

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

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

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

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

Human Immunodeficiency Virus (HIV) is an infection agent that cause Acquired Immune Deficiency Syndrome (AIDS) which destroy immune system of the body and loses body's natural ability to fight against various diseases. The infected person may lose weight and become ill with disease like

persistent, severe diarrhea, fever, skin disease, pneumonia, TB or tumor. At this stage, he or she developed AIDS (WHO). Therefore, AIDS is the last stage or life threatening stage of HIV infection. The full form of AIDS is:

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

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

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

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

## **1.2 Statement of the Problem**

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

In this case study lies in Kirtipur Municipality of Kathmandu district which is no far form Kathmandu Metropolitan city. Municipality is one of the urban area where most of the infracture has been developed like as school, electricity, road, media, transportation, health service, communication, etc. But in urban area there is not only develop of positive aspect, there is also have a demerit aspect of developing the urban area. In urban area people are living together coming different places with different views and there is no same social and cultural practice and also suffering by pollution, high density, coloudly life, lack of security and soon. In urban area there is arising many social, cultural, problem and increasing unsocial activities such as: drug abuse, commercial sexual activities, force postitution, child labour, child sex abuse, expensive and glamorous life style, making girl friend and boy friend system in teenage/adolescence is also increasing day by day. Such type of activities directly or indirectly affect our social, cultural aspect and also personal health. Mainly adolescence wants to live more time their friends playing, gathering, and doing enjoy each other so, they careless about the mode of transmission of STIs, HIV/AIDS and method of prevention.

STIs particularly HIV/AIDS is burning and growing problem all over the world as well as Nepal. Most of the Nepalese socialites adolescent particularly in the school age have to face pressure to engage in sexual activities. Adolescence is also stage of rapidly change physical and mental change if in this stage they can't get proper education about health or guidance they may be take wrong side. In urban area people are spending busy life so they can't give fully time

for their children so, their children are quite before and they enjoy with various media where they can get full fill their interest such as internet porn site, porn film, and picture, dance bar, cabin, message center which support the easily available sex contact which may be unsafe sexual contact in this way STIs and HIV/AIDS is growing day by day in urban society. In rural area there is mainly spread STIs lake of the proper knowledge but on the other hand in urban area most of the urban people mainly adolescents known and heard about the STIs and HIV/AIDS but they are not sincere about it because of to spend modern and Luxurious life and lake of proper care of their parents so, it encourage adolescents to involve the drug abuse, unsafe sex, sexual intercourse with commercial sex workers as the result of they are facing on various STIs and HIV/AIDs. So, this study intends to find knowledge attitudes on STIs and HIV/AIDS among secondary school students of Janasewa Higher Secondary School Kirtipur, Kathmandu.

### **1.3 Objectives of the Study**

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

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

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

In Nepal, adolescents constitute over one fifth of the total population. They are backbone of the society and parents of tomorrow. They have great responsibility to make society developed in future. The adolescents are vanrelable, they have high risk of increasing and transmitting STIs, including

HIV/AIDS. That is why the research study will be help to know the knowledge and attitude of adolescents regarding STIs and HIV/AIDS. The available student are sexually limited in number and are nearly studied from view point of demographic perspective. Moreover there are not seen conducted any studies regarding knowledge and attitude towards SITS and HIV/AIDS among adolescents in Kirtipur Municipality. It will also help to know the prevention as well as transmission knowledge of STIs and HIV/AIDS of adolescents and the research has great significance for the policy makers and planners.

Adolescents population has less access to information regarding puberty, physical changes, reproductive health, contraceptive STIs and HIV infection. This study will be help to understand the importance of knowledge and attitude regarding reproductive health including STIs and HIV/AIDS among adolescents as well as parents and community.

Following are the main significance of the study :

- This study helps to adolescents to rise up awareness and playing vital role to prevent from STIs and HIV/AIDS.
- This study provides the information about the level of knowledge and attitude, views on STIs and HIV/AIDS on secondary school students at Shree Janasewa Higher Secondary School, Kirtipur, Kathmandu.
- This study helps to understand the importance of knowledge, attitude on STIs and HIV/AIDS among adolescent's parents and community.

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

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

- This study is based on primary data about knowledge and attitude towards adolescent STIs and HIV/AIDS.
- This study is limited within one schools of Kirtipur municipality, therefore, the findings may not be generalized for all over the nation.
- This study takes account of the school adolescents, so the study does not represent the view of non-school adolescents.
- Due to the causes of time resources, the sample populations are taken from only one government secondary level students of Kirtipur municipality.
- This study is taken among limited number of respondents i.e. 120 students from one school.

## **1.6 Organization of the Study**

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

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

## **CHAPTER TWO**

### **LITERATURE REVIEW**

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

#### **2.1 HIV/AIDS and STIs, in the World**

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

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

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

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

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

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



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

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

## **2.2 The HIV/AIDS Situation in SAARC Countries**

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

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

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

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

### **2.3 HIV and STIs Situation in Nepal**

HIV/AIDS has been increasing since the first case was detected in 1988 in Nepal. Only 3 male and 1 female were detected of HIV infection for the year when it was diagnosed at first in the year 1988. Since the rate is increasing each

year because of extensive use of commercial sex workers, high rates of sexually transmitted diseases, low use of condom, drug users etc. Nepal ranks sixth among Asian nations in absolute numbers of HIV positive persons considering existing open borders with India, the threat of HIV/AIDS in Nepal is tangible because of migrant working population in metros of India, lack job opportunities in Nepal, drug transfer and silk route. The main identified mode of HIV transmission in Nepal is heterosexual contact, primarily commercial sex workers and their clients. Intravenous drug users (HIV/AIDS), migrant workers. (UNAIDS, 2004).

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

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

STIs prevalence among sex workers (SWs) is notably higher. Data from Pokhara, Kathmandu and Terai revealed the syphilis prevalence among SWs

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

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

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

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

Source: NCASC, 2010.

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

Source: NCASC, 2010.

## **2.4 Knowledge on STIs and HIV/AIDS**

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

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

In Nepal, knowledge of AIDS is much higher among men (72%) than women (50%). Although women's knowledge of AIDS is lower than men's the percentage of women who have heard of AIDS has nearly double in the last

five years from 27 percent in 1996 (Pradhan, 1997). Two fifth of women and two thirds of men believe that there is a way to avoid HIV/AIDS. As level of education increase, respondents knowledge of AIDS also increases respondents who have passed their SLC (NDHS, 2006).

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

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

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

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

## **2.5 Major Routes of Transmission of HIV/AIDS**

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

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

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

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

has reached the concentrated stage and may be on the verge of spreading to the entire reproductive age population (Acharya, 2005).

Many Nepalese adults lack accurate knowledge about the ways in which the AIDS virus can and cannot be transmitted. Only 29 percent of women and 49 percent of men know that AIDS cannot be transmitted by mosquito bites. Relatively larger proportions of respondents (59 percent of women and 75 percent of men) are aware that a healthy looking person can have the AIDS virus. Similar proportions of women and men (58 percent of women and 77 percent of men) correctly believe that a person can not get the AIDS virus by touching someone who has AIDS. 45 percent of women and 63 percent of men correctly believe that a person cannot become infected by sharing food with a person who has AIDS (NDHS, 2006).

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

## **2.6 Conceptual Framework**

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



## **Conceptual Framework of the Study**

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

## **CHAPTER THREE**

### **METHODOLOGY**

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

#### **3.1 Selection of the Study Area**

Kathmandu is the headquarter of Nepal and it is the most developed area of Nepal in this district most of the infracture have been developed such as road, electricity, school, college, bank, etc. on the other hand Kathamndu's people are facing on various problem also such as pollution, lack of security, cloudly life etc. According to the population census of 2001, the total population of Kathmandu district is 1081854 of which 576010 are males and 505835 are females. The total no. of households are 235307 with an average household size of 5 person per house. The population density is 2739 per sq. km.

According to the population census of 2001 the total population of Kirtipur Municipality is 40835 of which 21686 are males and males and 19149 are females. The total no. of households are 9487 with an average household size of 4.3 person per house.

Kirtipur is one of the well developed municipality which is connected with the Kathamndu metropolitan. It is also historical place we can found a lot of ancient temple, gumba, and historical articles in this area. It is one of the developed area where all infracture have been developed and maximum people are educated, most of the people have business occupation, some of the agriculture and some of job. In this area most of the people are Newar and limited no. of other cast are living in permanently. So, Kiritpur is also known

as Newar settlement and maximum people are flows the Hindu religion. The study area has been chosen deliberately because of the pre-informed area of the researcher to draw the real information of respondents (Adolescents/students).

### **3.2 Nature and Sources of Data**

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

### **3.3 Questionnaire Design**

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

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

### 3.4 Sample Size and Selection Procedures

Shree Janasewa Higher Secondary School, Kirtipur, Kathmandu was selected by using purposive sampling method. The sample size of this study is 120 secondary level students of class 9 and 10 for the purpose of the study. According to the review of school enrollment registers of 2067, there were 835 students (i.e, 384 boys and 451 girls) in this selected school. Out of them 120 students are related in class 9 and 10. All the students of class 9 and 10 were interviewed in this study. All of students of class 9 and 10 were selected by census sampling method.

The sample selection was drawn as follows:

Class	Total Population		
	Male	Female	Total
9	20	28	48
10	32	40	72
Total	52	68	120

*Source: Field Survey, 2011.*

### 3.5 Method of Data Collection

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

### **3.6 Data Management**

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

### **3.7 Data Analysis and Interpretation**

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

## CHAPTER FOUR

### DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS

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

#### 4.1 Household Characteristics

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

##### 4.1.1 Family Size

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

**Table 4.1: Distribution of Respondents by their Family Size**

<b>Number of family size</b>	<b>Number</b>	<b>Percent</b>
Less than 5 members	24	20.0
5 - 7 members	81	67.5
8 -10 members	12	10.0
more than 10 members	3	2.5
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source : Field Survey, 2011.*

Table 4.1 shows that majority of the respondents (67.5%) have the family size of five to seven members. (20.0%) of the respondents have the family size of

eight to ten members and the lowest proportion of them (2.5%) reported family size of more than 10 members.

#### 4.1.2 Educational Level of Parents

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

**Table 4.2: Distribution of Respondents by Parents Educational Level**

Educational Status	Father		Mother	
	Number	Percent	Number	Percent
Literate	95	80.5	92	77.3
Illiterate	23	19.5	27	22.7
<b>Total</b>	<b>118</b>	<b>100.00</b>	<b>119</b>	<b>100.00</b>
<b>Level of literacy</b>				
Literate (non-formal)	7	7.4	15	16.3
Primary (1-5)	23	24.2	27	29.3
L. Secondary (6-8)	14	14.7	13	14.1
Secondary (9-10)	25	26.4	22	23.9
SLC passed	18	18.9	10	10.9
HS and above	8	8.4	5	5.5
<b>Total</b>	<b>95</b>	<b>100.00</b>	<b>92</b>	<b>100.00</b>

Source: Field Survey, 2011.

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

Table 4.2 shows that (22.7%) respondents mothers are illiterate whereas only 19.5 percent respondent's fathers are illiterate. Among literate, majority of respondents mothers (29.3%) have primary level education, (16.3%) attained non formal education and only (16.4%) have SLC level of education and above comparatively, the respondent's fathers educational attainments are better than their mothers. The table shows that the proportion of respondent's fathers having secondary level of education is more than 3 times that of their mothers.

## Figure 1 : Percentage Distribution of Respondents by Parents' Education

Source: Table 4.2.

### 4.1.3 Parent's Occupation

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

**Table 4.3: Distribution of Respondents by Parent's Occupation**

Occupation	Father		Mother	
	Number	Percent	Number	Percent
Agriculture	24	20.3	76	63.9
Business	35	29.7	17	14.3
Service	18	15.3	7	5.9
Labour/Daily wages	30	25.4	19	15.9
Foreign workers	11	9.3	-	-
<b>Total</b>	<b>118</b>	<b>100.00</b>	<b>119</b>	<b>100.00</b>

Source: Field Survey, 2011.

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



Table 4.3 shows that higher percentage about 64 percent of respondent's reported their mother's major occupation is agriculture/housewife, followed by labour/daily wages 16 percent reported the lowest proposition about 6 percent reported service. Most of the respondent's father's are dependent on business (29.7%) followed by labour/daily wages (25.4%), agriculture (20.3%) and service (15.3%) and (9.3%) reported foreign worker. And none of reported their mothers involving in foreign workers.

#### 4.1.4 Household Facilities

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

**Table 4.4 : Distribution of Respondents by Facilities at Home**

<b>Facilities</b>	<b>Number</b>	<b>Percent</b>
Electricity	120	100.0
Radio	107	89.2
T.V.	96	80.0
Telephone/ Mobile	120	100.0
Computer	42	35.0

*Sources: Field Survey, 2011.*

From Table 4.4 it is seen that all of the respondents (100%) have facility of electricity and mobile phone followed by (89.2%) have radio. Similarly, (80%) of respondents have telephone and only (35%) respondents have computer facility at their home.

## **Figure 2: Percentage Distribution of Respondents by Facilities at Home**

*Source: Table 4.4.*

### **4.2 Individual Characteristics**

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

#### **4.2.1 Age and Sex Composition**

Age and sex composition are the strong determining factors for the demography. In order to know the age and sex of the respondents, the question was asked about it and the distribution of the respondents by single year of age and sex obtain from the field are presented in Table 4.5.

**Table 4.5: Distribution of Respondents by Age and Sex**

Age in years	Respondents					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
14	9	17.3	4	5.9	13	10.8
15	24	46.2	19	27.9	43	35.8
16	15	28.8	30	44.1	45	37.5
17	4	7.7	12	17.7	16	13.4
18	-	-	3	4.4	3	2.5
<b>Total</b>	<b>64</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>	<b>110</b>	<b>100.0</b>

Source: Field Survey. 2011.

The age of the students ranges from 14 to 18 years. Table 4.5 shows that highest percentage (37.5%) of respondents are found in the age of 16 years which is followed by 15 years (35.8%) and 17 years of age (13.4%), and 14 years (10.8%). The lowest percentage (2.5%) of respondents are found in 18 years. The table also clarifies that higher proportions of males (46.2%) and females (44.1%) are found in 15 years and 16 years respectively. There is no male student of age 18 years. The single year age/sex distribution of the respondents can also be observed in figure 3.

### Figure 3: Single Year Age Distribution of Respondents by Sex

Source: Table 4.5.

#### 4.2.2 Caste/Ethnicity

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

**Table 4.6: Distribution of Respondents by Caste/Ethnicity**

<b>Caste/Ethnicity</b>	<b>Number</b>	<b>Percent</b>
Brahmin	15	12.5
Chhetri	21	17.5
Newar	60	50.0
Magar	6	5.0
Rai	3	2.5
Lama	9	7.5
Tamang	3	2.5
Kami	3	2.5
<b>Total</b>	<b>120</b>	<b>100.0</b>

Source: Field Survey, 2011.

Table 4.6 gives the information about the caste/ethnicity of the respondents. The total respondents fall into 8 caste/ethnic groups. Among them the highest proportion of respondents are Newar (50%) followed by Chhetri (17.5%), Brahmin (12.5%), Lama (7.5%), Magar (5%), lowest proportion of Raj (2.5%), Tamang (2.5%) and Kami (2.5%). The distribution of respondents by caste/ethnicity can also be observed in figure 4.

**Figure 4 : Distribution of Respondents by Caste/Ethnicity**

*Source: Table 4.6.*

**4.2.3 Religion**

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

**Table 4.7: Distribution of Respondents by Religion**

<b>Religion</b>	<b>Number</b>	<b>Percent</b>
Hindu	102	85.0
Buddhist	13	10.8
Christian	5	4.2
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

Table 4.7 shows the composition of respondents by religion. In this study area most of the respondents (85%) are Hindu and followed by Buddhist (10.8%) and Christian (4.2%).

#### **4.2.4 Marital Status**

All of the respondents 100 percent they were found to be unmarried. No one students of grade 9 and 10 reported that they were married.

#### **4.2.5 Current Place of Residence**

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

**Table 4.8: Distribution of Respondents by Current Place of Residence**

<b>Current place of residence</b>	<b>Number</b>	<b>Percent</b>
Home	81	67.5
Rented home	39	32.5
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

Table 4.8 shows that majority of the respondents are residing in their own home which is accounted for 67.5 percent and 32.5 percent accounted are found residing in rented home.

## CHAPTER FIVE

### KNOWLEDGE AND ATTITUDE ON STIs AND HIV/AIDS

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

#### 5.1 Knowledge on STIs

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

##### 5.1.1 Heard of STIs

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

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

Heard of STIS	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	52	100.0	68	100.0	120	100.0
No	-	-	-	-	-	-
<b>Total</b>	<b>52</b>	<b>100.0</b>	<b>68</b>	<b>100.0</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

According to Table 5.1, all of the respondents (100%) have heard about sexually transmitted infections.

### 5.1.2 Knowledge on Types of STIs Heard

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

**Table 5.2: Distribution of Respondents by Types of STIs Heard**

Types of STIs	Number	Percentage
Gonorrhea	40	33.3
Syphilis	65	54.2
HIV	120	100.0
Hepatitis-B	34	28.3
Others	12	10.0

*Source: Field Survey, 2011.*

As stated in Table 5.2, the HIV is very common type of sexually transmitted infection which is heard by all of the respondents (100%). Gonorrhea and syphilis are heard by 33.3 and 54.2 percent of the respondents respectively. 28.3 percent of the respondents have heard Hepatitis-B and 10 percent respondents have others types of STIs like Genital warts and Chlamydia.

### 5.1.3 Knowledge on Symptoms of STIs

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



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

Symptoms of STIs	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Headache	15	28.8	20	29.4	35	29.2
Swelling limbs	32	61.5	36	52.9	68	56.7
Itching around genital and mouth	40	76.9	52	76.4	92	76.7
Yellowish pus-like discharge from vagina	34	65.4	59	86.8	93	77.7

*Source: Field Survey, 2011.*

Table 5.3 shows that among the respondents who have heard STIs, most of them understand that the main symptoms of STIs is itching around genitals (77.5%) students said yellow pus-like discharge from vagina as the symptoms of STIs followed by itching around genital and mouth (76.7%) welling limbs (56.7%) and (29.5%) of the respondents said headache as one of the symptoms of STIs.

Similarly, more girls (86.8%) than boys (65.4%) said yellowish pus-like discharge from vagina as the symptoms of SITs.

#### **5.1.4 Sources of Information on STIs**

Various sources of media provide information on STIs. So, respondents were asked about the media through which they heard about STIs at the first time. The responses are tabulated in Table 5.4.

**Table 5.4: Distribution of Respondents by Source of Information STIs by Sex at the First time**

Sources of Information	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Radio	5	9.6	9	13.2	14	11.7
Newspaper	1	1.9	-	-	1	0.8
Teachers	42	80.8	53	78.0	95	79.2
Others	4	7.7	6	8.8	10	8.3
<b>Total</b>	<b>52</b>	<b>100.0</b>	<b>68</b>	<b>100.0</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

Table 5.4 shows that the strongest media to get information on STIs at first time is teachers for the school adolescents which is cover 79.2 percent of the total respondents girls and boys. The second strong media radio is found which cover the 11.7 percent followed by other media 8.8 percent. Only one respondent reported that heard about STIs by newspaper at the first time. So, newspaper seems less effective media to provide sufficient information on STIs.

### **5.1.5 Knowledge on Mode of Transmission of SITs**

All of respondents were asked whether they know the mode of transmission of STIs or not. According to Table 5.5, all of the respondents 100 percent of class 9 and 10 have heard about STIs.

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

Knowledge on Transmission of STIs	Grade 9		Grade 10		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	48	100.0	72	100.0	120	100.0
No	-	-	-	-	-	-
<b>Total</b>	<b>48</b>	<b>100.0</b>	<b>72</b>	<b>100.0</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

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

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

Knowledge on Transmission of STIs	Grade 9		Grade 10		Total	
	No.	Percent	No.	Percent	No.	Percent
Sexual contacts	48	100	72	100	120	100
Living together	7	14.6	3	4.2	10	8.3
Contaminated needles and blood	36	75.0	63	87.5	99	82.5
Mother to fetus	28	58.3	54	75.0	82	68.3

*Source: Field Survey, 2011.*

Table 5.6 shows that 100 percent respondents of grade 9 and 10 stated sexual contact with infected person as the most important mode of STIs transmission. The second most reported mode of transmission (75%) is contaminated needles and blood in which (87.5%) of the respondents said grade 9 and 10 respectively. Living together with infected person and infected mother to her child were reported by 8.3 and 68.3 percent respectively. It shows that the level of knowledge is differ due to level of education.

### **5.1.6 Knowledge on Preventive Methods of STIs**

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

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

<b>Preventive Methods of STIs</b>	<b>Number</b>	<b>Percent</b>
Using condom	120	100.0
Sexual contact with single partner	65	54.2
Avoiding contaminated syringes and blood	42	35.0
Others	4	3.3

*Source: Field Survey, 2011.*

Note: The total percentage exceed 100 due to multiple responses.

## **5.2 Attitude on STIs**

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

### **5.2.1 Attitude towards STIs infected Person**

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

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

<b>Attitude</b>	<b>Number</b>	<b>Percent</b>
Hate them	-	-
Love and respect them	80	66.7
Help and participate them	36	30.0
Don't know	4	3.3
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

Table 5.8 shows that 66.7 percent of the respondents have positive attitude towards STIs infected person in their community. Only 30 percent respondents

reported they don't know towards STIs infected person. No any responses have negative attitude towards STIs infected person so no body hate them.

### 5.2.2 Attitude Towards Sexually Transmitted Infection (STIs)

Table 5.9 gives the distribution of the respondents by having attitude towards STIs for this respondents were asked the question, STIs be cured or not.

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

Attitude	Number	Percent
Yes	56	46.7
No	12	10.0
Don't know	52	43.3
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

Table 5.9 shows that 46.7 percent respondents said STIs be cured, 43.3 percent said don't know towards STIs be cured or not and 10 percent respondents said STIs can not be cured.

### 5.2.3 Suggestion for Avoiding STIs

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

**Table 5.10: Distribution of Respondents by Suggestions for Avoiding STIs**

Suggestions	Number	Percent
Using condom during sexual intercourse	72	60.0
Keep sexual relation with one partner	60	50.0
Acquire sexual education	33	27.5
Not stated	48	40.0

*Source: Field Survey, 2011.*

Table 5.10 clarifies that the main suggestion, which is given by majority of respondents, is to use condom during sexual intercourse which is reported by majority of respondents (60%) follow by keep sexual relation with one partner (50%), 40 percent respondents have not mentioned any preventive measures and only 27.5 percent respondents suggest acquired sexual education.

#### 5.2.4 Opinion on STIs Spread Probability by Area

In order to know the opinion of respondents about the STIs spreaded probability by areas (rural or urban) they were asked about it. The responses were tabulated in Table 5.11.

**Table 5.11: Distribution of Respondents Opinion on STIs Spreaded Probability by Area (urban and rural)**

Area	Number	Percent
Rural	20	10.7
Urban	100	83.3
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

The Table 5.11 clarifies that majority of the respondents 83.3 percent reported that peoples of urban area are more infected from STIs and rest 16.7 percent reported rural people are more infected from STIs.

#### 5.2.5 Opinion towards More Probability of Infected from STIs by Sex

For this, respondents were asked the questions "who is more probability to infected from STIS ?" Table 5.12 gives the detailed information about it.

**Table 5.12: Distribution of Respondents by their Opinion on Probability to Infected form STIs**

Opinion	Number	Percent
Male	12	10.0
Female	87	22.5

Male and female	78	65.0
Don't know	3	2.5
<b>Total</b>	<b>120</b>	<b>100.0</b>

Source: Field Survey, 2011.

Table 5.12 shows that majority of the respondents, 65 percent reported that male and female both were can be infected from STIs. 22.5 percent respondents reported female women more chances to infected by STIs, 10 percent reported male and only 20.5 percent reported that they have don't know about it.

### 5.3 Knowledge on HIV/AIDS

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

#### 5.3.1 Heard of HIV/AIDS

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

#### 5.3.2 Source of Information

Table 5.13 provides the information on the distribution of the respondents who have knowledge on HIV/AIDS by source of information.

**Table 5.13 Distribution of Respondents by Source of Information on HIV/AIDS**

Source of information	Number	Percent
Radio	82	68.3
Newspaper	23	19.2
Teacher	120	100.0

Friend	12	10.0
--------	----	------

Source: Field Survey, 2011.

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

Table 5.13 clearly shows that all of the respondents were found having heard about HIV/AIDS. Regarding source of information on HIV/AIDS, the table shows 100 percent of the respondents have heard about HIV/AIDS through teacher textbook followed by Radio (68.3%). Similarly (19.2%) respondents reported newspaper as the source of information on HIV/AIDS in only (10.0%) reported friends.

### 5.3.3 Knowledge on Full-Form of HIV/AIDS

To find out the level of knowledge on HIV/AIDS, respondents were asked to write the respective full-forms. The responses were categorized in two levels as correctly written and incorrectly written. These two categories of responses are tabulated in Table 5.14.

**Table 5.14: Distribution of the Respondents by Knowledge on Full-Form of HIV/AIDS**

Knowledge on full-form of HIV/AIDS	Number	Percent
Correctly written	92	76.7
Incorrectly written	28	23.3
<b>Total</b>	<b>120</b>	<b>100.0</b>

Source: Field Survey, 2011.

It is evident from Table 5.14 shows that most of the respondents have written the full-form HIV/AIDS correctly which is accounted for 76.7 percent. The rest 23.3 percent of the respondents have not written correctly.

### 5.3.4 Knowledge on Modes of Transmission of AIDS

In order to know about the level of knowledge on HIV/AIDS among the respondents, they were asked the ways of transmission of AIDS. Respondents



are found to have proper knowledge on the ways of transmission of AIDS. Table 5.15 presents the responses on the ways of transmission of AIDS by sex.

**Table 5.15: Distribution of the Respondents by Knowledge on Modes of Transmission of AIDS**

Modes of transmission	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Sexual contacts	43	82.7	49	72.1	92	76.7
Contaminated needles and blood	30	57.6	25	36.8	55	45.8
Brest feeding	3	5.8	6	8.8	9	7.5
Kissing	-	-	-	-	-	-

*Source: Field Survey, 2011.*

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

Table 5.15 shows that 76.7 percent of the respondents reports that the main ways of transmission of HIV/AIDS are sexual contact (76.7%) followed by contaminated needles and blood (45.8 %), breast feeding(7.5%) and no any respondents reported that kissing is also one of the mode of transmission of the AIDS.

### **5.3.5 Knowledge on Preventive Methods of HIV/AIDS**

It is important to ask about the preventive methods of HIV/AIDS to evaluate the knowledge about the preventive methods. Among the respondents who have ever heard about HIV/AIDS were asked about the methods of prevention of it. All of the respondents were reported having heard about HIV/AIDS. The goal of HIV/AIDS programme is not only to make people knowledge about HIV/AIDS but it is to change the attitude and behaviour about it. The result from the survey among the secondary school adolescents on the knowledge of preventive methods of HIV/AIDS is presented in Table 5.16.

**Table 5.16: Distribution of the Respondents by Knowledge on Preventive Methods of HIV/AIDS**

Methods of prevention of AIDS	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Use condom	52	100.0	68	100.0	120	100.0
Don't have sex with multiple partner	42	80.8	45	66.2	87	72.5
Use sterilize surgical instruments	28	53.8	23	33.8	51	42.5
Don't have sex with unknown person	32	61.5	35	51.5	62	55.8

*Source: Field Survey, 2011.*

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

It is notable from the Table 5.16 that the respondents shortly choose only three main preventive methods of HIV/AIDS. Interestingly, all of the respondents reported that the use of condom is the most important and effective method of prevention of HIV/AIDS. Similarly, higher proportions of boys (80.8%) than girls (66.2%) said not to have sex with multiple partners in order to prevent HIV/AIDS followed by don't have sex with unknown person (55.8% and (52.5%) of the respondents said to use sterilize instrument for prevention of HIV/AIDS.

### **5.3.6 Knowledge on Medicine for HIV/AIDS**

In order to know about the knowledge of medicine of HIV/AIDS they were asked the medicine available or not. The responses were tabulated in Table 5.17.

**Table 5.17: Distribution of the Respondents by Knowledge on Medicine Available for Treatment of HIV/AIDS**

<b>Knowledge</b>	<b>No. of Respondents</b>	<b>Percent</b>
Yes	25	20.8
No	71	59.2
Don't know	15	12.5
Never be made	9	7.5
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

Table 5.17 shows that majority of the respondents 59.2 percent said that no any medicine available for the treatment HIV/AIDS. 28.8 percent respondents reported medicine available, 12.5 percent reported don't know and 7.5 percent respondents said that the medicine for HIV/AIDS never be made.

### **5.3.7 Knowledge on Main Impact of HIV/AIDS on Human Body**

To know about the level of knowledge on main impact of HIV/AIDS on human body, they were asked about it. The responses were tabulated in table 5.18.

**Table 5.18: Distribution of the Respondents by Knowledge on Main Impact of HIV/AIDS on Human Body**

<b>Main impact</b>	<b>No. of Respondents</b>	<b>Percent</b>
It reduce the immunity power	96	80.0
It loose the weight	12	10.0
Frequently diahorrea	6	5.0
Headache	6	5.0
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

Table 5.18 shows that most of the respondents 80 percent reported that the main impact of HIV/AIDS is reduce the immunity power followed by loose the weight 10 percent frequently diahorrea 5 percent and headache 5 percent.

## 5.4 Attitudes on HIV/AIDS

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

### 5.4.1 Views on Vulnerable Group for HIV Infection

In order to know their views on vulnerable group for HIV infection based on their understanding about AIDS, respondents were asked a question about it. The responses are tabulated in Table 5.19.

**Table 5.19: Distribution of the Respondents by Views on Vulnerable Group for AIDS Infection in Society**

Vulnerable group	No. of Respondents	Percent
Youth/adolescents	28	23.3
Drugs addicts	15	12.5
Commercial sex workers	77	64.2
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

It is clear from the Table 5.19 that most of the respondents (64.2%) said that the commercial sex workers are vulnerable to HIV/AIDS in the society, followed by youth and adolescents (23.2%) and (12.5%) of the respondents said drug addicts as vulnerable group of AIDS in the society.

### 5.4.2 Perception towards HIV/AIDS Infected Person

In order to know their attitudes on HIV/AIDS infected person, respondents were asked about what is your perception about AIDS infected person some options were given in which 'all of them die,' 'some of them die', 'nobody dies at all' or 'don't know' were given. Respondents choose only two of them, which are 'all of them die' and 'some of them die'. The responses are tabulated in Table 5.20.

**Table 5.20: Distribution of the Respondents by Perception on HIV/AIDS Infected Person**

Perception on HIV/AIDS infected person	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
All of them die	8	15.4	12	17.6	20	16.7
Some of them die	30	57.7	34	50.0	64	53.3
Don't know	14	26.9	22	32.4	36	30.0
<b>Total</b>	<b>52</b>	<b>100.0</b>	<b>68</b>	<b>100.0</b>	<b>120</b>	<b>100.0</b>

Source: Field Survey, 2011.

Table 5.20 shows that among the respondents 53.3 percent consisting 57.7 percent of the male and 50 percent of the females reported that all of the HIV infected person die, while 30 percent (male 26.9% and female 32.4%), reported don't know perception on HIV/AIDS infected person and 16.7 percent (male 15.4% and females 17.6%) reported that all of the HIV infected person die.

### 5.4.3 Opinion on HIV/AIDS

In order to know about their attitude towards AIDS, respondents were asked about how they have perceived the AIDS whether it is a fatal disease, sexually transmitted disease, communicable disease and so on. The responses are tabulated in Table 5.21.

**Table 5.21: Distribution of the Respondents by Opinion on HIV/AIDS**

Opinion on HIV/AIDS	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Fatal disease	22	42.3	28	41.2	50	41.7
Sexually transmitted disease	42	80.8	50	73.5	92	76.7
Dangerous and transmitted by careless sexual contact	24	46.2	31	43.6	55	45.8
Immune deficiency syndrome	40	76.9	43	63.2	83	69.2

Source: Field Survey, 2011.

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

The Table 5.21 that the majority of the respondents have accepted AIDS as sexually transmitted disease which is accounted for about 76.7 percent of the respondents followed by immune deficiency syndrome 69.2 percent, dangerous and transmitted by careless sexual contact 45.8 percent and 41.7 percent accepted AIDS as fatal disease.

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

The table 5.22 shows that 100 percent of the respondents accepted 'yes'. It means teacher provides the information about STIs and HIV/AIDS.

**Table 5.22: Distribution of the Respondents by Opinion on Teachers Behaviour in Providing Information on STIs and HIV/AIDS**

Teacher's description	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	52	100.0	68	100.0	120	100.0
No	-	-	-	-	-	-
<b>Total</b>	<b>52</b>	<b>100.0</b>	<b>68</b>	<b>100.0</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

#### 5.4.5 Chances to meet HIV Infected Person

In order to know the their attitude on HIV infected person, respondents were asked the question have you ever meet the HIV/AIDS patients. The respondents were tabulated in Table 5.23.

**Table 5.23: Distribution of the Respondents by they have ever meet the patient of HIV Infected**

Attitude	No. of Respondents	Percent
Yes	-	-
No	120	100.0
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

Table 5.23 shows that all of the respondents (100%) never meet the HIV/AIDS patient.

#### 5.4.6 Opinion on Conduct the Programme to Control HIV/AIDS

To know about their attitude towards the best programme to control the HIV/AIDS in the society, they were asked about it. The responses were tabulated in 5.24.

**Table 5.24: Distribution of the Respondents their Opinion the Best way to Control the HIV/AIDS in Society**

<b>Best way (Programme)</b>	<b>No. of Respondents</b>	<b>Percent</b>
To conduct the awareness programme	45	37.5
Provide health facility	18	15.0
Band the commercial sex work	33	27.5
Include the school college course content	24	20.0
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

Table 5.24 shows that the majority of the respondents 37.5 percent reported that awareness programme is the best way to control the HIV/AIDS. Followed by band the commercial sex work 27.5 percent, include the school/college course contain 20 percent and provide health facility 15 percent were the best way to control the HIV/AIDS in the society.

#### 5.4.7 Opinion on Transmission of HIV/AIDS

To know about the opinion on transmission of HIV/AIDS in only one sexual contract with infected person or not the respondents were asked about it. The responses were tabulated in Table 5.25.



**Table 5.25: Distribution of the Respondents by their Opinion on HIV/AIDS Transmitted only one Sexual Contact with Infected Person**

<b>Opinion</b>	<b>No. of Respondents</b>	<b>Percent</b>
Yes	54	45.0
No	39	32.0
May be transmitted	27	22.5
<b>Total</b>	<b>120</b>	<b>100.0</b>

*Source: Field Survey, 2011.*

Table 5.25 shows that majority of the respondents 45 percent said that HIV/AIDS transmitted only one sexual contact with infected person, 32.5 percent reported can not transmitted in only one sexual contact, and only 22.5 percent reported HIV/AIDS may be transmitted in only one sexual contact with HIV/AIDS infected person.

## **CHAPTER SIX**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **6.1 Summary of the Findings**

This is the study on knowledge and attitudes towards STIs and HIV/AIDS among secondary level students of Kirtipur, Kathmandu based on the small scale study carried out only one Janasewa higher secondary school of Kirtipur. The main objectives are to analyze the knowledge on HIV/AIDS and STIs among adolescents by their background characteristics and identify the knowledge on modes of transmission and methods of prevention STIs and HIV/AIDS among the respondents. Altogether 120 students as a sample size. From the field survey following major findings are taken, which are as follows.

##### **6.1.1 Household Characteristics**

- The majority of the respondent's (67.5%) family size was 5 to 7 members.
- Most of the respondents fathers (26.4%) have primary level and only (27.5%) of the respondent's fathers have SLC and above level of education while 27 percent respondents mothers were illiterate and only (10.9%) respondents mothers have SLC level of education.
- Most of respondents parents (29.7%) father's occupation is business and (63.9%) mother are engaged in agricultural/housewife.
- All of the respondents have electricity and telephone mobile facility and 89.2 percent have radio facility at their home.

##### **6.1.2 Individual Characteristics**

- Highest proportion of respondents (37.5%) were of 16 years. Among them male proportion was high than female.
- Highest proportion of respondents are Newar (50%) followed by Chhetri (17.5%).
- Majority of the respondents are Hindu (85%).
- All of the respondents are unmarried.

- Majority of the respondents are resided in their own home (67.5%).

### **6.1.3 Knowledge and Attitudes about STIs**

- More respondents are found knowledgeable about STIs. All of the respondents (100%) have heard about STIs. This can be the result of increasing access to information, education and communication materials as well as there is inclusion of STIs and HIV/AIDS chapter in secondary level textbook.
- All of the respondents know about the HIV/AIDS followed by syphilis (54.2%) and Gonorrhea (33.3%).
- Most of the respondents know about the types of STIs yellowish pus-like discharge (77.5%) followed by itching around genitals (70.7%).
- The strongest media to get information on STIs is teacher/textbook for the school adolescents for which most of the (79.2%) girls and boys reported.
- Most of the respondents (76.7%) reported that the STIs can be prevented using condom followed by the respondents who said sexual contact with single partner (54.2%).
- Most of the respondents (66.7%) have positive attitude towards STIs infected person.
- 46.7 percent of the respondents reported that STIs can be cured.
- Most of the respondents (60%) suggest that using condom during sexual intercourse avoiding from STIs.
- Most of the respondents (83.3%) reported that urban people are more infected by STIs.

### **6.1.4 Knowledge and attitudes about HIV/AIDS**

- All of the respondents were found having heard about HIV/AIDS. Regarding source of information on HIV/AIDS, the table shows that all of the respondents (100%) have heard about HIV/AIDS through teacher/textbook followed by radio (68.3%).

- Most of the respondents have written the full-form of AIDS correctly which is accounted for (76.7%).
- Most of the respondents reported that the main ways of transmission of HIV/AIDS is sexual contacts (76.7%), followed by contaminated needles and blood (45.8%).
- Most of the respondents (64.2%) agreed that the commercial sex workers followed by youth and adolescents (23.3%).
- The majority of the respondents have accepted AIDS as sexually transmitted disease which is accounted for (76.7%) followed by immune deficiency syndrome (69.2%).
- Majority of the respondents have accepted AIDS infected persons, some of them die (53.3%), followed by all of them die which is accounted for (16.7%).
- 37.5 percent of the respondents reported that to conduct the awareness programme is the best way to control the HIV/AIDS in the society.
- Non of the respondents never meet the HIV/AIDS infected patient.
- Most of the respondents (59.2%) reported that no any medicine available for treatment the HIV/AIDS.
- Most of the respondents (80%) reported that the main impact of HIV/AIDS in human body is "reduce the immunity power."

## **6.2 Conclusions**

The changing social norms and values regarding sex and the increasing age at marriage are attributed to adolescents premarital sexual activities. Due to such activities, they may have risks of various health hazards, socio-economic and demographic consequence namely unwanted pregnancy, unmarried mother and HIV infection. In such a situation, they must be supported by correct information to dispel the mental stress and help them practice responsible sexual behaviours.

Findings from the study show that respondents parents were found most of them were educated and medium economic status involving in different business and job sections.

All of the respondents have heard about STIs, most of them said to have heard of syphilis and gonorrhoea but they are ignorant about other venereal diseases like urinary problems and genital warts. Because of the various media like television, film, friends, different kind of seminar, daily magazine which supports the increasing knowledge about STIs and HIV/AIDS and also made of transmission and prevention method in this study area.

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

Most of the respondents said that the commercial sex workers are vulnerable to HIV/AIDS but lower proportions of them reported drug addicts,. Less proportion of the respondents reported their teacher hesitates to describe openly about sexual matters. All of them said this reported the only one reason behind it is his/her shyness. Despite the high knowledge on STIs and HIV/AIDS, adolescent boys are found less exposed towards drug addicts and the severe impact of carelessness in blood transfusion.

### **6.3 Recommendations**

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

- It is notable that adolescents are less exposed on drug addiction for which they have said less vulnerable to HIV transmission are likely to

ignore it in their behavioural life. Therefore, they should be provided detailed and proper knowledge on it.

- STIs and HIV/AIDS through different media such as radio and TV. Also they should be informed through non-formal education and education campaign.
- Sexuality education is highly welcomed by students of lower secondary and secondary school. Therefore, the sexuality education should be provided in school level education.
- The plan and policy should be targeted to adolescents' health, education and overall improvement of their physical, social and psychological change.
- Majority of adolescents reported that use of condom is the most important method of preventing HIV/AIDS and STIs transmission therefore it is necessary to make them more knowledgeable in the context of condom use.
- Sex education should be provided to the society through information, education and communication programme.
- Knowledge on prevention mode of transmission and other information of STIs and HIV/AIDS should be provided regularly.
- HIV/AIDS programs should be launched based on the adolescents by GOs and INGOs.
- Parents are should give the time for their adolescents children and should care about their daily activities with their friends.

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## APPENDIX

*Tribhuvan University*

*Central Department of Population Studies (CDPS)*

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

#### A. Household Roster

Household No.:

Date:

Name of Locality :

Religion :

Name of Respondents:

Ward No.:

Sex of Respondents:

Family Type :

1) Nuclear

2) Extended

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

#### Code for

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

1. Do you have following facility at home ?

Electricity .....1  
 Radio .....2  
 T.V. ....3  
 Telephone/Mobile.....4

Computer.....5

## B. Individual Characteristic

Respondent Number:

Date: / /

2) School's Name:

3) Name of Students:

4) Class:

5) Age:

6) Sex: Boy .....1

Girl ..... 2

7) Caste/Ethnicity:

8) Marital Status: Married..... 1 Unmarried .....2

9) Religion :

Hindu ..... 1 Buddhist .....2 Islam .....3 Christian .....4 Others (Specify)....5

10) Where do you live/stay at present ?

At home ..... 1 At hostel.....2 At rented room .....3 At relative .....4

Others (specify) .....5

## C. Knowledge on STIs

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

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

#### **D. Attitude on STIs**

18	What do you suggest for avoiding STIS ?	..... .....	
19	What attitude do you have towards STIS infected person in your community ?	Hate them .....1 Love and respect them .....2 Help and participate them .....3 Don't know .....4 Other (specify) .....5	
20	Is STIs is genetic disease ?	Yes .....1 No .....2 Don't know .....3	
21	Can STIS be cured ?	Yes .....1 No .....2 Don't know .....3	
22.	In your opinion who is more probability to infected from STIs ?	Male only.....1 Female .....2 Male and female .....3 Don't know .....4	
23	In your opinion in which area, urban and rural people are more infected from STIs ?	Urban .....1 Rural .....2	
24	If urban area what you think the main cause of to infected from it ?	Commercial sex work .....1 Lack of proper knowledge .....2 Unsafe sex more than one person ....3 Cause of easy sex opportunity .....4	

### **E. Knowledge on HIV/AIDS**

25	Have you ever heard about the HIV/AIDS?	Yes.....1 No.....2	
26	Through which sources have you heard about HIV/AIDS?	Radio.....1 News paper.....2 Teacher .....3 Others(specify) .....4	
27	If yes, write down the full form of AIDS?	..... .....	
28	How is HIV/AIDS transmitted?	Sexual contacts.....1 Contaminated needles and blood.....2 Breast feeding.....3 Kissing.....4	
29	Can you say what is the main impact of HIV virus on the human body ?	If reduces the immunity power .....1 It loose the weight.....2 Frequently diarrhea .....3 Headache .....4	
30	Have any medicine available for treatment the HIV/AIDS ?	No .....1 Yes .....2 Don't know .....3 Never be made .....4	
31	If no, how we prevent from HIV/AIDS	Do not have sex with multiple partner .....1 Do not have sex with unknown person .....2 Use condom .....3 use sterilized surgical instrument .....4	

### **F. Attitude on HIV/AIDS**

32	Does HIV/AIDS transmitted next person if only one sexual contact with HIV infected person ?	Yes .....1 No.....2 May be transmitted .....3 May not be transmitted .....4	
33	In your opinion, who are the most vulnerable group in our society from HIV/AIDS?	Youth adolescent.....1 Drug addicts.....2 Commercial sex workers.....3 Others(specify) .....4	
34	Have you ever met the HIV/AIDS patient ?	Yes .....1 No.....2	



35	In your opinion what is the best programme or way to control the HIV/AIDS in our society?	To conduct the awareness programme.....1 Provide the health facility .....2 Band the commercial sex work .....3 To include the school;/college course contain ....4	
36	In your opinion, does the entire AIDS infected person die or some of them die or do not die?	All of them die.....1 Some of them die.....2 Nobody dies at all.....3 Don't know.....4	
37	In your opinion, what is AIDS?	Fatal disease.....1 Sexual transmitted disease.....2 Dangerous and transmitted by careless sexual contact.....3 Immune deficiency syndrome.....4	
38	Do your teacher describe about STIs and HIV/AIDS?	Yes.....1 No.....2	
39	If not, what may be the reason for not describing?	Shy.....1 Don't know about subject matter.....2 Negligence.....3 Don't know.....4	
40	Write your comments or suggestion regarding this study if any	..... ..... .....	

Thank you