the school adolescents, hence the study does not represent the view of non-school adolescents. Due to time resources, the sample population were taken from only one secondary level students at central part Birendranagar municipality of Surkhet District. This study considered among limited number of respondents i.e. 165, students. So, the study does not cover the information of others and analyse other than the set objectives.

1.6: Organization of the Study

This study is organized into chapters six. The first chapter includes background of the study, statement of the problem, objective of the study, significance if the study, limitation of the study, and organization of the study. In the second chapter literature review and conceptual framework are

represented. The third chapter deals with methodology, which includes research design, sample design, selection of study area, selection of respondents, instrumentation (quantitative tools, questionnaire design.) data collection and processing as well as methods of analysis. In Chapter Four background characteristics of the study population, in detail includes demographic and socio-economic characteristics of the respondents. Chapter Five the data on SRH,STIs, HIV and AIDS. Finally, chapter Six includes summary, conclusion and recommendation.

CHAPTER TWO

LITERATURE REVIEW

2.1: Theoretical Literature

The HIV infection affects the immune system. The immune system in the person's defends against infection of micro organisms (such as very small bacteria or virus) that get pasted the skin and mucus membrane's to fight off or kill these micro organisms. A special weakness of the immune system was called Lymphocytes and Coenocytes (UNAIDS, 2010).

In many societies adolescents face pressure to engage in sexual activity. Young women, particularly, low-income adolescents were observed especially vulnerable. Sexually active adolescents of the both sexes are increasing and are high risk of contracting and transmitting sexual transmitted diseases, including HIV and AIDS. The adolescents were poorly informed about who to protect themselves. Programme for adolescents found to have been proven must effective when they secure full involvement of adolescents in identifying their reproductive and sexual health needs and in designing programmes that address to these needs (ICPD,1994). Adolescents were typically poorly informed almost all developing countries about to protect themselves (UN,1994). The STD poses significance risk for adolescents. This highest rate of infection for STIs, including HIV/AIDS was found among young people of age 20 to 24, some of which can cause lifelong problems (such as infertility) if felt untreated (Karki, 2003:12).

Until 2005, Acquired Immunodeficiency Syndrome (AIDS) was observed killing more than 25 million people since it was first recognized in 1981. Despite recent access to antiretroviral treatment and care in many regions of the world, the AIDS epidemic claimed that 3.1 million people were living with HIV in 2005, more than half of (15,00,000) them were children (UNAIDS/WHO, 2005).

The AIDS is a disease caused by virus that can destroy the body's immune system and lead the fatal infections, some of them many form of cancer too "(UN 1989). This virus results in AIDS by destroyed cell that normally help to fight disease. If these particular cells were destroyed, the body can not defend itself against infection and certain cancer. The AIDS patents were

then open to attract from infections and cancers that healthy person can resist (Acharya, 2009: 12).

"A quarter century in to the epidemic, the AIDS response stands at a cross roads. Combating the AIDS required substantially stronger strategic plans and better coordinated international networks. If the world was to achieve commitment targets the countries most affected by HIV and AIDS will fail to achieve Millennium Development Goals. To reduce poverty, hunger and childhood mortality and countries whose development is already flagging because of the HIV/AIDS will continue to weaken potentially treating social stability and national security, if the response doesn't increases significantly (UNAIDS 2004). Therefore, HIV and AIDS perspective needs a cross-border concern.

The high level of HIV infection among younger and young people signals societies failure of society to protect its children, furthering risk in future. The level of HIV prevalence risk not only the health consequences, but also the demographic economic and social consequences (Halperian and Allen 2001: 2).

The HIV Acquired Immune Deficiency Syndrome (AIDS) was first recognized internationally in Los Angeles in June 5, 1981. The HIV was identified in 1983 in the world. The HIV virus was diagnosed by Dr. Robert Gallo (USA). Initially the name given for the virus was HIV-III (Human- T Lymphotropic virus type-III) ARV (AIDS check virus) and LAV (Lymphadenopathy associated Virus). However the scientists later in 1996 agreed to give the virus globally acceptable name as HIV (CBS, 2003: 325).

Worldwide incidence of the STIs were also high and increasing. The situation were worsened considerably with the emergence of HIV epidemic. Although the incidence of some STIs has established in parts of the world, there have been increasing cases in many regions. Have STIs and HIV cases needed to be dealt in a policy package. (Sapkota, 2004: 123)

Knowledge on AIDS was widespread in Nepal. Seventy- three percent of women in aged 15-49 years and 92 percent men aged 15-49 have heard of the AIDS. Women were also most aware of the chances of getting the AIDS. Virus can be reduced by limiting sex to one uninfected partner, who has no other partner. Among men the most commonly known prevention methods

were use of condom (84%) and limiting sex to one uninfected partner (83%) in 2006. Knowledge on condoms was but the role they can play in preventing transmission of the AIDS virus was much less, common particularly among women (NDHS 2006: xxvii).

2.2: Empirical Literature

2.2.1: The Scenario of the World

Worldwide, about half of the people become infected with HIV by almost 2004 acquired the infection before the age of 25. They especially had also died with reason associated with AIDS before their 35th birthday. For this reason AIDS was uniquely threatening to both young people who were in risk for infection and the children who were orphaned by HIV/AIDS. According to UNAIDS, the AIDS epidemic had left behind a cumulative total of 11.2 millions orphans. Which is defined as children having lost their mother before reaching the age of 15 (UNAIDS, 1999).

The UNAIDS and the WHO estimated that AIDS killed more than 25 million people between 1981, when it was first recognized in 2005, it was proved as one of the most destructive pandemics recorded in history. Despite improved access to antiretroviral treatment and care in many regions of the world, the AIDS pandemic claimed an estimated 2.8 million (between 2.4 and 3.3 million) lives in 2005, of which more than half a million (570,000) were children. The UNAIDS estimated that 33.3 million people were living with HIV at the end of 2009, up from 26.2 million people in 1999. They also estimated AIDS-related deaths in 2009 at 1.8 million people, down from a peak of 2.1 million in 2004, new infections at 2.6 million, down from a peak of 3.2 million in 1997, and the number of people in low- or middle-income countries receiving antiretroviral therapy in 2009 at 5.2 million, up from 40 million in 2008 (Weller, 1994: 13).

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, in low and middle income countries nearly two thirds were in sub-Saharan Africa. One among five people were living with

HIV in South-East Asia. In 2004, 4.9 million people were newly infected and some 23.1 million people had died because of AIDS (UNAIDS/WHO 2005).

An estimated 38.6 million people worldwide were living with HIV at the end of 2005. The estimated 4.1 million people become newly infected with HIV and 2.8 million lost their lives because of AIDS (UNAIDS, 2006).

The AIDS was the most devastating health disaster in the human history. It was continuous from individual to family, community nation and the world. In the context of the world, 25 million people were living with AIDS now in 2006 4.9 million people were infected by it in 2005. Around 95 percent of them in sub-Saharan Africa. Eastern Europe and Asian countries. The industrialized world also faced serious challenges from AIDS. Infection rates had not declined significantly in Western Europe. North America was also facing epidemic spread from the gay male population among ethnic minorities, as well as the poor and marginalized group. Sub-Saharan Africa was the largest hit region in the world. Most of the African die with this illness rather than other causes of deaths. South Africa has the largest number of people living with HIV and AIDS (4.5-6.5) million. Swaziland had the highest adult HIV prevalence rate. More than 30 percent of adult were infected with HIV and AIDS (PRB, 2006).

Table 1: The World Situation of HIV/AIDS

Region	People living with HIV	People Newly infected in 2005	prevalence(% of adult	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	990,000	0.7	480,000
east Asia	870,000	140,000	0.1	41,000
Oceania	74,000	8,200	0.5	3,600
Latin America	1,800,000	200,000	0.6	66,000
Caribbean	300,00	30,000	1.6	24,000
east 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 Nation program on HIV/AIDS, 2006

(UNAIDS) and world health Organization (WHO), AIDS Epidemic update' December 2005 (2005):3 The Global Challenge of AIDS and population Bulletin Vol, 6, No.1, Population Reference Bureau, March, 2006

In The year 2005, some 40,300,000 people were living with HIV. Among them Maximum people were from Sub-Saharan Africa and minimum were form Oceania. Highest and lowest newly infected people were also in these two countries.

2.2.2 HIV/AIDS in Asia

The HIV infection level in Asian country was found comparatively lower than other continents. But in some Asian countries that many people suffered from this disease. In the contest of Asian continents 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 were just in starting phase, starting rapid experience of epidemic in Indonesia, Nepal, Vietnam and China. Some countries including Bangladesh, East Timor, Laos Pakistan and Philippines were experiencing extremely low level of HIV prevalence. There scenarios have been changed until 2009 and the severity of the disease has much spread (Khanal, 2005).

Later estimates of that, 8.3 million people were living with HIV in Asia at the end of 2005. India was the only one country which had the largest number of people suffering with AIDS epidemic in the world. While progress had been strong in Thailand, the coverage of treatment remained below 10 percent in India. China had expanded the HIV surveillance and improved in estimating of the AIDS pandemic disease. Approximately, 650,000 people were living with HIV in china. Unprotected sex was the main cause of spreading HIV in Asia. In 2005, the estimated 360,000 adult and children were living with HIV in Myanmar. National Adult prevalence stood at 1.3 percent. The HIV epidemics remained relatively limited in Bangladesh, the Philippines, Indonesia and Pakistan. Although each of these countries risk of more serious epidemic if prevention method were not improved (UNAIDS, 2006). The HIV prevalence was also rising rapidly in many parts of Eastern and Southern Asia (PRB, 2006).

2.2.3 HIV/AIDS in South Asia

South Asia has one of the fastest growing epidemics in the world. In South Asia 7,400,000 people were living with HIV, where 999 were newly infected in 2005. The HIV prevalence was also rising rapidly in South Asia. Around 480,000 people were died due to AIDS in 2005 (PRB, 2006). In this region India had highest prevalence rate of HIV, which comprised 1.3 percent for female aged 15-49 (UNFPA, 2006). India had also the highest number of people living with HIV AIDS in allmost all the years (UNFPA, 2006).

Cambodia has highest (1.9 percent) of HIV prevalence rate in Asia, Which comprises 1.8 percent for male and 1.5 percent for female aged 15-49 years followed by Thailand, Myanmar and India (UNFPA, 2006). Furthermore 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 was reached into 75,000 at the end of 2005. In other countries, Pakistan, Bangladesh, and Sri-Lanka, which had 56, 000, 7,500 and 47000 in 2003 which increased to 85,000, 11,000 and 5,000 at the end of 2005 respectively. In this region adult HIV prevalence rate for male and female aged 15-49 were 1.3, 1.8 in India, 0.5 in Nepal and less than 0.1 in Pakistan respectively (DOHS, 2004: 165).

2.2.4 HIV/AIDS Situation in SAARC Countries

Through there was wide variation with south Asian region, there were many similarities. Different ethnic groups reside in this region with distinct culture but some of the characteristics were very similar. Basic development and the health indicators of the countries of these regions were allmost similar. All countries were basically agrarian in nature and economic status was low as well as the literacy rate. The services were poor including reproductive health services. It was a taboo to talk about issues related to sex or sexuality. Nevertheless the social norms and values were deeply rooted in this region. The first HIV infection in SAARC countries was reported in India in 1986. This means that the epidemic 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 was rapid. However, current trend show that this region will be severally affected very soon. For this region the

estimates of HIV in SAARC countries were often made on the basis of inadequate information (Acharya, 1999: 24).

The virus of HIV/AIDS was reported in India in 1986 and second goes to Pakistan 1986, Sri-Lanka, 1987, Nepal, 1988, Bangladesh 1989, and Maldives, 1991. The latest estimate shows that about 5.1 million people were living with HIV in India, at the end of 2009. In Tamilnadu, HIV prevalence (50%) has been found among sex workers while in each of Andhra Pradesh, Karnataka, Maharashtra and Nagaland. Below it was found one percent to over 5 percent with many of the women testing positive appearing to be the sex partners of male drug injectors.

Through the reported HIV Cass were very small in Maldives. But Maldives was highly vulnerable to the AIDS epidemic. A sustained rapid economic growth to 7.2 percent has exposed Maldives to outside of the world. The HIV and AIDS prevention and control activities were given National priority under the National AIDS Council (NAC) program. The government of Sri Lanka established a National Task Force (NTF) in 1987. A short term plan of action was formulated in July 1987 (NCASC, 2009).

2.2.5 STIs and HIV/AIDS Situation in Nepal

Nepal being land locked, one of the least developing countries in the world with immense problem of poverty, illiteracy, ignorance and number of young unemployed were all the major factor of increasing population being at the risk of STIs and HIV. In Nepal, the first case of AIDS was reported in 1988. As the country being heterogeneous in terms of geography as well as Caste/ethnicity and tradition. It had multiple dimensions. Due to the lack of the education and economic process, there was lack of public awareness in health facilities in terms of AIDS (UNAIDS, 2010).

Let the HIV/AIDS become a major public health problem in Nepal. It had been increasing since the first case detected in 1988. The HIV infected persons have been increasing rapidly because of extensive use of commercial sex workers, high rates of sexually transmitted disease, low use of condom, drug users etc. Considering existing open borders with India, the threat of HIV/AIDS in Nepal was tangible because of migrant working population in India. Lack of job opportunities in Nepal, drug transfer and silk route. The main identified mode of HIV transmission in Nepal was heterosexual contact,

primarily commercial sex workers and their clients, Intravenous Drug Users (IVDUs) and migrant workers (UNAIDS, 2010).

The STIs prevalence among sex workers (SWs) was notably higher also in Nepal. Data from Pokhara, Kathamandu and Terai revealed the syphilis prevalence among SWs that were 18.8 percent in Terai, 19 percent in Kathamadu and 38 percent in Pokhara. Client's of sex workers (Truck drivers) were found to have 5.3 percent syphilis. Similarly, among the family planning attendees, tirschomoniasis was 6.0 percent, Chlamydia was 1.0 percent and HIV was 0.3 percent as per results of study. People living with HIV were 68 thousands, adult HIV prevalence was 0.5 percent, and AIDS deaths was around 5 thousand. Similarly, cumulative number of HIV infected person were approximately 15 thousand until 2009 (NCASC, 2009).

The spreadness of HIV had become very large because of extensive prevalence of commercial sex workers, high rate of sexually transmitted disease, low level use of condom, lack of education, and increasing rate of drug users. Nepal was facing increasing in HIV prevalence among high risk group such as sex workers, injecting drug users (IDU), men who have sex men (MSN) and, migrants. There was a urgent need to scale of effective interventions, especially among IDUS. Nepal has poverty, political instability and gender inequality combined with low level of education and literacy. creat challenging situation to combat HIV/AIDS. The national centre for AIDS and STD control (NCASC) of the Ministry of Health and Population estimated an average 70,000 adult HIV positive people in Nepal (NCASC, 2009).

The increase rate of HIV positive was low in Nepal by late 1996. In 1996 this, number reached to 135. After one years in 1997 this number rapidly rose to 489. In the year of 2004, 1289 people were infected with HIV. By the end of 2005 more than 950 Cass of AIDS and over 5,800 Cass HIV infection were officially recorded. In total 9043 people were living with HIV around the country by 2009 (NCASC, 2009).

The result conducted so far clearly indicated that the HIV epidemic in Nepal was in the early concentrated stage and it is driven by injecting drug use, commercial sex and migration. Finding from the last around of the integrated bio-behavioural survey (IBBS) conducted in 2005 among IDUS shows that about 30 percent of male IDUS in Kathmandu (New ERA and

SACTS, 2005a), Pokhara (New ERA and SACTS, 2005b) reported having sex with FSWs and more than half do not use condom when they have sex with FSWs. Similarly migrants who have sexual intercourse with sex workers in India. Have a highest risk of HIV infection and only a few use of condom when they have sex with their spouse (New ERA and SACTs, 2006).

According to Ministry of Health and Population, National Centre of AIDS and STD Control (NCASC) cumulative HIV/AIDS situation of Nepal the total 16636 people were living with HIV infection. Among them 10809 were male and 5820 were female, and 206 people were newly in the month of October 2010 (NCASC, 2010).

Table 2: Cumulative HIV Infection by Sub-group and Sex

Sub-groups	Male	Female	Total	New Cass in 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 Worker	7,279	104	7,383	78
Men Having Sex With Men(MSM)	65	0	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

*Mode of Transmission – IDUs or Sexual

*Male partners of FWS/Female migrant

Source: NCASC, 2010

In the case of cumulative HIV infection by sub group and sex, 188 were sex workers. among them 7 males and 874 females. Maximum (7,383) infected person were client's of sexworkers, which had followed by housewives (4,325), injecting drug users (2,657), children, men having sex with Men (160), but minimum of infected persons (30) were male partners (Table 2).

According to cumulative HIV infection by age group and sex of Nepal maximum infected people were in the age group 30- 39. In this age group (6,464) people were infected by HIV

Table 3: Cumulative HIV Infection by Age group and Sex

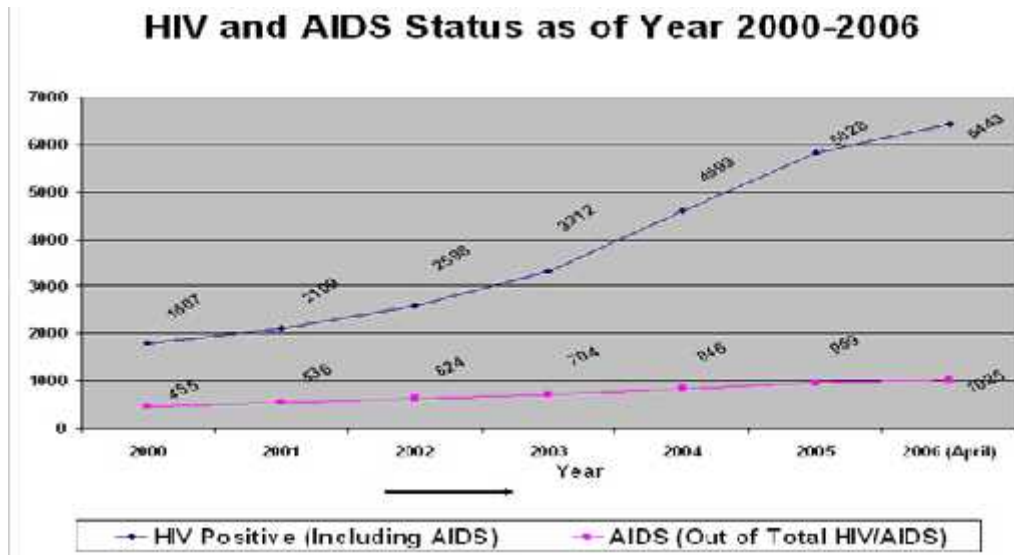
Age Group	Male	Female	Total	New Cass in April 2008
0-4	259	153	412	3
5-9	288	202	490	8
10-14	109	72	181	7
15-19	264	278	542	4
20-24	1,290	921	2,211	14
25-29	2,330	1,352	3,682	36
30-39	4,427	2,037	6,464	85
40-49	1,454	629	2,083	34
50-above	388	184	572	15
Total	10,809	5,828	16,637	206

Source: NCASC, 2010 [as of 17 October 2010]

. Among them (4,427) male and (2,037) female. It was followed by (2,211) the age group 25-29. In this group (1,290) male and (291) female. Than (2,083) in the age group 40- 49, (572) in age group 50 above, (490) in age group 5-9 and (412) in age group 0-4 years. Lowest number of infected person (181) were in the age group 10-14 years. Among them (109) male and 720 female (Table 3).

New HIV infected people of Nepal was 206 in April 2008. Among them 85 in the agegroup 30-39, which was the highest number. It was followed by 36 in age group 25-29, 34 in age group 40-49, 15 in age group 50- above, 40 in age group 20-24, 8 in age group 5-9 and 4 and 3 were in age groups 15-19 and 0-4 respectively.

Figure 1: HIV and AIDS status of Nepal in the year 2000-2006



Source: April 2008 Data: National Public Health Laboratory, Teku

As of 2008, each year's World AIDS Day theme was chosen by the World AIDS Campaign's Global Steering Committee after extensive consultation with people, organizations and government agencies involved in the prevention and treatment of HIV/AIDS. For each World AIDS Day from 2005 through 2010, the theme will be "Stop AIDS. Keep the Promise". with a yearly sub-theme. This overarching theme is designed to encourage political leaders to keep their commitment to achieve universal access to HIV/AIDS prevention, treatment, care, and support by the year 2010. This theme was not specific to World AIDS Day, but is used year-round in WAC's efforts to highlight HIV/AIDS awareness within the context of other major global events including the G8 Summit. World AIDS Campaign also conducts "in-Cass" campaigns throughout the world, like the Student Stop AIDS Campaign, an infection-awareness campaign targeting young people throughout the UK (UNAIDS, 2008).

2.3: Variables Identified

According to the nature of study research, the study variables are categorized dependent and independent variables. In the independent variable: Caste/ethnicity, education, marital status age sex and household facilities, and the set dependent variable include the knowledge on SRH, STIs, HIV and AIDS.

The Caste ethnicity play important role in determining the knowledge on SRH, STIs, HIV and AIDS In this research high Caste had more knowledge than the low Caste on SRH, STIs, HIV, and AIDS in the society In this study respondents are categorized into Brahmin, Chhetri, Janajati, Dalits and others.

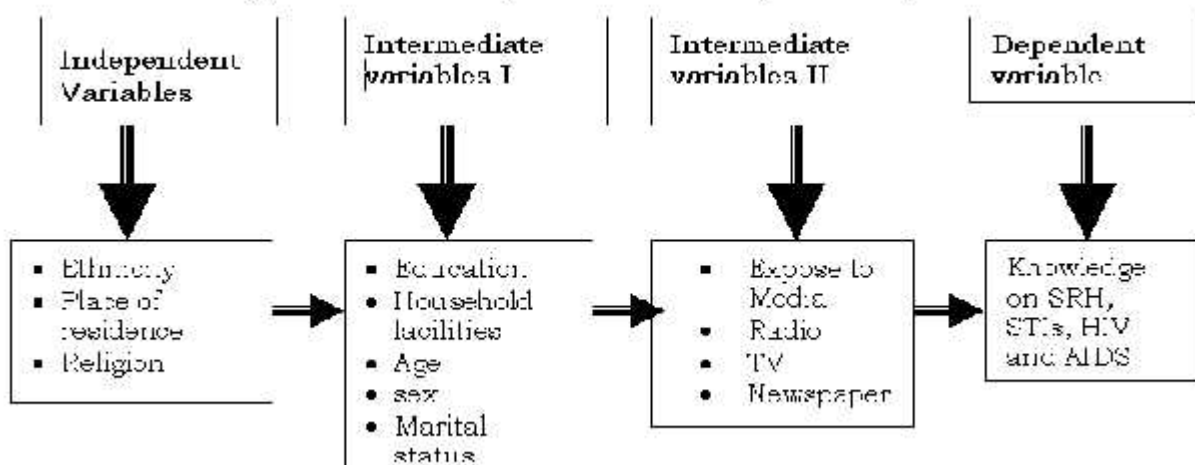
Education is also one of the most important factors determining the knowledge on SRH, STIs, HIV and AIDS Higher level of education higher the knowledge than the person having low level of education.

Marital status: In this study married person have higher knowledge on SRH, STIs, HIV and AIDS. Comparing to unmarried person. Age and sex also play a vital role in determining the knowledge on SRH, STIs HIV and AIDS.

2.4: Conceptual Framework

On the basis of literature reviewed, above the following conceptual framework could be formulated to carry on the study. Theoretically there emerges the path from independent variable through intermediate variables to the dependent variable. The independent variables are Caste/ ethnicity, place of residence and religion. similarly intermediate variable I include education, household facilities, age, sex and marital status of the respondents. These variable were related to the intermediate variables II, which directly affect to the dependent variable. In this study the intermediate variables I determined the intermediate variable II as well as dependent variable. The intermediate variable II were expose to media, which are radio, TV, newspaper etc, were directly related with dependent variable. Therefore, intermediate variables II were closely related with the dependent variables, which helps to identify the status of dependent variables.

Figure 2: Conceptual Framework of the Study



If there is high level of access to information, education and communication (IEC) and exposure to media, there is also the increase in the level of knowledge on SRH, STIs, HIV and AIDS among study population. If there less access to education and exposure to media, there will be also low level of knowledge, attitude and behaviour on STDs and HIV and AIDS that cause bad impact on health, economic ad social situation.

2.5: Formulation of Research Question

On the basis of conceptual framework, following hypothesis could be formulated to carry out the study. The major questions of this study could be depicted as below:

-) Is there any relationship between social variables and knowledge on SRH, STIs, HIV and AIDS?
-) What relationship does exist between the economic variables and SRH, STIs, HIV and AIDS?
-) Is there the relationship of demographic variables to SRH, STIs, HIV and AIDS?

CHAPTER THREE

METHODOLOGY

3.1: Research Design

To achieve the objective of this study, descriptive, analytical and cross sectional research design was adopted. The study attempted to assess the existing knowledge on SRH, STIs, HIV and AIDS in class 9 and 10 students in Shree AmarJyoti Model Higher Secondary School Birendranagar, Surkhet.

3.2: Sample Design

The study was based on individual information that was purposively selected. A total of 165 respondents class 9 and 10 in Shree Amarjyoti Model Higher Secondary School in Birendranagar Surkhet were selected for the study.

3.3: Selection of Respondents

Altogether 165 students from class 9 and 10 were interviewed as unit of the study. Among them 71 were from class 9 and 94 were from class 10. Although 78 were female and 87 were male in age that ranged from 12-20 years.

3.4: Questionnaire Design

Questionnaire constituted the major tool of this study. A set of question was designed to obtain from types of information. The questions in questionnaire were obtained information general, individual and Knowledge on SRH, STIs, HIV and AIDS. All types of question were asked to the both boys and girls and married and unmarried students (Appendix I).

3.5: Data Collection and Processing

The study was based on primary data that were obtained through purposive sampling method. All of the respondents were among both boys and girls and married or unmarried from class 9 and 10 in the selected school.

3.5.1 Data Entry and Processing

After data collection data coding was done. The software Ep/Data used for entering the data and SPSS was used further to analyse the information. It was all process was done by the micro computer.

3.6: Methods of Analyses

The information was analyzed in a separate chapter for descriptive interpretation. The data obtained from the field survey was processed and analyzed to interpret their implication regarding SRH, STIs, HIV and AIDS using SPSS. Frequency and cross tables are used to describe the basic characteristics and examine the relationship among dependent and social-economic as well as demographic variables. In other words, relationship between knowledge on SRH, STIs, HIV and AIDS and level of education, level of marital status were analysed in this study.

3.7 Ethical Issue of the Study

The respondents were visited personally by the researcher. They were made familiar and they were convinced regarding the research. More over the respondents were persuaded in a friendly manner and made sure that they could answer to the questions they want. The information collected only for the research purpose and well it was communicated to them. They were also assured of the no possibility of misuse of the data. The respondents were not threatened or mistreated verbally by gesture or means. They were rather cooperative and well mannered.

CHAPTER FOUR
DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF
STUDENTS
IN GRADE IX AND X

4.1: Demographic Characteristics

4.1.1: Age and Sex Distribution of Sample Population

The age of students ranged from 12- 20 years. The highest percentage (39.4%) of respondents was found in the age of 15 years, which was followed by 14 years (24.2%) and 16 years (19.4%). The lowest percentage was found for the ages 18, 19 and 20 which were 1 case in each (Table 5).

The higher proportion of males (42.5%) and females (35.9%) were found in 15 years. The higher proportion of females (21.8%) and males (17.2%) in the age 16 years and in the age of 14 years also male and females were in equal proportion. There were no male students in the age of 12 and no female students in the age of 18, 19 and 20 years respectively. The lowest percentage of males (1.1) in the age of 18, 19, and 20 years respectively and the lowest percentage (2.6) of females are found in the age 17 years.

Table 4: Age and Sex Structure of Sample Students in Grade IX and X of Amarjyoti Model Hgher Secondary School, Birendanagar, Surkhet, Nepal

Age	Sex				Total		Sex Ratio
	Female		Male		Cass	Percent	
	Cass	Percent	Cass	Percent			
12	3	3.8	0	0.0	3	1.8	-
13	8	10.3	6	6.9	14	8.5	75.0
14	20	25.6	20	23.0	40	24.2	100.0
15	28	35.9	37	42.5	65	39.4	132.1
16	17	21.8	15	17.2	32	19.4	88.2
17	2	2.6	6	6.9	8	4.8	300.0
18	0	0.0	1	1.1	1	.6	0.0
19	0	0.0	1	1.1	1	.6	0.0
20	0	0.0	1	1.1	1	.6	0.0
Total	78	100.0	87	100.0	165	100.0	111.5

2011

source: Field survey 2011

The highest sex ratio (300.0) was found in the age of 17 years which was followed by age of 15 years (32.1), (100.0), (88.2) in the age of 14 and 16 years of age. The lowest sex ratio was found in age of 13 years and there was no sex ratio in the age of 18, 19 and 20 years of ages. The total sex ratio was 111.5 (Table 4).

4.1.2: Marital Status of the Sample Population

Most of the respondents (94.5%) were unmarried, and only a few (5.5%) of the respondents were married. So most of the respondents were unmarried. In the age of 12, 13, 17, 19 and 20 years all of the respondents (100%) were unmarried and 97.5, 92.3 and 93.8 respondents were unmarried in the ages 14, 15, and 16 respectively. There were no unmarried respondents in the age of 18 years.

Table 5: Marital Status, of Sample Students in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Age	Marital status				Total	
	Married		Unmarried		Cass	Percent
	Cass	Percent	Cass	Percent		
12	0	0.0	3	100.0	3	100.0
13	0	0.0	14	100.0	14	100.0
14	1	2.5	39	97.5	40	100.0
15	5	7.7	60	92.3	65	100.0
16	2	6.3	30	93.8	32	100.0
17	0	0.0	8	100.0	8	100.0
18	1	100.0	0	0.0	1	100.0
19	0	0.0	1	100.0	1	100.0
20	0	0.0	1	100.0	1	100.0
Total	9	5.5	156	94.5	165	100.0

Source: field survey 2011

No married respondents were in the ages 12, 13 17, 19 and 20 years but in the age of 18 years all of the respondents (100.0%) were married than the age of 15 years highest (7.7%) or respondents were married than ages 14 and 16 years (2.5%) and (6.3%) respondents were married (Table 5).

4.1.3: Place of Residence of the Sample Population

Most of the respondents 114(69.1%) were living in the municipality or urban area. but few of the respondents only 51 (30.9) were living in the VDC or rural area so the research was slightly urban oriented (Table 6).

Table 6: Place of Residence, of Sample Students in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Place of Residence	Sex				Total	
	Female		Male			
	Cass	Percent	Cass	Percent	Cass	Percent
VDC	20	25.6	31	35.6	51	30.9
Municipality	58	74.4	56	64.4	114	69.1
Total	78	100.0	87	100.0	165	100.0

Source: Field survey 2011

4.2: Social Characteristics

4.2.1 Distribution of Sample Population by Caste/ Ethnicity

The total respondents were arranged into four Caste/ethnicity. Among them the highest proportion of the respondents were Brahman (45.5%) followed by Chhetri (20.6%), Dalits (18.8%) and the lowest proportion of the respondents were Janajati (15..2%).

Most of the respondents (47.8%) were female and in Dalits also females (20%) were more than the males. But in the Chhetri (22.75%) and Jnajati (17.3%), males were more than the females (Table 7).

Table 7: Caste/Ethnicity, of Sample Students in Grade IX and X in Amarjyoti Model HS School, in Birendranagar, Surkhet, Nepal 2011

Caste/Ethnicity	Sex				Total	
	Female		Male			
	Cass	Percent	Cass	Percent	Cass	Percent
Brahman	43	47.8	32	42.7	75	45.5
Chhetri	17	18.9	17	22.7	34	20.6
Janjati	12	13.3	13	17.3	25	15.2
Dalits	18	20.0	13	17.3	31	18.8
Total	90	100.0	75	100.0	165	100.0

Source: field survey 2011

4.2.2 Distribution of Sample Population by Level of Education

Higher proportion of respondents (75%) were from class 10 among them (59.8%) male and (53.8%) female and only (43%) were from class 9 among them (40.2%) males and (46.2%) females. Females were more than the males. In the total number 78 are females and 87 were males from classes 9 and 10 (Table 8).

Table 8: Education Status, of Sample Students in Grade IX and X of Amarjyoti Model HS School, in Birendranagar, Surkhet, Nepal 2011

Class	Sex				Total	
	Female		Male			
	Cass	Percent	Cass	Percent	Cass	Percent
9	36	46.2	35	40.2	71	43.0
10	42	53.8	52	59.8	94	57.0
Total	78	100.0	87	100.0	165	100.0

Source: field survey 2011

4.2.3 Distribution of Sample population by Type of Family

out of thr total female a (88.8%) were from nuclear family and 19.2 percent were from joint family. However among the males some 75.9 percent were from nucler and 24.1 percent were from joint families. A small indication that women fron joint families have less access to education is observed in this data(Table 9).

Table 9: Type of family of Sample Students in Grade IX and X of Amarjyoti Model HS School,in Birendranagar, Surkhet, Nepal 2011

Type of family	Sex				Total	
	Female		Male			
	Cass	Percent	Cass	Percent	Cass	Percent
Nuclear	63	80.8	66	75.9	129	78.2
Joint	15	19.2	21	24.1	36	21.8
Total	78	100.0	87	100.0	165	100.0

Source: field survey 2011

4.2.4 Involvement in Sexual Intercourse

Most of the respondents (89.7%) were not involved in the sexual intercourse. Among them the highest percente was for (96.0%) males that followed by females (84.4%) . Among them the total respondents only (10%) had involved in the sexual intercourse. Among them (15.6%) percent were females and only (4%) were male (Table 10). A serious corncern have toS be noted that is only a 9 individuals, had reported on married (Table 5) but sexually involved were 17 individuals, which is almost double of married ones. Its an alarming figure and needs serious counselling to the adolescents (Table 10).

Table 10: Involvement in Sexual Intercourse of Sample Students in Grade IX and X of Amarjyoti Model HS School, in Birendranagar, Surkhet, Nepal 2011

Ever involved in sexual intercourse	Sex				Total	
	Female		Male			
	Cass	Percent	Cass	Percent	Cass	Percent
Involved	14	15.6	3	4.0	17	10.3
Not involved	76	84.4	72	96.0	148	89.7
Total	90	100.0	75	100.0	165	100.0

Source: field survey 2011

4.3: Economic Characteristics

4.3.1 Distribution of Sample Population by Household Facilities

Allmost all (99%) used electricity, (93.3%) respondents had radio at their house, nearly (93%) respondents have Television, nearly (100%) respondents had telephone, and only (23.6%) respondents have computer facility at home. Most of the respondents had television their house and Television is the best way to get all kinds of information and information about STIs and HIV/AIDS as well. some 24.4 percent of females and only 22.7 percent male had computers at their house.

The lower proportion of respondents had been achieving computer facilities stands the lower economic status of the respondents which influence about the knowledge and prevalence on STIs and HIV/AIDS of the respondents (Table 11).

Table 11: Economic Status, of Sample Students in Grade IX and X of Amarjyoti Model HS School, in Birendranagar, Surkhet, Nepal 2011

Household facilities	Sex				Total	
	Female		Male			
	Cass	Percent	Cass	Percent	Cass	Percent
Electricity	88	97.8	75	100.0	163	98.8
Radio	82	91.1	72	96.0	154	93.3
T.V	80	88.9	73	97.3	153	92.7
Telephone	89	98.9	75	100.0	164	99.4
Computer	22	24.4	17	22.7	39	23.6
Total	90	100.0	75	100.0	165	100.0

Source: Field survey 2011

CHAPTER FIVE

ANALYSIS OF KNOWLEDGE ON SRH, STIS, HIV AND AIDS

5.1. Knowledge on SRH, STIs, HIV and AIDS by Social Variables

5.1.1: Knowledge on SRH, STIs, HIV and AIDS by Ethnicity

5.1.1.1: Knowledge on SRH by Ethnicity

Among the total number of (165) respondents almost (75.2%) said that sexual relation was the rights of an individuals, the largest group among them (78.7%) Brahman, followed by (76.5) Chhetri, (68%) Janajati, and (70%) Dalits. Than (32.1%) said that sexual relation was a last decision of love, among them most of the respondents (26.7%) were Brahmin, (38.2%) Chhetri, (32.0%) and (36.75%) were Janajati and Dalits. (46.7%) said that sexual relation was necessary for body and soul. among them (41.3%) Brahmin, almost (59%) were Chhetri, (52%) Janajati and (40%) were Dalits. (61%) said that sexual relation was necessary for procreation.

Table 12: Opinion Regarding the Sexual Intercourse by Caste/ Ethnicity in Grade IX and X of AmarJyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	Caste / Ethnicity								Total	
	Brahmin		Chhetri		Janajati		Dalits			
	Cass	Percent	Cass	Percent	Cass	Percent	Cass	Percent	Cass	Percent
Own rights	59	78.7	26	76.5	17	68.0	21	70.0	124	75.2
Necessary for body and Soul	31	41.3	20	58.8	13	52.0	12	40.0	77	46.7
Necessary for Procreation	43	57.3	26	76.5	17	68.0	14	46.7	101	61.2
Social crime	12	16.0	7	20.6	4	16.0	7	23.3	31	18.8
Own wishes	20	26.7	10	29.4	6	24.0	8	26.7	45	27.3
Thing of bring social crime	23	30.7	9	26.5	10	40.0	14	46.7	57	34.5
Total	75	100.0	34	100.0	25	100.0	30	100.0	165	100.0

Source: Field Survey 2011

Procreation was also major reason for sex among (57.3%) Brahmin, (76.5%) Chhetri, (68%) Janajati and (46.7%) were Dalits. Almost (19%) said that sexual relation was social crime, among them (61%) were Brahmi, (20.6%)

were Chhetri and (23.3%) and (16%) were Janajati and Dalits respectively and (27.3%) and (34.5%) said that sexual relation was own wishes and thing of bring social crime. The conclusion of this data was Brahmin and Chhetri Caste respondents were more knowledge than the other Caste Janajati, Dalits and others (Table 12).

5.1.1.2: Knowledge on STIs by Ethnicity

In the total number (163) respondents, they had knowledge on STIs. Among them in all of the symptoms were identified the Brahmin Caste ethnicity respondents.

Table 13: Knowledge on STIs by Caste/Ethnicity in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on STIs	Caste Ethnicity										Total	
	Brahmin		Chhetri		Janajati		Dalit		Others			
	Cass	Percent	Cass	Percent	Cass	Percent	Cass	Percent	Cass	Percent	Cass	Percent
White discharge from vagina	52	69.3	23	67.6	18	72.0	21	70.0	1	100.0	115	69.7
sores in vagina and vaginal way	58	77.3	26	76.5	23	92.0	23	76.7	1	100.0	131	79.4
Vaginal infection	61	81.3	27	79.4	24	96.0	25	83.3	1	100.0	138	83.6
Uterus infection	48	64.0	21	61.8	21	84.0	18	60.0	1	100.0	109	66.1
Infection in ovaries and fallopian tube	49	65.3	23	67.6	20	80.0	19	63.3	1	100.0	112	67.9
Came fever in the evening	32	42.7	13	38.2	14	56.0	14	46.7	1	100.0	74	44.8
Hysteria	29	38.7	12	35.3	14	56.0	15	50.0	1	100.0	71	43.0
Total	75	100.0	34	100.0	25	100.0	30	100.0	1	100.0	165	100.0

Source: Field Survey 2011

It was followed by the Chhetri and Dalits and few of respondents had knowledge about STIs of the Janajati Caste ethnicity respondents. So Caste/Ethnicity had one of the most important for affecting of knowledge on STIs of the respondents (Table 13).

5.1.1.3: Knowledge on HIV and AIDS by Ethnicity

Among of the all, allmost respondents 163 said that the HIV and AIDS was a transmitted disease, among them (45.4%) Brahmin, (20.2%) Chhetri, (15.3%) Janajaitit (18.4%) were Dalits and only a few 1(0.6%) was from other Caste. But only 2 respondents said it was not a transmitted disease, which were from Brahmin and Chhetri Caste. Therefore, allmost Brahmin and Chhetri Caste respondents had knowledge on HIV/AIDS than others (Table 14).

Table 14: Knowledge on HIV and AIDS by Caste/Eethnicity in Grade IX and X of Amajyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Caste /Ethnicity	knowledge on HIV/AIDS				Total	
	Transmitted		Not Transmitted			
	Cass	Percent	Cass	Percent	Cass	Percent
Brahmin	74	45.4	1	50.0	75	45.5
Chhetri	33	20.2	1	50.0	34	20.6
Janajaitit	25	15.3	0.0	0.0	25	15.2
Dalits	30	18.4	0.0	0.0	30	18.2
Total	163	100.0	2	100.0	165	100.0

Source: Field Survey 2011

5.1.2: Knowledge on STIs, HIV and AIDS by Religion

5.1.2.1: Knowledge on SRH by Religion

The total respondents 165 had categorized into three religious groups that were Hindu, Buddhist, and Christain. Among the total 124 (75.2%) said that sexual relation was own right among them allmost 118 (88%) were Hindu, 3(43%) are Buddhist, and only 3(50%) were Kristian. It was followed by 101 (61.2%) said that sexual relation was necessary for procreation, among them 93(61.1%) were Hindu, only 2 (28.6%) were Buddhist and total 6 (100 %) from Kristian. So maximum of respondents had knowledge on SRH, STIs HIV and AIDS, among the most of respondents are from Hindu (Table 15).

Table 15: Opinion Regarding the Sexual Intercourse by Religion in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	Religion						Total	
	Hindu		Buddhist		Christain			
	Cass	Percent	Cass	Percent	Cass	Cass	Cass	Percent
Own rights	118	77.6	3	42.9	3	50.0	124	75.2
Last destination of love	49	32.2	1	14.3	3	50.0	53	32.1
Necessary for body and Soul	70	46.1	2	28.6	5	83.3	77	46.7
Necessary for Procreation	93	61.2	2	28.6	6	100.0	101	61.2
Social crime	27	17.8	2	28.6	2	33.3	31	18.8
Own wishes	42	27.6	0.0	0.0	3	50.0	45	27.3
Thing of bring social crime	51	33.6	4	57.1	2	33.3	57	34.5
Total	152	100.0	7	100.0	6	100.0	165	100.0

Source: Field Survey 2011

5.1.2.2: Knowledge on STIs by Religion

In total number (165) respondents almost all 162(98%) have knowledge on STIs. Among them 149 (98%) were from Hindu, all of 7 (100%) were from Buddhist, and all of 6(10%) were from Christian. Therefore almost the entire respondent had knowledge on STIS by all religion (Table 16).

Table 16: Knowledge on STIs by Religion in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on STIs	Religion						Total	
	Hindu		Buddhist		Christain			
	Cass	Percent	Cass	Percent	Cass	Cass	Cass	Percent
Yes	149	98.0	7	100.0	6	100.0	162	98.2
No	3	2.0	0.0	0.0	0.0	0.0	3	1.8
Total	152	100.0	7	100.0	6	100.0	165	100.0

Source: Field Survey 2011

5.1.2.3: Knowledge on HIV and AIDS by Religion

Among the total respondents, almost all 162 (98%) had knowledge on SRH, STIs, HIV and AIDS, among them 149(98%) were Hinds, whole total 7 (100%) were Buddhist, and whole total 6 (100%) were Christain. Therefore all religious had knowledge on SRH, STIs, HIV and AIDS (Table 17).

Table 17: Knowledge on HIV and AIDS by Religion in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on HIV and AIDS	Religion						Total	
	Hindu		Buddhist		Christain			
	Cass	Percent	Cass	Percent	Cass	Percent	Cass	Percent
Yes	149	98.0	7	100.0	6	100.0	162	98.2
No	3	2.0	0.0	0.0	0.0	0.0	3	1.8
Total	152	100.0	7	100.0	6	100.0	165	100.0

Source: Field Survey 2011

5.1.3: Knowledge on STIs, HIV and AIDS by Education

5.1.3.1: Knowledge on SRH by Education

The total (165) of the respondents 124 (75.2%) said that sexual relation was own rights. Among them 59 (83.1%) were from class 9 and 65 (69.1%) were from class 10. So it was clear that knowledge on SRH was determining by level of education class 10 students were more knowledge than the grade. (32.1%) said that sexual relation was last decision of love. Among them (36.6%) were from class 9 and (28.7%) from class 10. Then only 3 in total (1.85%) said that sexual relation was others. All of them were from class 10 (Table 18).

Table 18: Opinion Regarding the Sexual Intercourse by Education in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	Class				Total	
	9		10			
	Cass	Percent	Cass	Percent	Cass	Percent
Own rights	59	83.1	65	69.1	124	75.2
Last destination of love	26	36.6	27	28.7	53	32.1
Necessary for body and Soul	33	46.5	44	46.8	77	46.7
Necessary for Procreation	42	59.2	59	62.8	101	61.2
Social crime	10	14.1	21	22.3	31	18.8
Own wishes	15	21.1	30	31.9	45	27.3
Thing of bring social crime	23	32.4	34	36.2	57	34.5
Total	71	100.0	94	100.0	165	100.0

Source: Field Survey 2011

5.1.3.2: Knowledge on STIs by Education

Allmost all 162 (98%) had knowledge on STIs, among them 69 (97.2%) from class 9 and 93 (98%) were from class 10. So the knowledge of STIs was determining by the level education, because class 10 students had more knowledge than the class 9 students (Table 19).

Table 19: Knowledge on STIs by Education in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on STIs	Class				Total	
	9		10			
	Cass	Percent	Cass	Percent	Cass	Percent
Yes	69	97.2	93	98.9	162	98.2
No	2	2.8	1	1.1	3	1.8
Total	71	100.0	94	100.0	165	100.0

Source: Field Survey 2011

5.1.3.3: Knowledge on HIV and AIDS by Education

Nearly all of 165 (99%) respondents have knowledge on STIs. Among then 70 (98.6%) from class 9 and 93(99%) were from class 10. So the students from class had more knowledge than the class 9 students (Table 20).

Table 20: Knowledge on HIV and AIDS by Education in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on HIV and AIDS	Class				Total	
	9		10			
	Cass	Percent	Cass	Percent	Cass	Percent
Yes	70	98.6	93	98.9	163	98.8
No	1	1.4	1	1.1	2	1.2
Total	71	100.0	94	100.0	165	100.0

Source: Field Survey 2011

5.1.4: Knowledge on SRH, STIs, HIV and AIDS by Type of Family

5.1.4.1: Knowledge on SRH by Type of Family

All of the total respondents 124 (75%) said that sexual relation was own right. Among them 97 (75.2%) were from nuclear family, and 27 (75%) were form the joint family. so nuclear family respondents had more knowledge than the joint family (Table 21).

Table 21: Opinion Regarding the Sexual Intercourse by Type of Family in Grade IX and X of AmarJyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	Type of family				Total	
	Nuclear		Joint			
	Cass	Percent	Cass	Percent	Cass	Percent
Own rights	97	75.2	27	75.0	124	75.2
Last destination of love	44	34.1	9	25.0	53	32.1
Necessary for body and Soul	59	45.7	18	50.0	77	46.7
Necessary for Procreation	79	61.2	22	61.1	101	61.2
Social crime	23	17.8	8	22.2	31	18.8
Own wishes	33	25.6	12	33.3	45	27.3
Thing of bring social crime	42	32.6	15	41.7	57	34.5
Others	3	2.3	0.0	0.0	3	1.8
Total	129	100.0	36	100.0	165	100.0

Source: Field Survey 2011

5.1.4.2: Knowledge on STIs by Type of Family

Among the total respondents 126 (97.7%) were from nuclear family and all of total 36 (100%) were from joint family who had knowledge on STIs. Therefore all of the respondents had knowledge (Table 22).

Table 22: Knowledge on STIs by Type of Family in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on STIs	Type of family				Total	
	Nuclear		Joint			
	Cass	Percent	Cass	Percent	Cass	Percent
Yes	126	97.7	36	100.0	162	98.2
No	3	2.3	0.0	0.0	3	1.8
Total	129	100.0	36	100.0	165	100.0

Source: Field Survey 2011

5.1.4.3: Knowledge on HIV and AIDS by Type of Family

All of the 165 respondents 127 (98.4%) were from the nuclear family had knowledge on HIV and AIDS. All of total 36 (100%) from joint family have knowledge on HIV and AIDS (Table 23).

Table 23: Knowledge on HIV and AIDS by Type of Family in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on HIV and AIDS	Type of family				Total	
	Nuclear		Joint		Cass	Percent
	Cass	Percent	Cass	Percent		
Yes	127	98.4	36	100.0	163	98.8
No	2	1.6	0.0	0.0	2	1.2
Total	129	100.0	36	100.0	165	100.0

Source: Field Survey 2011

5.2. Knowledge on SRH, STIs, HIV and AIDS by Economic Variables

5.2.1: Knowledge on SRH, STIs, HIV and AIDS by Electricity

5.2.1.1: Knowledge on SRH by Electricity

All of the total respondents 122 (74%) had electricity they had also knowledge on SRH but only 2 (100%) have no electricity and they have also knowledge on SRH.

Table 24: Opinion Regarding the Sexual Intercourse by Electricity in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	Electricity				Total	
	Yes		No		Cass	Percent
	Cass	Percent	Cass	Percent		
Own rights	122	74.8	2	100.0	124	75.2
Last destination of love	53	32.5	0.0	0.0	53	32.1
Necessary for body and Soul	77	47.2	0.0	0.0	77	46.7
Necessary for Procreation	101	62.0	0.0	0.0	101	61.2
Social crime	31	19.0	0.0	0.0	31	18.8
Own wishes	45	27.6	0.0	0.0	45	27.3
Thing of bring social crime	57	35.0	0.0	0.0	57	34.5
Others	3	1.8	0.0	0.0	3	1.8
Total	163	100.0	2	100.0	165	100.0

Source: Field Survey 2011

It was showed that all of the respondents who had electricity they had also knowledge on SRH, than who had no electricity (Table 24).

5.2.1.2: Knowledge on STIs by Electricity

The respondents who had electricity, most of them had also knowledge on STIs than who had not electricity. Among the total respondents 162 had knowledge on STIs . 3 of the total respondents had not knowledge on STIs but they had electricity at their house (Table 25).

Table 25: Knowledge on STIs by Electricity in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011:

Knowledge on STIs	Electricity				Total	
	Cass	Percent	Cass	Percent	Cass	Percent
Yes	160	98.2	2	100.0	162	98.2
No	3	1.8	0.0	0.0	3	1.8
Total	163	100.0	2	100.0	165	100.0

Field Survey 2011

5.2.1.3: Knowledge on HIV and AIDS by Electricity

All of respondents who had electricity automatically they had knowledge on HIV and AIDS. But only 3 (1.8%) respondents had no knowledge who had electricity at their home (Table 26).

Table 26: Knowledge on HIV and AIDS by Electricity in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on HIV and AIDS	Electricity				Total	
	Cass	Percent	Cass	Percent	Cass	Percent
Yes	160	98.2	2	100.0	162	98.2
No	3	1.8	0.0	0.0	3	1.8
Total	163	100.0	2	100.0	165	100.0

Source: Field Survey 2011

5.2.2: Knowledge on SRH, STIs, HIV and AIDS by Radio

5.2.2.1: Knowledge on SRH by Radio

Among the total respondents 43(27.2%) get the knowledge of SRH, STIS, HIV and AIDS, from radio. they feel that Sexual relation was a own wishes. But 124 (75.2%) respondents feel that sexual relation was own rights. And 101 (61.2%) said that sexual relation was necessary for procreation. among them all of the 99(62.7%) had radio. Most of the respondents had radio who had said that sexual relation was own right (Table 27).

Table 27: Opinion Regarding the Sexual Intercourse by Radio in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	Radio				Total	
	Cass	Percent	Cass	Percent	Cass	Percent
Own wishes	43	27.2	2	28.6	45	27.3
Social crime	31	19.6	0.0	0.0	31	18.8
Thing of bring social crime	54	34.2	3	42.9	57	34.5
Others	3	1.9	0.0	0.0	3	1.8
Own rights	120	75.9	4	57.1	124	75.2
Last destination of love	51	32.3	2	28.6	53	32.1
Necessary for body and Soul	75	47.5	2	28.6	77	46.7
Necessary for Procreation	99	62.7	2	28.6	101	61.2
Total	158	100.0%	7	100.0	165	100.0

Source: Field Survey 2011

5.2.2.2: Knowledge on STIs by Radio

Allmost 159(96.4%0 respondents had knowledge, among them 156(96.3%) had radio, so they get knowledge from radio. But 6 (3.7%) had not knowledge about STIs but they had also radio (Table 28).

Table 28: Knowledge of STIs by Radio in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Radio	Knowledge on STIs				Total	
	Cass	Percent	Cass	Percent	Cass	Percent
Yes	156	96.3	3	100.0	159	96.4
No	6	3.7	0.0	0.0	6	3.6
Total		100.0	3	100.0	165	100.0

Source: Field Survey 2011

5.2.2.3: Knowledge on HIV and AIDS by Radio

Allmost (98.8%) respondents had knowledge on HIV and AIDS, among them (98.7%) radio. So they can get knowledge about HIV/AIDS from radio, but other 6 (100%) respondents had not radio, and they also had knowledge about HIV and AIDS (Table 29).

Table 29: Knowledge on HIV and AIDS by Radio in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on HIV and AIDS	Radio				Total	
	Cass	Percent	Cass	Percent	Cass	Percent
Yes	157	98.7	6	100.0	163	98.8
No	2	1.3	0.0	0.0	2	1.2
Total	153	100.0	6	100.0	165	100.0

Source: Field Survey 2011

5.2.3: Knowledge on STIs, HIV and AIDS by Television

5.2.3.1: Knowledge on SRH by Television

142 (75.2%) respondents said that sexual relation was own right. Among them 116 (75.8%) get the knowledge from Television.

Table 30: Opinion Regarding the Sexual Intercourse by Television in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	T.V				Total	
	Cass	Percent	Cass	Percent	Cass	Percent
Own rights	116	75.8	8	66.7	124	75.2
Last destination of love	52	34.0	1	8.3	53	32.1
Necessary for body and Soul	73	47.7	4	33.3	77	46.7
Necessary for Procreation	98	64.1	3	25.0	101	61.2
Social crime	30	19.6	1	8.3	31	18.8
Own wishes	43	28.1	2	16.7	45	27.3
Thing of bring social crime	53	34.6	4	33.3	57	34.5
Others	3	2.0	0.0	0.0	3	1.8
Total	153	100.0	12	100.0	165	100.0

Source: Field Survey 2011

101 (61.2%) said that sexual relation was necessary for procreation, out of them 98 (64.1%) had T.V. So most of the respondents had knowledge about sexual right from television (Table 30).

5.2.3.2: Knowledge on STIs by Television

All of the respondents were shown that most of the respondents had knowledge on STIs. 115 (69.7%) said that the symptoms of STIs was white discharge from vagina. among them (71.5%) had T.V. Source in vagina and

vaginal way was said that (80%), (82.9%) said that vaginal infection, (67.1%) said that uterus infection, (69.6%) said that infection in ovaries and fallopian tube, (45.6%) said that came fever in the evening, (43.7%) said hysteria who had T.V. So almost all respondents had knowledge who had T.V.(Table 31).

Table 31: Knowledge on STIs by Television in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on STIs	T.V		Total	
	Cass	Percent	Cass	Percent
White discharge from vagina	113	71.5	115	69.7
sores in vagina and vaginal way	127	80.4	131	79.4
Vaginal infection	131	82.9	138	83.6
Uterus infection	106	67.1	109	66.1
Infection in ovaries and fallopian tube	110	69.6	112	67.9
Came fever in the evening	72	45.6	74	44.8
Hysteria	69	43.7	71	43.0
Others(specify)	4	2.5	5	3.0
Total	158	100.0	165	100.0

Source: Field Survey 2011

5.2.3.3: Knowledge n HIV and AIDS by Television

All of the total respondents (98%) had knowledge on HIV and AIDS, among them (98.7%) had T.V, but (1.2%) had also knowledge on HIV and AIDS, but the had not T.V in their home(Table 32).

Table 32: Knowledge on HIV and AIDS by Television in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on HIV and AIDS	T.V		Total	
	Cass	Percent	Cass	Percent
Yes	156	98.7	163	98.8
No	2	1.3	2	1.2
Total	158	100.0	165	100.0

Source: Field Survey 2011

5.2.4.: Knowledge on SRH STIs, HIV and AIDS by Telephone

5.2.4.1: Knowledge on SRH by Telephone

All of the (75.6%) respondents said that sexual relation was own rights, 53 (32.3%) said that sexual relation was last decision of love,(47%) said that it was necessary for body and soul, (61%) said that it was necessary for

procreation, (18.9%) said that sexual relation was social crime, (27.4%) said that it was own wishes, (34.1%) said that it was thing of bring social crime, but all of these respondents have Telephone/ mobile in their house (Table 33).

Table 33: Opinion Regarding the Sexual Intercourse by Telephone in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	Telephone				Total	
	Cass	Percent	Cass	Percent	Cass	Percent
Own rights	124	75.6	0.0	0.0	124	75.2
Last destination of love	53	32.3	0.0	0.0	53	32.1
Necessary for body and Soul	77	47.0	0.0	0.0	77	46.7
Necessary for Procreation	100	61.0	1	100.0	101	61.2
Social crime	31	18.9	0.0	0.0	31	18.8
Own wishes	45	27.4	0.0	0.0	45	27.3
Thing of bring social crime	56	34.1	1	100.0	57	34.5
Others	3	1.8	0.0	0.0	3	1.8
Total	164	100.0	1	100.0	165	100.0

Source: Field survey 201

5.3. Knowledge on SRH, STIs, HIV and AIDS by Demographic Variables

5.3.1: Knowledge on SRH, STIs, HIV and AIDS by Age and Sex

5.3.1.1: Knowledge on SRH by Age

In total 124 respondents said that sexual relation was own right. Among them most of 47 were in the 15 years, 35 in 14 years and 21 in 16 years other were only few. 53 said that the sexual relation was last decision of love, among them 25 were 15 years, 14 are 14 years and 9 were 16 years. 77 said that sexual relation was necessary for body and soul, among them 15, 37 and 16 were from ages 14, 15 and 16 years. In other years few of the respondents give the answer. 101 respondents said that sexual relation was necessary for the procreation. Among them 15, 37 and 16 were from the ages 14, 15 and 16. 31 respondents said that sexual relation was social crime. And 45 and 57 respondents said that sexual relation was own wishes

and thin of bring social crime. So it was clear that knowledge on SRH is determining the age (Table 34).

Table 34: Opinion Regarding the Sexual Intercourse by Age in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH by	Age									Total
	12	13	14	15	16	17	18	19	20	
Own rights	2	10	35	47	21	6	1	1	1	124
Last destination of love	0.0	1	14	25	9	2	1	1	0.0	53
Necessary for body and Soul	0.0	4	15	37	16	3	1	1	0.0	77
Necessary for Procreation	2	9	22	36	25	4	1	1	1	101
Social crime	0.0	1	5	17	5	2	0.0	0.0	1	31
Own wishes	1		8	22	10	2	1		1	45
Thing of bring social crime	1	6	14	22	10	2		1	1	57
Total	3	14	40	65	32	8	1	1	1	165

Source: Field survey 2011

5.3.1.2: Knowledge on SRH by sex

Allmost (80 %) male an (71%) female said that sexual relation was own rights.

Table 35: Opinion Regarding the Sexual Intercourse by Sex in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	Sex				Total	
	Female		Male			
	Cass	Percent	Cass	Percent	Cass	Percent
Own rights	71	78.9	53	70.7	124	75.2
Last destination of love	32	35.6	21	28.0	53	32.1
Necessary for body and Soul	53	58.9	24	32.0	77	46.7
Necessary for Procreation	52	57.8	49	65.3	101	61.2
Social crime	17	18.9	14	18.7	31	18.8
Own wishes	34	37.8	11	14.7	45	27.3
Thing of bring social crime	31	34.4	26	34.7	57	34.5
Total	90	100.0	75	100.0	165	100.0

Source: Field survey 2011

(35.6%) male, and (28%) female said that sexual relation was last decision of love. (58.9%) male and (32%) female said that sexual relation was necessary for body and soul.(57.8%) male and (65.3%) female were said that sexual relation was necessary for procreation. Allmost (19%) male and (18.7%) female said that sexual relation was social crime, (37.8%) male and (14%) female said that sexual relation was own wishes, (34.4%) male and (34.7%) female said it was thing of bring social crime. So most of the males had more knowledge than the female (Table 35).

5.3.1.3: Knowledge on STIs by Age

Allmost 44 respondents said that the symptoms of STIs was white discharge from vagina who were in age 15 years, 49 were said source in vagina and vaginal way, 54 said that vaginal infection, 38 said that uterus infection and infection in ovaries and fallopian tube and 29 said that came fever in the evening. So most of the age of 15 years, respondents had knowledge on STIs than other age's respondents (Table 36).

Table 36: Knowledge on STIs by Age in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on STIs	Age									Total
	12	13	14	15	16	17	18	19	20	
White discharge from vagina	3	11	27	44	23	4	1	1	1	115
Sores in vagina and vaginal way	2	13	34	49	25	6	0.0	1	1	131
Vaginal infection	2	14	35	54	25	6	0.0	1	1	138
Uterus infection	1	10	31	38	22	5	0.0	1	1	109
Infection in ovaries and fallopian tube	2	10	30	38	24	5	1	1	1	112
Came fever in the evening	1	7	15	29	16	4	1	1	0.0	74
Total	3	14	40	65	32	8	1	1	1	165

Source: Field survey 2011

5.3.1.4: Knowledge on STIs by Sex

Allmost (71.1%) female and (68%) male respondents said that white discharge from the vagina, (77.8%) female and 981%) male said that source in vagina and vaginal way, (80%) female and (88%) male said vaginal infection,(67.8%) female and (64%) male said uterus infection, (67.8%) female and (68%) male said Infection in ovaries and fallopian tube and

(41.1%) female and (49.3%) male respondents said came fever in the evening. These all were the symptoms of the sexually transmitted infection (STIs). There were allmost equal knowledge on STIs in the male and female (Table 37).

Table 37: Knowledge on STIs by Sex in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on STIs	Sex				Total	
	Female		Male			
	Cass	Percent	Cass	Percent	Cass	Percent
White discharge from vagina	64	71.1	51	68.0	115	69.7
Sores in vagina and vaginal way	70	77.8	61	81.3	131	79.4
Vaginal infection	72	80.0	66	88.0	138	83.6
Uterus infection	61	67.8	48	64.0	109	66.1
Infection in ovaries and fallopian tube	61	67.8	51	68.0	112	67.9
Came fever in the evening	37	41.1	37	49.3	74	44.8
Total	90	100.0	75	100.0	165	100.0

Source: Field survey 2011

5.3.1.5: Knowledge on HIV and AIDS by Age

Among the total 165 respondents 70 said that HIV and AIDS was first stage of disease, among them most of were in age 14 years.

Table 38: Knowledge on HIV and AIDS by Age in Grade IX and X of Amajyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on HIV and AIDS	Age									Total
	12	13	14	15	16	17	18	19	20	
First stage of infection	1	4	21	20	18	4	1	0.0	1	70
Last stage of infection	3	9	22	49	21	6		1	1	112
Virus	1	9	18	32	23	4	1	0.0	1	89
Infected person	1	5	14	21	19	4		0.0	1	65
Total	3	14	40	65	32	8	1	1	1	165

Source: Field survey 2011

112 respondents said that HIV and AIDS was last stage of infection, 89 respondents said that HIV and AIDS was virus and 65, among them most of

them were 32 in the age 15 years. 65 said that HIV and AIDS was an infected person here also largest number 19 in the age 15 years (Table 38).

5.3.1.6: Knowledge on HIV and AIDS by Sex

(42.2%) female and (42.7) male said that HIV and AIDS was first stage of infection.

Table 39: Knowledge on HIV and AIDS by Sex in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on HIV and AIDS	Sex				Total	
	Female		Male			
	Cass	Percent	Cass	Percent	Cass	Percent
First stage of infection	38	42.2	32	42.7	70	42.4
last stage of infection	60	66.7	52	69.3	112	67.9
Virus	45	50.0	44	58.7	89	53.9
only symptoms of disease	54	60.0	32	42.7	86	52.1
Infected person	39	43.3	26	34.7	65	39.4
Total	90	100.0	75	100.0	165	100.0

Source: Field survey 20

(66.7%) female and (69.3%) female said it was last stage of infection, (50.0%) female and (58.7%) said the HIV/ AIDS was a virus, (60%) female and (42.7%) male said that HIV/AIDS was only symptoms of disease, (43.3%) female and (34.7%) male said HIV/AIDS was infected person, and 1 (1.1%) female and 2 (2.3%) male said that HIV/AIDS was others but they can not specify the disease. Almost equal knowledge on the male and female (Table 39).

5.3.2: Knowledge on SRH, STIs, HIV and AIDS by Marital Status

5.2.21: Knowledge on SRH by Marital Status

In this study most of the 116 (74.8%) respondents were unmarried, only 8 (88%) married who said that sexual relation was own rights. (28.8%) unmarried and all of 8 (88.9%) married said that sexual relation was last destination of love, necessary of body and soul was said (77.8%) married and (44.9 %). Necessary for procreation said (77.8%) unmarried and (60.3%) married. (55.6%) married and (25.0%) unmarried said sexual relation was social crime. (66.7%) married, (16.7%) unmarried said sexual relation was own wishes. (55.6%) married (33.3%) unmarried said sexual relation was

thing of bring social crime. So all of the married respondents had knowledge on SRH than the unmarried (Table 40).

Table 40: Opinion Regarding the Sexual Intercourse by Marital Status in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	Marital status				Total	
	Married		Unmarried			
	Cass	Percent	Cass	Percent	Cass	Percent
Own rights	8	88.9	116	74.4	124	75.2
Last destination of love	8	88.9	45	28.8	53	32.1
Necessary for body and Soul	7	77.8	70	44.9	77	46.7
Necessary for Procreation	7	77.8	94	60.3	101	61.2
Social crime	5	55.6	26	16.7	31	18.8
Own wishes	6	66.7	39	25.0	45	27.3
Thing of bring social crime	5	55.6	52	33.3	57	34.5
Total	9	100.0	156	100.0	165	100.0

Source: Field survey 2011

5.3.2.2: Knowledge on STIs by Marital Status

Among the total respondents (63%) said that was type of STIs, among them (66.7%) were married and (62.8%) unmarried, (92.1%) said syphilis was a type of STIs among them (778%) married and (92.1%) unmarried. Chlamydia a type of STIs said (33.3%) married and (38%) Unmarried and HIV/ AIDS was also a type of sexually transmitted infection said (88.9%) married and (94.2) unmarried but only 3 (3.8%) unmarried respondents said others (Table 41).

Table 41: Knowledge on STIs by Marital Status in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on STIs	Marital status				Total	
	Married		Unmarried			
	Cass	Percent	Cass	Percent	Cass	Percent
Gonorrhoea	6	66.7	98	62.8	104	63.0
Syphilis	7	77.8	145	92.9	152	92.1
Chlamydia	3	33.3	60	38.5	63	38.2
HIV AIDS	8	88.9	147	94.2	155	93.9
Total	9	100.0	156	100.0	165	100.0

Source: Field survey 2011

5.3.2.3: Knowledge on HIV and AIDS by Marital Status

Allmost all 9 (100%) married respondents said that HIV/ AIDS was transmitted disease. But 154 (87%) unmarried respondents said that HIV/AIDS was transmitted disease. only 2 (1.3%) unmarried said that HIV/AIDS was not transmitted disease. So almost all married and all of the unmarried respondents had knowledge on HIV/AIDS (Table 42).

Table 42: Knowledge on HIV and AIDS by Marital Status in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on HIV and AIDS	Marital status				Total	
	Married		Unmarried			
	Cass	Percent	Cass	Percent	Cass	Percent
Transmitted	9	100.0	154	98.7	163	98.8
Not transmitted	0.0		2	1.3	2	1.2
Total	9	100.0	156	100.0	165	100.0

source: Field Survey 2011]

5.3.3: Knowledge on SRH, STIs, HIV and AIDS by Place of Residence

5.3.3.1: Knowledge on SRH by Place of Residence

Among the total respondents (75.2%) who were (74.5%) living in VDC and (75.4%) were living in the municipality. (32.1%) said sexual relation was last decision of love that were (29.4%) living in VDC and (33.3%) were liing in municipality.

Table 43: Opinion Regarding the Sexual Intercourse by Place of Residence in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on SRH	place of residence				Total	
	VDC		Municipality			
	Cass	Percent	Cass	Percent	Cass	Percent
Own rights	38	74.5	86	75.4	124	75.2
Last destination of love	15	29.4	38	33.3	53	32.1
Necessary for body and Soul	23	45.1	54	47.4	77	46.7
Necessary for Procreation	30	58.8	71	62.3	101	61.2
Social crime	8	15.7	23	20.2	31	18.8
Own wishes	17	33.3	28	24.6	45	27.3
Thing of bring social crime	25	49.0	32	28.1	57	34.5
Others	0.0	0.0	3	2.6	3	1.8
Total	51	100.0	114	100.0	165	100.0

Source: Field survey 2011

Necessary for the body and soul was said (46.7%) respondents among them (45.1%) were live in VDC and (47.4%) were living in municipality. (61.2%) said sexual relation was necessary for procreation, among them (58.8%) were living in the VDC and (62.3%) were living in municipality.

(18.8%) were said sexual relation was Social crime, among them (15.7%) were living in VDC and (20.2%) were living in the municipality. (27.3%) of said sexual relation was Own wishes among them (33.3%) were live in the VDC and (24.6%) were live in the municipality. (34.5%) said that it was thing of bring social crime, among them (49.0%) were living in the VDC and (28.1%) were living in municipality. So, all of respondents had equal knowledge on SRH by the place of residence (Table 43).

5.3.3.2: Knowledge on STIs by Place of Residence

About the knowledge on STIs (70.6%) from VDC and (59.6%) Municipality said Gonorrhoea was a STIs, Syphilis was also STIs said (92.2%) were from VDC and (92.1%) were form Municipality, Chlamydia was a STIs said that (33.3%) were VDC and (40.4%) Municipality, HIV AIIDS was a type of STIs said that (94.1%) from VDC and (93.9%) from Municipality, Others(5.3%) only from municipality (Table 44).

Table 44: Knowledge on STIs by Place of Residence in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on STIs	Place of residence				Total	
	VDC		Municipality			
	Cass	Percent	Cass	Percent	Cass	Percent
Gonorrhoea	36	70.6	68	59.6	104	63.0
Syphilis	47	92.2	105	92.1	152	92.1
Chlamydia	17	33.3	46	40.4	63	38.2
HIV /AIDS	48	94.1	107	93.9	155	93.9
Others	0.0	0.0	6	5.3	6	3.6
Total	51	100.0	114	100.0	165	100.0

Source: Field survey 2011

5.3.3.3: Knowledge on HIV and AIDS by Place of Residence

All of the total 165 respondents allmost 163 (98.8%) said HIV/AIDS transmitted disease. Among them (98.0%) were living in the VDC and (99.1%) were living in the municipality. So living in municipality respondents had more knowledge than the respondents who were living in the VDC in number but in percentage shows equal in (Table 45).

Table 45: Knowledge on HIV and AIDS by Place of Residence in Grade IX and X of Amarjyoti Model HS School, Birendranagar, Surkhet, Nepal 2011

Knowledge on HIV and AIDS	Place of residence				Total	
	VDC		Municipality			
	Cass	Percent	Cass	Percent	Cass	Percent
Transmitted	50	98.0	113	99.1	163	98.8
Not- Transmitted	1	2.0	1	.9	2	1.2
Total	51	100.0	114	100.0	165	100.0

Source: Field survey 2011

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The study analysed the knowledge on SRH, STIs, HIV and AIDS among grade IX and x students in shree AmarJyoti Model Higher Secondary School Birendranagar Surkhet . Data were collected from the field survey, conducted in the month January 2011. Total 165 respondents were selected randomly in the class 9 and 10 in shree AmarJyoti Model Higher Secondary School Birendranagar Surkhet. The effects of socio- economic and demographic variables were represented in this study.

6.1: Summary of Findings

The students of class 9 and 10 came from different ethnic and religious groups. They had different economic and demographic characteristics. And they also possessed differential the knowledge on SRH, STIs, HIV and AIDS. The summary of findings is segregated in basic characteristics of the respondents and knowledge on SRH, STIS, HIV and AIDS by social-economic and demographic variables.

6.1.1 Basic characteristics of the respondents

-) The study showed that major ethnic group of respondents were Brahman (45.5%), Chhetri (20.6%) Janajti (15.2%) and Dalits (18.8%).
-) Out of total respondents (93.3) were Hindus, (2.4) Buddhist, (3.6%) Christan, only 1 (0.6%) was other.
-) Among the total respondents (43%) were class 9 and (57%) were class 10. Both of the male and female were respondents. Among them 87 males and 78 females.
-) Most of the respondents (78.2) were in nuclear family and (21.1%) were in joint family.
-) The age range of the respondents was 12-20 and highest proportion of respondents (39.4%) was in the age of 15 years, than (24.2%) in the age of 14 years.
-) Allmost respondents (69.1%) were living in the municipality and few (31.9%) were living in the VDCs.

-) Maximum respondents had electricity (98.8%), radio (93.3%), T.V (92.7%) and telephone/ mobile (99.4%) but few of the respondents (23.65) had computer at their house.
-) All of the respondents had different family background, so their knowledge on SRH, STIs HIV and AIDS was also different.

6.1.2 Knowledge on SRH, STIs, HIV and AIDS by Social Economic and Demographic Variables

-) The total number of (165) respondents almost (75.2%) said that sexual relation was own rights. Among them majority of the respondents were Brahmin and Chhetri caste group.
-) In the total number of (163) respondents had knowledge of STIs. Among them in all of the symptoms were identified the Brahmin Caste ethnicity respondents then it was followed by the Chhetri and Dalits and few of respondents had knowledge about STIs of the Janajati Caste ethnicity respondents. So Caste ethnicity was one of the most important for affecting of knowledge of STIs of the respondents.
-) All of the respondents 163 were said that the HIV/ AIDS was transmitted disease, among them (45.4%) Brahmin, (20.2%) Chhetri, (15.3%) Janajati, (18.4%) and only 1 (0.6%) others So almost Brahmin and Chhetri Caste respondents had knowledge on HIV and AIDS than others.
-) The total respondents 165 were categorized into three religious groups. Which were, Hindu, Buddhist, and Christian. 124 (75.2%) said that sexual relation was own right among them almost 118 (88%) were Hindu, 3 (43%) were Buddhist, and only 3 (50%) were Christian. In total (165) number respondents, almost all 162 (98%) had knowledge on STIs, among them 149(98%) were from Hindu, all of 7 (100%) were from Buddhist, and 6 (10%) were from Christian. So almost the entire respondent had knowledge on STIs by all religion.
-) Among the total respondents Almost all 162 (98%) had knowledge on SRH, STIs, HIV and AIDS, among them 149 (98%) were Hindu, total of 7 (100%) were Buddhist, and total 6 (100%) were Christian. So all religious had knowledge on SRH, STIs, HIV and AIDS.

-) In the research I found the opinion regarding sexual intercourse determining by level of education. Because of class 10 students had more knowledge than the grade 9 in the reserch.
-) The knowledge of STIs was determining by the level education, because class 10 students had more knowledge than the class 9 students.
-) Nearly all of 163 (99%) respondents have knowledge on STIs, among them 70 (98.6%) from class 9 and 93 (99%) were from class 10. So the students from class 10 had more knowledge than the class 9 students.
-) All of the total respondents 124 (75%) said that sexual relation was own right, among them 97 (75.2%) were from nuclear family, and 27 (75%) were form he joint family. So nuclear family respondents have more knowledge than the joint family.
-) Among the total respondents 126 (97.7%) were from nuclear family and all of total 36 (100%) were from joint family who have knowledge on STIs. Therefore all of the respondents had knowledge.
-) All of the 165 respondents 127 (98.4%) were from the nuclear family had knowledge on HIV and AIDS and all of total 36 (100%) from joint family have knowledge on HIV and AIDS.
-) All of the total respondents 122 (74%) have electricity they have also they have also posotive opinion aout sexual Intercourse.
-) The respondents who had electricity most of them had also knowledge on STIs than who had no electricity.
-) All of respondents who had electricity automatically they had knowledge on HIV and AIDS.
-) Among the total respondents 43 (27.2%) get the knowledge of SRH, STIS, HIV and AIDS, from radio. They feel that Sexual relation was own wishes. But 124 (75.2%) feel that sexual relation was own rights. And 101 (61.2%) said that sexual relation was necessary for procreation. Among them all of the 99 (62.7%) had radio. Most of the respondents had radio who had said that sexual relation was own right .
-) 142 (75.2%) respondents said that sexual relation was own right, among them 116 (75.8%) get the knowledge from Television. 101 (61.2%) said that sexual relation was necessary for procreation, among them 98 (64.1%) had T.V. So most of the respondents had knowledge about sexual right from television.

- J The research shows that all most all respondents have TV at their house and they have also knowledge on STIs and HIV and AIDS.
- J All of the total respondents (98%) had knowledge on HIV and AIDS, among them (98.7%) have T.V, but (1.2%) had also knowledge on HIV and AIDS, but they have not T.V in their house.
- J All of the (75.6%) respondents said that sexual relation was own rights, 53 (32.3%) said that sexual relation was last decision of love,(47%) said that it was Necessary for body and soul, (6%) said that it was necessary for procreation, (18.9%) said that sexual relation was social crime, (27.4%) said that it was own wishes, (34.1%) said that it was thing of bring social crime, but all of these respondents have Telephone/ mobile in their house.
- J In total 124 respondents said that sexual relation was own right, among them most of 47 are in the 15 years, 35 in 14 years and 21 in 16 years other are only few. Among the 53 students said that the sexual relation was last decision of love, among them 25 are 15 years, 14 are 14 years and 9 were 16 years. 77 were said that sexual relation was necessary for body and soul, among them 15, 37 and 16 were from ages 14, 15 and 16 years. In other years few of the respondents give the answer. 101 respondents said that sexual relation was necessary for the procreation. Allmost (80%) male and (71%) female said that sexual relation was own rights.(35.6%) male, and (28%) female said that sexual relation was last decision of love. (58.9%) male and (32%)female were said that sexual relation was necessary for body and soul. (57.8%) male and (65.3%) female were said that sexual relation was necessary for procreation. Allmost (19%) male and (18.7%) female said that sexual relation was social crime, (37.8%) male and (14%) female said that sexual relation was own wishes, 93.4%) male and (34.7%) female said it was thing of bring social crime. So most of the males had more knowledge than the female.
- J Allmost 44 respondents said that the symptoms of STIs was white discharge from vagina who were in age 15 years, 49 were said source in vagina and vaginal way, 54 said that vaginal infection, 38 said that uterus infection and infection in ovaries and fallopian tube and 29 said that came fever in the evening. So most of the 15 years respondents had knowledge on STIs than the other ages respondents.

-) Among the total number of respondents almost all Brahmin and Chhetri casts identified the all symptoms of the STIs, HIV and AIDS.
-) Among the total 165 respondents 70 were said that HIV and AIDS was first stage of disease, among them most of were in age 14 years, 112 respondents said that HIV and AIDS was last stage of infection, 89 respondents said that HIV and AIDS was virus and 65, among them most of them were 32 in the age of 15 years. 65 said that HIV and AIDS was an infected person here also largest number (19) in the age of 15 years.
-) (42.2%) female and (42.7%) male said that HIV and ADIS was first stage of infection. (66.7%) female and (69.3%) female said it was last stage of infection, (50.0%) female and (58.7%) said the HIV/ AIDS was virus,(60%) female and (42.7%) male said that HIV/AIDS was only symptoms of disease, (43.3%) female and (34.7%) male said HIV/AIDS was infected person, and 1 (1.1%) female and 2 (2.3%) male said that HIV/AIDS was others but they can not specify the disease. almost equal knowledge on the male and female.
-) In this study most of the 116 (74.8%) respondents were unmarried, only 8 (8.8%) were married who said that sexual relation was own rights. (28.8%) unmarried and all of 8 (88.9%) married said that sexual relation was last destination of love, necessary for body and soul was said (77.8%) married and (44.9%). Necessary for procreation said (77.8%) unmarried and (60.3%) married. (55.6%) married and (25.0%) unmarried said sexual relation was social crime. (66.7%) married, (16.7%) unmarried said sexual relation was own wishes. (55.6%) married (33.3%) unmarried said sexual relation was thing of bring social crime. So all of the married respondents had knowledge on SRH than the unmarried.
-) Among the total respondents (63%) said that was type of STIs, among them (66.7%) were married and (62.8%) were unmarried, (92.1%) said syphilis was a type of STIs among them (77.8%) married and (92.1%) were unmarried. Chlamydia was a type of STIs said (33.3%) married and (38 %) Unmarried and HIV/ AIDS was also a type of sexually transmitted infection said (88.9%) married and (94.2) unmarried but only 3(3.8%) unmarried respondents said others.
-) Almost all 9 (100%) married respondents said that HIV/ AIDS was transmitted disease. But 154 (98.7%) unmarried respondents said that HIV/AIDS was transmitted disease. 2 (1.3%) unmarried said that

HIV/AIDS was not transmitted disease. Therefore almost all married and all of the unmarried respondents had knowledge on HIV/AIDS.

- J) Among the total respondents (75.2%) who were (74.5%) live in VDC and (75.4%) were living in the municipality. (32.1%) said sexual relation was last decision of love that were (29.4%) live in VDC and (33.3%) were living in municipality. Necessary for the body and soul was said (46.7%) respondents among them (45.1%) were live in VDC and (47.4%) were live in municipality. (61.2%) said sexual relation was necessary for procreation, among them (58.8%) were live in the VDC and (62.3%) were live in municipality. (18.8%) were said sexual relation was Social crime, among them (15.7%) were live in VDC and (20.2%) were live in the municipality. (27.3%) of said sexual relation was Own wishes among them (33.3%) were live in the VDC and (24.6%) were live in the municipality. (34.5%) said that it was thing of bring social crime, among them (49.0%) were live in the VDC and (28.0%) were live in the municipality. So all of respondents had equal knowledge on SRH by the place of residence.
- J) About the knowledge on STIs (70.6%) from VDC and (59.6%) Municipality were said Gonorrhoea was a STIs, Syphilis was also STIs said (92.2%) were VDC and (92.1%) were from Municipality, Chlamydia was a STIs said that (33.3%) were VDC and (40.4%) Municipality, HIV AIDS was a type of STIs said that (94.1%) from VDC and (93.9%) from Municipality, Others (5.3%) only from municipality.
- J) All of the total 165 respondents almost 163 (98.8%) said HIV/AIDS transmitted disease, among them (98.0%) were living in the VDC and (99.1%) were living in the municipality. So living in municipality respondents had more knowledge than the respondents who live in the VDC in number but in percentage shows equal.
- J) All of the total respondents reported that the awareness programmes about STIs, HIV and AIDS include in the school and college curriculum.

6.2: Conclusions

The challenging social norms and values regarding sex and the increasing age at marriage are attributed to respondent's premarital activities. Due to such activities, they may have risk of various health hazards, socio-economic and demographic consequence namely unwanted pregnancy, unmarried mother and infection of sexually transmitted disease. In such a situation they must be supported by correct information to eliminate the mental stress and help them practice responsible sexual behaviour.

Finding from the study showed that respondents had more knowledge on SRH, STIs, HIV and AIDS. Among the respondents who said to have heard about STIs most of them had known about the symptoms of STIs and type of STIs, Gonorrhoea, Syphilis, Chlamydia, HIV/AIDS etc. Radio T.V teacher, and text book was found to be main media of provide the information regarding SRH, STIs HIV and AIDS.

Most of the respondents said that the commercial sex workers were vulnerable to HIV/ AIDS

The conclusion of this study the knowledge on SRH, STIs HIV and AIDS of respondents by different variables was vast different, because of the respondent were coming from the different family background some were from poor economic status, some of the respondents were not talking about the research topics, because of their social and cultural norms. They can not give the answer of the question when fulfil the questionnaire. All of the variable which had identified to this study, they were interrelated to each other because of these variables response of the respondents about SRH, STIs HIV and AIDS was different, economically poor students who had not various household facilities at their house they had less knowledge on the SRH, STIS, HIV and AIDS and low ages respondents had less knowledge than the high ages students.

6.3: Recommendation

There is less discussion about the SRH, STIs, HIV and AIDS in the society. Social and cultural norms are obstacle in this regards. Therefore, it can be inferred that people hesitate to talk about them. The Government, NGOs and INGOs should provide intensive AIDS education to the culturally rigid back

ward people of the society. Change in the traditional believes of the people was difficult task. And the modern education is the key indicator enhances the every change in the society. It helps to reduce the people's resistance for the radical change. Sex education must be included in the school and college curriculum. Also several informal education programmes to the adults should be provided

Information education and communication are very important to increase awareness among the people. Especially the school level students should be the target group to provide the information and awareness about STIs and HIV/AIDS. So these programmes should be effectively provided to the target group.

The major sources of information on STIs and HIV/AIDS are electronic devices like Radio, T.V. Other was newspapers, Teachers and text books. Therefore the information regarding to the transmission and prevention knowledge about the STIs and HIV/AIDS should be provided regularly. This information will be really helpful to prevent the STIs and HIV/AIDS.

Health institutions like hospital, health post, sub- health posts etc should be set up in the remote are and social awareness should be created among the people of every Caste and religion.

Preventive programmes were needed to reduce the danger of drug abuse and prostitutions. Long term sustainable programmes and short term strategic plans must be formulated to fight with the attack of the STIS and HIV nationwide.

The environment should be created in such a way that everybody knows AIDS day or December 1or world condom day. The Aids day should be celebrated every part of the country .That helps to create awareness about such type of disease. Government should provide various types of waywardness programmes among the people who are going to aboard for employment especially to India.

Free medical check up facility to keep adolescents as healthy population. Strong legal provision should be made to control the unorganized and hidden prostitutions in the urban area. A safe method should be provided for such type activities because it is allmost impossible to prohibit flesh tradition in the cities areas.

The responsible authority should provide the knowledge and create open attitude of the people on STIs and its prevention.

6.3.1: Recommendation for Future area of Research

This study has certain boundary to fulfil the acquired aspiration. For the detail study on this topic, I would like to explorer some suggestions to the new generation researcher which are represented below. I could not summit the detail view of respondents about their sexuality due to lack of time. So I recommended to new researchers who study in this subject that each give higher priority on the preventive measure of this disease also provide financial support and technical support to cure them.

It was recommended to new researchers that the questionnaire should be filled up secretly to the respondents by giving them question. The religion and cultural tradition were highly affected to explorer the detail view of respondents. So adult group of society should be made positive in HIV and AIDS.

In Nepal, the HIV/AIDS Cass are raised day by day due to poverty, open conflict, low age at marriage, premarital sexual behaviour illiteracy, and girl trafficking etc. so future study should be centralized to eliminate on this predominated topics of study.

This study doesn't cover the equal respondents of male and female would be better to take equal respondents from each age group and gender too.

8.3.2: Recommendation for Policy Implications

On the basis of above analysis and result of the study, the level of knowledge on SRH, STIs, HIV and AIDS among grade IX and X students in shree AmarJyoti Model Higher secondary school Birendranagar, Surkhet was good. However, knowledge on SRH, STIs, HIV and AIDS is determined by social, economic and demographic variables.

Today's class 9 and 10 students were between the ages 10- 24 so they were called adolescents, therefore this population was rapidly increasing day by day in Nepal. So these populations were the parents of future and back bone of the nation. Therefore adequate service, effort, and intervention must be focused on them from every side for their development. Some recommendations for policy makers are represents below:

Education plays vital role to determine every change in the society. I recommended that sex education should be included in the high school curriculum of the whole nation.

Majority of respondents reported that awareness programmes about HIV and AIDS necessary for the every society's school Programmes should be focused on to educate parents to teach their children about sexuality and HIV/AIDS. Transmission and prevention knowledge and their information on STIS should provide regularly. Programmes must be designed to sustain over long term favor to high school students

Government should make the district vision about awareness making process of cure and also implementation process should be strict in health sector of government.

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APPENDIX I

QUESTIONNAIRE

KNOWLEDGE ON SRH,STIS AND HIV/AIDS:

A STUDY OF STUDENTS AT GRADE 9 AND 10 IN AMARJYOTI MODEL HIGHER SECONDARY SCHOOL IN BIRENDRANAGAR, SURKHET, NEPAL 2011

A. General Questionnaire

G1: Serial number: G G2: Date: 2067/.../... G3 Name of school:

G4 Religion: 1. Hindu 2. Buddhist 3. Islam: 4. Christian 5. Others

G5 class G6. 1. VDC 2. Municipality G7. Ward No:

G8. Sex: 1. Female 2. Male G9. Type of family: 1. Nuclear 2. Joint

B. Socio -Economic status of Family

1. Which of the following facilities at your home?

<input type="checkbox"/> Electricity	1. Yes	2. No	8. Don't know	9. Not stated
<input type="checkbox"/> Radio	1. Yes	2. No	8. Don't know	9. Not stated
<input type="checkbox"/> T.V	1. Yes	2. No	8. Don't know	9. Not stated
<input type="checkbox"/> Telephone/mobile	1. Yes	2. No	8. Don't know	9. Not stated
<input type="checkbox"/> Computer	1. Yes	2. No	8. Don't know	9. Not stated

C. Individual questionnaire

Q2. Class: Q3. Age Q4. Sex: 1. Girl 2. Boy

Q5. Ethnicity: 1. Brahman 2. Chhetri 3. Janajati 4. Dalit 5. Others

Q6. Religion: 1. Hindu 2. Buddhist 3. Islam 4. Christian 5. Others

Q7. Marital Status 1. Married: 2. Unmarried

Q8. Where are you living at present?

<input type="checkbox"/> Own house	1. Yes	2. No	8. Don't know	9. Not stated
<input type="checkbox"/> At hostel	1. Yes	2. No	8. Don't know	9. Not stated
<input type="checkbox"/> At rented house	1. Yes	2. No	8. Don't know	9. Not stated
<input type="checkbox"/> With relatives	1. Yes	2. No	8. Don't know	9. Not stated
<input type="checkbox"/> Others	1. Yes	2. No	8. Don't know	9. Not stated

D. Knowledge on STIS

Q9. Do you know about sexual relation? 1. Yes 2. No

Q10. If yes, what is your perception about sexual relation?

- | | | | | |
|---|--------|-------|---------------|---------------|
| <input type="checkbox"/> Own rights | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Last decision of love | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Necessary work for body and Soul | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Necessary thing for world | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Social crime | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Own wishes | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Thing of bring social crime | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Others | 1. Yes | 2. No | 8. Don't know | 9. Not stated |

Q11. Have you ever involved in sexual intercourse? 1) Yes 2) No

Q12a. If yes who is your first sex partner?

- | | | | | |
|---|--------|-------|---------------|---------------|
| <input type="checkbox"/> Lover | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Husband/ wife | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Relative | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Introduce person | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Un-introduced person | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Others | 1. Yes | 2. No | 8. Don't know | 9. Not stated |

Q12. What is the cause of that sexual relation?

- | | | | | |
|-----------------------------------|--------|-------|---------------|---------------|
| <input type="checkbox"/> Love | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Cur city | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Fear | 1. Yes | 2. No | 8. Don't know | 9. Not stat |
| <input type="checkbox"/> Rape | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Others | 1. Yes | 2. No | 8. Don't know | 9. Not stated |

Q13. What is your sexual problems and condition?

- | | | | | |
|--|--------|-------|---------------|---------------|
| <input type="checkbox"/> To much sexual interest | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> No interest | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Fear of pregnancy | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Not satisfaction | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Haven't sexual partner | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Fear of sexual disease | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Hand sex | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Hate sex | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Others | 1. Yes | 2. No | 8. Don't know | 9. Not stated |

Q14. Have you heard about STIs? 1) Yes 2) No

Q15. If yes from which source did you heard?

- | | | | | |
|---|--------|-------|---------------|---------------|
| <input type="checkbox"/> Radio | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> T.V | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Newspaper | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Health workers | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Friends | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Parents | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Teachers | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
| <input type="checkbox"/> Textbooks | 1. Yes | 2. No | 8. Don't know | 9. Not stated |

Q16. Which of the following are the symptoms of the sexual disease (STIs)?

- | | | | | |
|--|--------|-------|---------------|---------------|
| <input type="checkbox"/> White discharge | 1. Yes | 2. No | 8. Don't know | 9. Not stated |
|--|--------|-------|---------------|---------------|

- Sorer are found 1. Yes 2. No 8.Don't know 9.Not stated
- Vaginal infection 1. Yes 2. No 8.Don't know 9.Not stated
- Uterus infection 1. Yes 2. No 8.Don't know 9.Not stated
- Ovaries infection 1. Yes 2. No 8.Don't know 9.Not stated
- Came fever in the evening 1. Yes 2. No 8.Don't know 9.Not stated
- Hysteria 1. Yes 2. No 8.Don't know 9.Not stated
- Others 1. Yes 2. No 8.Don't know 9.Not stated

Q17. Which of the following is also sexual disease (STIs)?

- Gonorrhoea 1. Yes 2. No 8.Don't know 9.Not stated
- Syphilis 1. Yes 2. No 8.Don't know 9.Not stated
- Chlamydia 1. Yes 2. No 8.Don't know 9.Not stated
- HIV/AIIDS 1. Yes 2. No 8.Don't know 9.Not stated
- Others 1. Yes 2. No 8.Don't know 9.Not stated

Q18. Have you sexual infection? 1) Yes 2) No

Q19. If yes, from which disease you are infected?

- Gonorrhoea 1. Yes 2. No 8.Don't know 9.Not stated
- Syphilis 1. Yes 2. No 8.Don't know 9.Not stated
- Chlamydia 1. Yes 2. No 8.Don't know 9.Not stated
- HIV/AIDS 1. Yes 2. No 8.Don't know 9.Not stated
- Others 1. Yes 2. No 8.Don't know 9.Not stated

Q20. What is the cause of infection?

- Sex with multiple partner 1. Yes 2. No 8.Don't know 9.Not stated
- Cause of sex partner 1. Yes 2. No 8.Don't know 9.Not stated
- Cause of mother 1. Yes 2. No 8.Don't know 9.Not stated
- Cause of husband and wife 1. Yes 2. No 8.Don't know 9.Not stated
- Cause of drug use 1. Yes 2. No 8.Don't know 9.Not stated
- Cause of infected blood 1. Yes 2. No 8.Don't know 9.Not stated
- Others (specify) 1. Yes 2. No 8.Don't know 9.Not stated

Q21. Do you check up the sexual disease? 1) Yes 2) No

Q22. Can STIs be cured? 1) Yes 2) No

Q23. If yes, which of the following is the preventive method of STIs?

- Use condom 1. Yes 2. No 8.Don't know 9.Not stated
- Keep clear sexual organs 1. Yes 2. No 8.Don't know 9.Not stated
- Do sex with only one person 1. Yes 2. No 8.Don't know 9.Not stated
- Do sexual check-up 1. Yes 2. No 8.Don't know 9.Not stated
- Don't give the birth of child 1. Yes 2. No 8.Don't know 9.Not stated
- Don't use infected needles and blood 1. Yes 2. No 8.Don't know 9.Not stated

E. Knowledge on HIAND AIDS

Q24. Have you heard about HIV/AIDS? 1) Yes 2) No

Q25. If yes, from which source have you heard?

- Radio 1. Yes 2. No 8.Don't know 9.Not stated
- T.V 1. Yes 2. No 8.Don't know 9.Not stated

- Magazines 1. Yes 2. No 8. Don't know 9. Not stated
- Friends/relatives 1. Yes 2. No 8. Don't know 9. Not stated
- Parents 1. Yes 2. No 8. Don't know 9. Not stated
- Teachers 1. Yes 2. No 8. Don't know 9. Not state
- Books 1. Yes 2. No 8. Don't know 9. Not stated
- Others (specify) 1. Yes 2. No 8. Don't know 9. Not stated

Q26. What is HIV?

- A disease 1. Yes 2. No 8. Don't know 9. Not stated
- Virus 1. Yes 2. No 8. Don't know 9. Not stated
- Symptoms of disease 1. Yes 2. No 8. Don't know 9. Not stated
- Infection of sexual organ 1. Yes 2. No 8. Don't know 9. Not stated
- Others (specify) 1. Yes 2. No 8. Don't know 9. Not stated

Q27. What is AIDS?

- First stage of infection 1. Yes 2. No 8. Don't know 9. Not stated
- Last stage of infection 1. Yes 2. No 8. Don't know 9. Not stated
- Virus 1. Yes 2. No 8. Don't know 9. Not stated
- Only symptoms of disease 1. Yes 2. No 8. Don't know 9. Not stated
- Infected person 1. Yes 2. No 8. Don't know 9. Not stated
- Others (specify) 1. Yes 2. No 8. Don't know 9. Not stated

Q28. In your opinion what type disease of AIDS? 1) Transmitted 2) Not transmitted

Q29. If transmitted what are the ways of transmission?

- Sex with infected person 1. Yes 2. No 8. Don't know 9. Not stated
- Use infected needles 1. Yes 2. No 8. Don't know 9. Not stated
- Use infected blood 1. Yes 2. No 8. Don't know 9. Not stated
- Birth of child form infected mother 1. Yes 2. No 8. Don't know 9. No stated
- Sharing razors 1. Yes 2. No 8. Don't know 9. Not stated
- Mosquito bite 1. Yes 2. No 8. Don't know 9. Not stated
- Others (specify) 1. Yes 2. No 8. Don't know 9. Not stated

Q30. Are you HIV infected? 1) Yes 2) No

Q31. If yes, from when? ...years

Q32. What is cause of infection?

- Rap 1. Yes 2. No 8. Don't know 9. Not stated
- Cause of mother 1. Yes 2. No 8. Don't know 9. Not stated
- Cause of father 1. Yes 2. No 8. Don't know 9. Not stated
- Blood 1. Yes 2. No 8. Don't know 9. Not stated
- Sexual partner 1. Yes 2. No 8. Don't know 9. Not stated
- Husband / wife 1. Yes 2. No 8. Don't know 9. Not stated
- Drug addict 1. Yes 2. No 8. Don't know 9. Not stated
- Others (specify) 1. Yes 2. No 8. Don't know 9. Not stated

Q33. Anybody HIV infected in your family? 1) Yes 2) No

Q34. If yes, what type of behave can you do?

- Hate 1. Yes 2. No 8. Don't know 9. Not stated
- Love 1. Yes 2. No 8. Don't know 9. Not stated

- Help 1. Yes 2. No 8. Don't know 9. Not stated
- Involve a every work of family 1. Yes 2. No 8. Don't know 9. Not stated
- Keep far from home 1. Yes 2. No 8. Don't know 9. Not stated
- Keep alone 1. Yes 2. No 8. Don't know 9. Not stated
- Other (specify) 1. Yes 2. No 8. Don't know 9. Not stated
-

Q35. Anybody HIV infected in your community? 1) Yes 2) No

Q36. If yes, what type of behave can do?

- Hate 1. Yes 2. No 8. Don't know 9. Not stated
- Love 1. Yes 2. No 8. Don't know 9. Not stated
- Help 1. Yes 2. No 8. Don't know 9. Not stated
- Keep alone from community 1. Yes 2. No 8. Don't know 9. Not stated
- Evolve the community work 1. Yes 2. No 8. Don't know 9. Not stated
- Not evolve the community work 1. Yes 2. No 8. Don't know 9. Not stated
- Others (specify) 1. Yes 2. No 8. Don't know 9. Not stated

Q37. Which are the main symptoms of HIV/AIDS?

- Weight loss 10 percent 1. Yes 2. No 8. Don't know 9. Not stated
- Suffer from continuous a disease 1. Yes 2. No 8. Don't know 9. Not stated
- Sores are found 1. Yes 2. No 8. Don't know 9. Not stated
- Headache 1. Yes 2. No 8. Don't know 9. No stated
- Hysteria 1. Yes 2. No 8. Don't know 9. Not stated
- Swelling 1. Yes 2. No 8. Don't know 9. Not stated
- Others (specify) 1. Yes 2. No 8. Don't know 9. Not stated

Q38. Can HIV/AIDS be cured? 1) Yes 2) No

- 39. What are the preventive methods of HIV/AIDS?
- Use condom 1. Yes 2. No 8. Don't know 9. Not stated
- Don't do with many person 1. Yes 2. No 8. Don't know 9. Not stated
- Using sterilized equipment 1. Yes 2. No 8. Don't know 9. Not stated
- Don't have sex unknown person 1. Yes 2. No 8. Don't know 9. Not stated
- Limit sex between husband and wife 1. Yes 2. No 8. Don't know 9. Not stated
- Don't gibe birth of child 1. Yes 2. No 8. Don't know 9. Not stated
- Check up sexual health 1. Yes 2. No 8. Don't know 9. Not stated

Q40. How to transmit the HIV/AIDS infants?

- From infected mother 1. Yes 2. No 8. Don't know 9. Not stated
- From infected father 1. Yes 2. No 8. Don't know 9. Not stated
- From respiration system 1. Yes 2. No 8. Don't know 9. Not stated
- From infected needles 1. Yes 2. No 8. Don't know 9. Not stated
- From infected bloods 1. Yes 2. No 8. Don't know 9. Not stated
- Others (specify) 1. Yes 2. No 8. Don't know 9. Not stated

Q41. In your opinion who are the must vulnerable group of people from HIV/AIDS?

- Adolescents and youth 1. Yes 2. No 8. Don't know 9. Not stated
- Drug addicts 1. Yes 2. No 8. Don't know 9. Not stated
- Driver/conductors 1. Yes 2. No 8. Don't know 9. Not stated
- Students 1. Yes 2. No 8. Don't know 9. Not stated

- Commercial sex workers 1. Yes 2. No 8. Don't know 9. Not stated
- Housewives 1. Yes 2. No 8. Don't know 9. Not stated
- Seasonal migrants 1. Yes 2. No 8. Don't know 9. Not stated
- Clients of sex workers 1. Yes 2. No 8. Don't know 9. Not stated
- Others (specify) 1. Yes 2. No 8. Don't know 9. Not stated

Q42. Are you checking up your HIV? 1) Yes 2) No

Q43. If yes, from where?

- Primary health post 1. Yes 2. No 8. Don't know 9. Not stated
- Health post 1. Yes 2. No 8. Don't know 9. Not stated
- V.C.T centre 1. Yes 2. No 8. Don't know 9. Not stated
- Medical 1. Yes 2. No 8. Don't know 9. Not stated
- Others (specify) 1. Yes 2. No 8. Don't know 9. Not stated

Q44. How much your teacher describe about HIV/AIDS in the classroom?

- Too much openly 1. Yes 2. No 8. Don't know 9. Not stated
- Too much 1. Yes 2. No 8. Don't know 9. Not stated
- In general 1. Yes 2. No 8. Don't know 9. Not stated
- Less than necessary 1. Yes 2. No 8. Don't know 9. Not stated
- Don't describe 1. Yes 2. No 8. Don't know 9. Not stated
-

Q45. What is the reason for not describing?

- Shy 1. Yes 2. No 8. Don't know 9. Not stated
- Can't attain students in classroom 1. Yes 2. No 8. Don't know 9. Not stated
- Negligence 1. Yes 2. No 8. Don't know 9. Not stated
- Don't know about subject matter 1. Yes 2. No 8. Don't know 9. Not stated
-

Q46. How much HIV/AIDS related program conducted in your school?

- Many more 1. Yes 2. No 8. Don't know 9. Not stated
- Sometimes 1. Yes 2. No 8. Don't know 9. Not stated
- 1 day of the week 1. Yes 2. No 8. Don't know 9. Not stated
- 1 day of the month 1. Yes 2. No 8. Don't know 9. Not stated
- 2 days of the month 1. Yes 2. No 8. Don't know 9. Not stated
- 2 days of the week 1. Yes 2. No 8. Don't know 9. Not stated
- Not conducted 1. Yes 2. No 8. Don't know 9. Not stated

Q47. Who conducted that program?

- Government 1. Yes 2. No 8. Don't know 9. Not stated
- School 1. Yes 2. No 8. Don't know 9. Not stated
- NGOs/INGOS 1. Yes 2. No 8. Don't know 9. Not stated
- Foreigners 1. Yes 2. No 8. Don't know 9. Not stated
- Woman's organization 1. Yes 2. No 8. Don't know 9. Not stated
- Students Organizations 1. Yes 2. No 8. Don't know 9. Not stated
- Don't know 1. Yes 2. No 8. Don't know 9. Not stated

Q48. What type of process can be conducted from your community for HIV preventive?

- Conducted the awareness 1. Yes 2. No 8. Don't know 9. Not stated

- Give knowledge 1. Yes 2. No 8. Don't know 9. Not stated
- Counselling with charge 1. Yes 2. No 8. Don't know 9. Not stated
- Distribution of condom 1. Yes 2. No 8. Don't know 9. Not stated
- Can't do any thing 1. Yes 2. No 8. Don't know 9. Not stated
- Other (specify 1. Yes 2. No 8. Don't know 9. Not stated

Q49. What type of suggestions can you give for HIV infected person in your community?

- Stay in rehabilitation centre 1. Yes 2. No 8. Don't know 9. Not stated
- Evolve in social work 1. Yes 2. No 8. Don't know 9. Not stated
- Do check from V.C.T centre 1. Yes 2. No 8. Don't know 9. Not stated
- Do counselling from health workers 1. Yes 2. No 8. Don't know 9. Not stated
- Don't give child birth 1. Yes 2. No 8. Don't know 9. Not stated

Q50. How many HIV/rehabilitation centre in your community?

- No any 1. Yes 2. No 8. Don't know 9. Not stated
- One 1. Yes 2. No 8. Don't know 9. Not stated
- Many 1. Yes 2. No 8. Don't know 9. Not stated
- Don't know 1. Yes 2. No 8. Don't know 9. Not stated

Q51. Write your suggestions regarding this questionnaire

APPENDIX II

GLOSSARY

Some important terms were used in work or study every term was important to define the subject matter. The terms are described below.

SEXUALITY: "It was the feeling and activities connected with a person's sexual desire"(Advance Learner's Dictionary). In this study sexuality refers to know sexual activities to the students of High school students provided to the researcher.

KNOWLEDGE: According to Oxford Advance Learner's Dictionary "Knowledge is the information, Understanding and Skills that you gain through education or experience. In this study knowledge refers to the understanding the causes of mode of transmission, symptoms, prevention of STIs, HIV and AIDS.

Immune System: The body's protecting mechanism from disease is known as immune system. It was a complex process of many organs e.g. blood, lymph gland, thymus which is important for the protection of the body from infection by recognizing disease killing them and then remembering what they look like , so that will be able to fight with them.

STIs: STIs were group of communicable non-communicable disease which are easily acquired through sexual contact. Sexually transmitted Infections are major causes of acute illness and morbidity.

HIV: Human Immune Deficiency Virus (HIV), a combination of disease caused by HIV virus. Which affects the immune system of the body or, it was a virus that produces deficiency in the immunity of a person.

AIDS: Acquired Immune deficiency syndrome, a fatal disease caused by HIV groups of retrovirus which affects the immune system of the body. The body has become unable to fight against infection.