

CHAPTER I: INTRODUCTION

1.1: General Background

The topic HIV/AIDS is one of the major public health problems in the world. The HIV/AIDS is stated as the latest has become major issues in the 21st century in the world. It has challenged the discipline of medical science more than two and half decades which has to curable treatment in world date. (WHO,2005)

The HIV/AIDS is easily spread from one person to another by sexual contact is known as the sexually transmitted disease. In other words, sexually transmitted disease is generated and transfers one to another by sexual intercourse and injecting drug. HIV/AIDS share the higher proportion maternal morbidity and mortality both in developed and developing countries.

It was first identified in the 1980s in America; spread ness of this disease is seen much more in underdeveloped countries because of lack of accessibility of accurate information 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 extensive use of commercial sex, high rates of sexually transmitted disease, low level of condom use of pocket of intravenous dug users. (As of Oct. 2009 14787 HIV positive (including AIDS person) Out of total person 1907 are male and 5086 female. (NCASC, 2009)

Adolescents are the period of physical psychological and social maturing from childhood to adulthood. It is the period of life spanning the ages between 10-19 years and youth as between 15-24 years. Years and young people are those between 10-24 years of age (WHO, 1997).Those are the formative phase, when 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, (WHO, 1997).

The period of early adolescent that start 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 is able to produce offspring. During this period, there is development of change in bodies, change in appearance, behaviour and change in attitude towards sex and opposite sex. (Acharya S. 2005) 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 day the incidence of sexual transmitted infection is high and rapidly increasing because of the unprotected sex between commercial sex workers and their clients, needle sharing among drug injectors and unprotected sex between men, so these medium provides the virus from infected to uninfected person. Maximum countries in the world have been suffering from this problem (UNAIDS, 2010)

AIDS is caused by the, HIV which is spread blood, Semen, venial secretion and breast milk. The most common method of transmission is unprotected 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:P.3

So, HIV/AIDS is the necessary to study topic broadly and to inform to all people from HIV/AIDS and its affect after safe the life.

1.2 Statement of the Problem

It is said that, Change is the order of nature. Sometimes, change is slow and silent and sometimes they are changing rapidly. During the adolescent's period, Physical emotional changes occur very rapidly. Adolescents start to realize that they are no more the children living parents, but the independent person 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 query what they have in mind old orders, established values and traditions loose their appeal. 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 which helps to hold or more in right way. At this juncture, the question of sex education is important topic to ideal with the adolescents and young, which helps to increase awareness about such HIV/AIDS. Because of the various socio-economic, religion traditional factors, The number of adolescents

people has been in increasing rate in the involvement of sexual activity at young at particularly, low income ,poor socio-economic status, illiteracy as well as weakness factors have been playing a great role in the involvement to adolescents' people in sexual activity. Because of involving in sexual activity at younger age they are not fully aware in various problems, Such as unwanted pregnancy as well as high risk of contracting of HIV/AIDS. The, then most adolescents are made the victim of HIV/AIDS.

Many adolescents don't feel comfortable is discussing sexuality with friends , parents, teachers likewise health care workers and educator are frequently unwilling or unable to complete accurate, age appropriate reproductive health information to young people who have been involving or are involving by forced or violence need or counselling, information and contraceptive services.

So, HIV/AIDS is 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. 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 are considered for rapid transmission of HIV inside the country Arial, R.H (2001)

The number of socio-cultural factors and traditional believes operating in Nepalese societies have contributed to high level of illiteracy, early age at marriage, early and frequent child bearing and their associated, complication unwanted pregnancies and unsafe abortion related health risks for adolescents (Tamang, 1998). In additional and apparent trend to a lowering of the age of menarche, an increasing an age at marriage, changes in values bought about by increasing urbanization (CREHPA, 2006)

The first HIV positive cause in Nepal was diagnosed in July 1988. By the 1997 the number has reached cases ranged from 15000to 25000 for that period homosexual transmission is still. The major cause for all infection and more than 50 percent of such cases occur in age group 15 to 24 years. By the end of April 1998, the number of HIV positive cases has reached 1070out of those number 205 people developed AIDS and102 were died. There were 148 HIV cases among injecting drug users (IPUS) (CREHPA, 2006)

1.3: Objectives of the Study

The general objectives of the study are to assess the knowledge and attitude of STIs, HIV and AIDS on secondary school students in Horizon Eng. Boarding Higher Secondary School, Gajehada, Kapilvastu. The specific objectives of the study are as follows:

1. To evaluate the socio-economic and demographic background of the higher secondary school students.
2. To examine the knowledge of STIs and HIV/AIDS among higher secondary school students.
3. To identify the knowledge and modes of transmission of STIs and HIV/AIDS.
4. To assess their attitude and understanding about STIs and HIV/AIDS.

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 population has less access to information regarding, puberty, physical change reproductive health, contraceptives, STIs and HIV infection. If the adolescents boys and girls are supported with proper information knowledge creates positive attitudes and helps to maintain public health.

This research helps to HIV/AIDS prevention program for secondary school students and will make HIV/AIDS education more effective and fruitful at secondary level. It helps for curriculum designer especially at secondary level and this study is very important for policy makers' planners, programmers' implementations and demographers. It also gives out a new way for the future research and study.

1.5: Limitations of the Study

This study consists of knowledge and prevalence towards class 11 and 12 students STIs and HIV/AIDS among secondary level students of age between 15-20 years. This study has been limited within only selected school of Kapilvastu district (Horizon Eng. Boarding Higher secondary school) every research has done in a boundary or limitation. Therefore this study is based on primary data about knowledge and prevalence towards secondary level students STIs

and HIV/AIDS. So this study is limited within only one school of Kapilvastu District, therefore the findings may not be generalized for all over the nation. This study takes accues of the school adolescents, so the study does not represent the view of none school adolescents. Due to cases of time resources, the sample population are taken from only one secondary level students of central part of the Kapilvastu District. This study is taken among limited number of respondents i.e.105 students from one school. So, the study does not cover more than the objectives of the study.

1.6: Organization

This study is organized in to Chapter VI. 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. In 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, methods of analysis of are included. In Chapter four background characteristics of the study population. Which includes demographic and socio-economic characteristics of the respondents Chapter V includes the analysis of the data and Chapter VI includes summary, conclusion and recommendation of the study.

CHAPTER II: LITERATURE REVIEW

2.1: Theoretical Literature

The HIV infection affects the immune system. The immune system in the person's defends against infection by 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 is called Lymphocytes and Coenocytes (UNAIDS 2010),

In many societies adolescents face pressure to engage in sexual activity. Young women, particularly, low- income adolescents are especially vulnerable. Sexual active adolescents of the both sexes are increasing at high risk of contracting and transmitting sexual transmitted disease, including HIV/AIDS and they are poorly informed about how to protect themselves. Programmes for adolescents have proven most 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 are typically poorly informed about how to protect themselves (UN,1994).STD poses significant risk for adolescents. The highest rate of infection for STIs, including HIV/AIDS are found among young people of age 20 to 24 and the next higher adolescents contract STIs. Some of which can cause lifelong problems (such as infertility) if left, untreated (ICPD, 1994

Acquired immunodeficiency syndrome (AIDS) has killed more than 25 million people since it was first recognized in 1981, making it one of the most destructive epidemics in recorded history despite recent access to anti retroviral treatment and care in many regions of the world, the AIDS epidemic claimed 3.1 million lives in 2005., more than half of (570000) were children (UNAIDS 2006),

Aids is a disease caused by virus that can be down the body's immune system and lead the fatal infections, some form of cancer"(UN 1989).This virus occurs AIDS by disability destroyed certain kinds of cell that normally help to fight disease .If these particular cells are destroyed, the body can not defend itself against infection and certain cancer. AIDS patients are then open to attract from infections and cancers that healthy person can resist.

"A quarter century in to the epidemic, the AIDS response stands at a cross roads .The AIDS response must become substantially stronger strategic and better coordinated. If the world is to achieve the 2010 Declaration of 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, 2006),

The high level of HIV infection among younger and young people signals societies failure to protect it children, the world risk it future. It level of HIV prevalence risk not only the health consequences are serious but also the demographic economic and social consequences. Acquired immune deficiency syndrome (AIDS) was first recognized internationally in loss Angels in June 5 1981.This is a pandemic disease. 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 redacted virus) and LAV (Lymphade, Nopathy associated Virus). However the scientists later in 1996 agreed to give the virus globally acceptable name HIV.

Worldwide incidence of the STIs is high and increasing. The situation was worsened considerable with the emergence of HIV epidemic. Although the incidence of some STTs has established in parts of the world, there have been increasing cases in many regions (UNFPA, 1998), keeping the matter in consideration, in 1994, the international conference on population and development (ICPD)promised basic sexual and reproductive health services to all by the year 2015 (UNFPA, 2004). Young people seek comprehensive and youth friendly programs that not only after board reproductive health choices, but also teach effective decision making skills. They want services that promote education concerning sexually transmitted disease, contraceptives, unwanted childbirth etc. The most successful sexual and reproductive health programmers involve adolescents and take what they have to say in to consideration (NCASC, 2009).

2.2: Empirical Literature

2.2.1: The Scenario of the World

Worldwide about half of the people who become infected with HIV acquired the infection before age 25 and they especially die of opportunistic infections associated with AIDS before their 35th birthday. For this reason AIDS is uniquely threatening to both young people who are in risk for infection and children who are orphaned by HIV/AIDS. According to UNAIDS the jointing united nations programme on AIDS, by the end of 1999, the AIDS epidemic had left behind a cumulative total of 11.2 millions orphans, defined as children having lost their mother before reaching the age of 15 (UNAIDS,2006)

UNAIDS and the WHO estimated that AIDS killed more than 25 million people between 1981, when it was first recognized, and 2005, making it one of the most destructive pandemics in recorded 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. 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 4.0 million in 2008. (PRB, 2006),

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

An estimated 38.6 million people worldwide were living with HIV at the end of 2005. And estimated 4.1 million people become newly infected with HIV and 2.8 million lost their lives to AIDS. Overall the HIV incidence rate (the proportion of the people who have become infected with HIV) is believed to have peaked in the late 1990s to stabilize subsequently, not

withstanding increasing incidence in several countries. Africa remain the global epicentre of the AIDS South Africa's AIDS epidemic one-world -so no evidence of decline. (UNAIDS, 2006),

AIDS is the most devastating health disaster in the human history. It is continuous from individual to family, community nation and the world. In the context of the world, 25 million people are living with AIDS now.4.9 million people were infected with it in 2005. Around 95 percent of them in sub-Saharan Africa, Eastern Europe and Asian countries through out the industrialized world face serious challenges from AIDS. Infection rates have no declined significantly in Western Europe and North America were the epidemic has spread from the gay male population to ethnic minorities, the poor and marginalized group. Sub-Saharan Africa is 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 "between" (4.5-6.5) million. Swaziland has the highest adult HIV prevalence rate. More than 30 percent of adult are infected with HIV and AIDS. (PRB, 2006),

Globally the AIDS pandemic shows no sign of slowing, despite concern effort to control it and a few success stories. The difficulties in reducing the number of new infectious are also compounded by poor access to life saving treatment. The Joint united National programmed on HIV/AIDS (UNAIDS) estimates that only about 15 of the 6.5 million people in developing who need treatment have access to antiretroviral drugs.

Table2.1 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

2.2.2 HIV/AIDS in Asia

HIV infection level is Asian country comparatively lower than other continents. But in some Asian countries are very much suffered by this disease. In the contest of Asian continents 8.2 million people were livings with HIV at the end of 2004. Asian countries can be divided in to several categories, according to the epidemic prevalence. While some other countries, such as, Cambodia, Myanmar, and Thailand are just in starting phase and starting rapid experience of epidemic such as, Indonesia, Nepal, Vietnam and several provinces of China. And some countries including Bangladesh, East Timor, Laos Pakistan and Philippines are experiencing extremely low level of HIV prevalence (Thapa, Bishnu K, (2009).

Later estimates of that some 8.3 million people were living with HIV in Asia at the end of 2005, more than two third of them in one casers India. India is the only one country which has the largest number of people suffering with is epidemic in the world. In Asia, about the sex people 16 percent in need of antiviral treatment are now receiving it. While progress has been strong in Thailand wile the coverage of treatment remained below 10 percent in India. China has expanded the HIV surveillance and improved in estimating of the AIDS pandemic disease. Approximately, 650,000 people were living with HIV in china. Injecting drug users accesses for almost half 44 percent out of their total infected percent. Injecting drug users and unprotected sex are the main course of spreading of HIV in Asia. An example is Vietnam, where HIV has spread in to LL 59 Provinces and all cities. In 2005, and estimated 360,000 adult and children were living with HIV in Myanmar and National Adult prevalence stood at 1.3 percent. 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 are not improved (UNAIDS, 2006). HIV prevalence is also rising rapidly in many parts of Eastern and Southern Asia. China and

India will see million of additional infections unless they launch effective, large scales prevention programmes. (PRB, 2006),

2.2.3 HIV/AIDS in south Asia

South Asia has one of the fastest growing epidemics in the world. Since its entry into the region, every country has been new infection. In South Asia 7,400,000 people were living with HIV, where 999 people were newly infected in 2005. HIV prevalence is also rising rapidly in many parts of the South Asia. Around 480,000 people were died due o AIDS in 2005 in South Asia (PRB, 2006). In this region India has highest prevalence rate of , HIV, which comprise 1.3 percent for female aged 15-49 (UNFPA, 2006), India has the highest number of people living with HIV AIDS in almost all the years.

Cambodia has highest (1.9 percent) 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, 2008). State of the World Population (New York: UNFPA)

In 2003 UNAIDS estimated that 5.3 million people were living with HIV/AIDS which number was increased to 5.7 million in 2005, in Nepal it was estimated that 62,000 people were living with HIV/AIDS in 2003, which increased to 75000 by the end of 2005. Other countries are Pakistan, Bangladesh, and Sri-Lanka. Which have 56, 000, 7,500 and 47000 in 2003 which increased to 85, 000, 11,000 and 5,000 in 2005 respectively.

In this region adult HIV prevalence rate for male and female aged 15-49 are 1.3 and 1.8 in India and 0.5 in Nepal and less than 0.1 in Pakistan respectively.

2.2.4 HIV/AIDS Situation in SAARC Countries

Behaviour that brings the highest risk of HIV transmission in the region are unprotected sex between clients and sex workers, needle sharing among drug users and unprotected sex between men. The countries which become the victim of HIV, they could not separate from the great trouble comparatively SAARC countries have less number of infected persons.

Through there is wide variation with south Asian region, there are many similarities. Different ethnic groups reside in this region with distinct culture but some of the characteristics are very similar. Basic development and the health indicators of the countries of these regions are almost

similar. All countries are basically agrarian in nature and economic status is low as well as the literacy rate. The health indicator is very much similar with high infected, child and maternal mortality rates. The services in general are poor including reproductive health services. It is a taboo to talk about issues related to sex or sexuality. Nevertheless the social norms and values are 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 is rapid. However, current trend show that this region will be severally affected very soon. For this region the estimates of HIV in SAARC countries are often made on the basis of inadequate information. The virus of HIV/AIDS was reported in India in 1996 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. In 2009, serious epidemic are under way in several states. In Tamilnadu, HIV prevalence of 50 percent has been found among sex workers while in each of Andra Pradesh, Karnataka, Maharashtra and Nagaland. HIV prevalence measured in antenatal clinic in the Manipur cities of impala and churachand has rose..Below one percent to over 5 percent with many of the women testing sitive appearing to be the sex partners of male drug injectors. Several factors look sat to sustain Manipur epidemic, including the large proportion about 20 percent of female sex workers who inject drug and the young ages of many injectors. (UNAIDS, 2010)

The government of the India recognized the seriousness of the problem and took a series of important measures to tackle the epidemic. A high powered national AIDS committee was constituted in 1986 itself and a national AIDS control programs various measures have been lunched in India. To prevent HIV/AIDS in Bangladesh, a national AIDS committees (NAC) is established. NAC is advisory body to the ministry of health and family welfare on all aspect of HIV/AIDS including legal ethnical Managerial, Financial and Technical issues. The Bhutanese Government is fully aware of the potential of its rapid spread. The approach towards the control and prevention of HIV/AIDS is also a board based on the HIV virus. The Strategic approaches are included to improve surveillence, increased information, education and communication campaign about the disease and strengthened laboratory service so that timely and appropriate screening is carried out (UNFPA, 2009).

Through the reported HIV cases, are very small in Maldives, Maldives is highly vulnerable to the AIDS epidemic. a sustained rapid economic growth to 7.2 percent has exposed Maldives to the outside world. HIV/AIDS prevention and control activities are given National priority under the National AIDS Council (NAC) program. The government of Sri Lanka established a National Task Force (NTF) in 1987 and a short term plan of action was formulated in July 1987. a multi sector , Multidisciplinary National AIDS committee on laboratory services and surveillance, HIV care and counselling legal and ethnical issues on HIV/ AIDS arid information, education and communication (IEC) functioning under it. (NCASC, 2009).

2.2.5 STIs and HIV/AIDS situation in Nepal

Nepal being land lock, one of the least developing countries in the world with immense problem of poverty, illiteracy, ignorance and number of young unemployed has all the predisposing factor of increasing population being at the risk of STIs and HIV. In Nepal the first cases of AIDS were reported in 1988. As the country being heterogeneous in terms of geography, cast and ethnicity and tradition, it has multiple dimensions. Due to the lack of the education and economic process, there is lack of public awareness in health facilities in terms of AIDS (UNAIDS, 2010)

The HIV/AIDS has become a major public health problem in Nepal. It has been increasing since the first case was detected in 1988 in Nepal. The HIV infected persons have been increasing rapidly in Nepal because of extensive use of commercial sex workers, high rates of sexuality transmitted disease, low use of condom, drug users etc. National ranks sixth amongst Asian nation in absolute number 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 of job opportunities in Nepal, drug transfer and silk route. The main identified mode of HIV transmission in Nepal heterosexual contact, primarily commercial sex workers and their clients, Intravenous Drug Users (IVDUs) migrant workers (UNAIDS, 2010).

STIs prevalence among sex workers (SWs) is noTablehigher. Data from Pokhara, Kathamandu and Terai revealed the syphilis prevalence among SWs were 18.8percent in Terai, 19 percent in Kathamadu and 38.in Pokhara client's sex workers (Truck drivers) were found to have 5.3 percent syphilis. Similarly among family planning attendees, tirchomoniasis was 6.0 percent, Chlamydia was 1.0 percent and HIV was 0.3 percent as per results of study conducted adults15

or over living with HIV- 68 thousands, adult HIV prevalence - 0.5 percent, and AIDS deaths - 5 thousand. Cumulative number of HIV infected approx 15 thousand. (NCASC, 2009).

In the context of Nepal first HIV was identified in 1988. since than spread ness of this disease has become very large because of the extensive use of commercial sex workers, high rate of sexually transmitted disease, low level using condom, lack of education, and increasing rate of drug users. Nepal is 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 is a urgent need to scale of effective interventions, especially among IDUS. Nepal is poverty, political instability and gender inequality combined with low level of education and literacy make a task all the more challenging as do the denial surround HIV/AIDS. The national centre for AIDS and STD control (NCASC) of the Ministry of health and population has estimated an average 70,000 adult HIV positive people in Nepal. (NCASC, 2008).

In the context of Nepal, the cause of HIV was identified in July 1998, at that time only four people are infected from the HIV. The increase rate of HIV positive was low by late 1996. In 1996 this number is 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 cases of AIDS and over 5,800 cases HIV infection were officially recorded. By the end of March 2007 this number is reached to 1293 out of 9043 number of people living with HIV around the country.

The result conducted so far clearly indicated that the HIV epidemic in Nepal is 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 (MOH, New ERA and ORC Macro, 2007)

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

Table2.2 Cumulative HIV infection by sub-group and sex

Sub-groups	Male	Female	Total		New Cases 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		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

Table2.3 Cumulative HIV infection by Age group and sex

Age group	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

30-39 Years	4,427	2,037	6,464	85
40-49 Years	1,454	629	2,083	34
50-above	388	184	572	15
Total	10,809	5,828	16,637	206

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

As of 2008, each year's World AIDS Day theme is 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. 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 is 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-cases" campaigns throughout the world, like the Student Stop AIDS Campaign, an infection-awareness campaign targeting young people throughout the UK. (UNAIDS), Report on the Global HIV/AIDS Epidemic 2008.

2.3: Variables Identified

According to the nature of study research, the study variables categorized dependent and independent variables. In the independent variable: Cast/ethnicity Education, Marital status age sex and household facilities, and the dependent variable is the knowledge on STIs, HIV and AIDS.

The cast ethnicity play important role in determining the knowledge on STIs, HIV and AIDS In this research high cast had more knowledge than the low cast on 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 STIs, HIV and AIDS. Comparing to unmarried person. Age and sex also play a vital role in determining the knowledge on STIs HIV and AIDS.

2.4: Conceptual Framework

This research has attempted to coin some of the socio-economic as well as demographic variables which knowledge and prevalence of the adolescents towards STIs and HIV/AIDS so as to make a concept if there is any impact and relation to the adolescent's prevalent knowledge and attitude on STIs and HIV/ AIDS.

Figure 1: Conceptual Framework of the study

In this study, it also attempts to explain the effect of several variables of knowledge on STIs and HIV/AIDS. In general knowledge, attitude and behaviour of anyone is influenced by social economic and demographic variables and level of education. Place of residence also affects the level of education and ultimately affects knowledge attitude and behaviour of sexuality, STIS, HIV and AIDS.

If there is high level of access to information, education and communication (IEC) and exposure to media, there is also increase level of knowledge attitude towards STIs, HIV and AIDS among youth 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/AIDS that cause bad impact on health, economic and social situation.

CHAPTER III

METHODOLOGY

This chapter deals with the research methodology employed to collective the primary as well as secondary data needed for the present study. Specially, this chapter discusses the introduction to 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.

3.1 Introduction to the Study Area

This study is based on the Higher Secondary level's students of Horizon eng. Bording Higher Secondary School Gajehada. This school is located at the Gajehada VDC of Kapilvastu district, Lumbini. It is about 2 km. south from the Mahendra Highway. Horizon Eng. Boarding Higher Secondary School was established on 2062 BS and running from grade 1 to 12. There are 1040 students studying in Primary, lower secondary and secondary level and 160 students in Higher Secondary (11 and 12) level. It is one of the Higher Secondary School of Gajehada VDC. Horizon Eng. Boarding Higher Secondary School is a part of education sector in Kapilvastu district and provides the better education among the several schools of this district.

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 findings of the research, both primary and secondary sources were used in this study. The primary data collected from the survey in Dec. 2010. Secondary data used in this study were collected from the various national, international annual reports, newspaper bulletins and previous dissertations published by government and non-government organizations. Questionnaire were prepared and interviewed to the targeted students. The findings of this study are mainly based on primary data (Field Survey, 2010). The primary data that is qualitative and quantitative in nature were collected directly from the respondents under higher secondary school students by means of interview, questionnaire and observation methods. Literature review is based on secondary sources.

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 attitude on STIs and
- iv) Knowledge and attitude on HIV/AIDS

3.4 Sample Size

Horizon Eng. Boarding Higher Secondary school, Kapilvastu has 160 students in higher secondary level (11 and 12). Among them 98 students are girls and 62 are boys. Out of total students 105 or (60.55%) students (50 students from grade 11 and 55 students from grade 12) are taken as respondents. Among them 44 are boys 61 are girls.

3.5 Method of Data Collection

This study is based on the primary data as main source of information. Primary data was collected from the field study through surveying the higher secondary school students. Students were using structured questionnaire.

3.6 Data Management

After collection of the questionnaires, they are checked, edited and post coded. Then the necessary tables are generated. The gathered descriptive 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 are processed and analyzed to interpret their implication. The data analysis and interpretation have been made based on percentage distribution.

CHAPTER IV

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, parent's education and current place of residence. Socio-economic background also provides information about parent's 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.

4.1.1 Family Size

Family size shows 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 Table4.1.

Table4.1: Percent distribution of Respondents by their Family size

Number of family size	Number	Percent
Less than 5 members	25	23.80
5 - 7 members	45	42.85
8 -10 members	20	19.04
more than 10 members	15	14.28
Total	105	100.00

Source: Field Survey, 2010

Table 4.1 shows that majority of the respondents (42.85%) have the family size of five to seven members. followed by less than 5 members around 24 percent, 8-10 members about 19 percent and more than 10 members around 14 percent.

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 schedule. The results are shown in Table 4.2.

Table 4.2: Percent Distribution of Respondents by Parents Educational Level

Literacy/Education	Father		Mother	
	Number	Percent	Number	Percent
Literate	98	93.33	94	89.52
Illiterate	7	6.66	11	10.47
Total	105	100	105	100
Level of literacy				
Educational/attainment	28	28.57	44	46.80
Under SLC	42	42.85	27	28.72
SLC passed	19	19.38	17	18.05
Intermediate	6	6.12	5	5.31
Bachelor and above	3	3.06	1	1.06
Total	98	100.00	94	100.00

Source: Field Survey, 2010

Table 4.2 shows that higher proportion of respondents mothers (10.47%) are illiterate whereas only 6.66 percent respondent's fathers are illiterate. Among literate, majority of respondents mothers (46.80%) have attained primary level of education and only 5.31% mothers have passed the intermediate level of education and above comparatively, the respondent's father's educational attainments are better than their mother's. The Tables shows that the 42.85% of fathers are under S.L.C, 19.38% are SLC passed and only 3.06 % of fathers are Bachelor and above.

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 respondent's parents' occupation is presented in Table 4.3.

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

Occupation	Father		Mother	
	Number	Percent	Number	Percent
Agriculture	68	64.76	89	84.76
Business	10	9.52	8	7.61
Service	8	7.61	-	-
Labour/Daily wages	10	9.52	8	7.61
Foreign workers	9	8.57	-	-
Total	105	100.0	105	100.0

Source: Field Survey, 2010.

Table 4.3 shows that higher percentage (84.76%) of respondents reported their father's major occupation is agriculture, followed by foreign workers (8.57%), business (9.52%), daily wages (9.52%) and the lowest proportion (7.61%) reported service. Most of the respondent's

mothers are dependent on agriculture/housewife (84.76%). Involvement in other occupation is very low. The proportions of respondents whose mothers are involved in business and daily wages are only 7.61 and 7.61 percent respectively. No one of them reported their mothers involving in service and foreign workers.

4.1.4 Household Facilities

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

Table 4.4 : Percent Distribution of Respondents by Facilities at Home

Facilities	Number	Percent
Electricity	103	98.09
Radio	105	100.0
T.V.	92	87.61
Telephone/ Mobile	64	60.95
Computer	15	14.28

Total N=105

Sources: Field Survey, 2010.

From Table 4.4 it is seen that most of the respondents (98.09 %) have electricity, followed by (100%) have Radio. Similarly, 87.61 percent respondents have television and low percentages of respondents (60.95%) have telephone (including mobile) facility at their home but very low percentage of respondents (14.28%) have computer at their home.

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 respondents 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 Table4.5.

Table 4.5: Percent Distribution of Respondents by Age and Sex

Age in years	Respondents					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
15	9	20.45	7	11.47	16	15.23
16	13	29.54	16	26.22	29	27.61
17	9	20.45	14	22.95	23	21.90
18	8	18.18	6	9.83	14	13.33
19	5	11.36	18	29.50	23	21.90
Total	44	100.00	61	100.00	105	100.00

Source: Field Survey. 2010

The age of the students ranges from 15 to 19 years. Table4.5 shows that highest percentage (27.61%) of respondents is found in the age of 16 years which is followed by 18 years (13.33%) and 17 years of age (21.90%). The lowest percentage (10.33%) of respondents is found in the age 15 years.

4.2.2 Caste/Ethnicity

Caste/ethnicity in the context of Nepal is important social factor affecting attitude and standard of people. According to census, 2001, more than 100 caste ethnic groups were prevalent in Nepal. I found respondents representing seven races in my study. The caste/ethnic status of the respondents is presented in Table4.6

Table4.6: Percent Distribution of Respondents by Caste/Ethnicity

Caste/Ethnicity	Number	Percent
Brahmin	48	45.71
Chhetri	32	30.47
Tharu	8	7.61
Magar	10	9.52
Newar	3	2.85
Gurung	2	1.90
Sarki	2	1.90
Total	105	100.00

Source: Field Survey, 2010.

Table 4.6 gives the information about the caste/ethnicity of the respondents. The total respondents fall into seven caste/ethnic groups. Among them the highest proportion of respondents are Brahmin (45.71%) followed by Chhetri (30.47%), Magar (9.52 %), Tharu (7.61%), Newar (2.85%), Gurung (1.90%) and Sarki (1.90%).

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. In the study area three religion groups are found which are presented in Table 4.7.

Table 4.7: Percent Distribution of Respondents by Religion

Religion	Number	Percent
Hindu	85	80.95
Buddhist	15	14.28
Christian	5	4.76
Total	105	100.00

Source: Field Survey, 2010.

Table 4.7 shows the composition of respondents by religion. In this study area most of the respondents (80.95%) are Hindu, 14.28% are Buddhist and 4.76% are the Christian.

4.2.4 Marital Status

Table 4.8 shows that the marital status of the respondents. Due to rural area some adolescent's students are getting married.

Table 4.8: Percent Distribution of Respondents by Marital Status

Marital Status	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Unmarried	35	79.54	50	81.96	85	80.95
Married	9	20.45	11	18.03	20	19.04
Total	44	100.00	61	100.00	105	100.00

Source: Field Survey, 2010.

Table 4.8, shows that 80.95percent respondents are unmarried and 19.04 percent are married, among them female proportion of married is high.

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.

Table 4.9: Percent Distribution of Respondents by Current Place of Residence

Current place of residence	Number	Percent
Home	97	92.38
Relative's house	8	7.61
Total	105	100.00

Source: Field Survey, 2010.

Table 4.9 shows that majority of the respondents are resided in their own home which is accounted for 92.38percent and 7.61percent accounted relatives house.

CHAPTER V

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 gives 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 Table5.1.

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

Heard of STIS	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	44	100.00	57	93.44	101	96.19
No	-	-	4	6.55	4	3.8
Total	44	100.00	61	100.00	105	100.00

Source: Field Survey, 2010.

According to Table 5.1, most of them (96.19%) have heard about sexually transmitted infection. But 3.8percent respondents have not heard STIs. All the male respondents heard about the STIs but four female respondents have not heard about STIs.

5.1.2 Knowledge on Types of STIs Heard

The respondents who heard about sexually transmitted infection were further asked to state which STIs they have heard. Table5.2 gives the data about different types of STIs they have heard.

Table 5.2: Percent distribution of Respondents by Types of STIs Heard

Types of STIs	Number	Percentage
Gonorrhea	85	84.15
Syphilis	72	71.28
HIV/AIDS	101	100.00
Hepatitis-B	19	18.81
Others	16	15.84
Total	101	–

Source: Field Survey, 2010.

As stated in Table5.2, the HIV/AIDS is very common type of sexually transmitted infection which is heard by all of the respondents (100 %). Gonorrhea and syphilis are heard by 84.15 and 71.28 percent of the respondents respectively. About 15 percent of the respondents have heard others types of STIs like Genital warts and Chlamydia. 18.81 percent of the respondents have heard of Hepatitis-B also.

5.1.3 Knowledge on Symptoms of STIs

It is important to ask the symptoms of sexually transmitted infection to evaluate the knowledge about respondents. Table5.3 gives the data about knowledge on symptoms of SITs.

Table5.3: Percent Distribution of Respondents by Knowledge on Symptoms of STIs by Sex

Symptoms of STIs	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Headache	32	72.72	38	66.66	70	69.30
Swelling limbs	25	56.81	45	78.94	70	69.30
Itching around genital and mouth	27	61.36	45	78.94	62	61.38
Yellowish pus-like discharge from vagina	22	50	27	47.36	49	48.51
Total	44	–	57	–	101	–

Source: Field Survey, 2010

Table5.3 shows that among the respondents who have heard STIs, most of them understand that the main symptoms of STIs is itching around genitals (61.38 %) followed by swelling limbs (69.30 %). Yellowish pus-like discharge from vagina (48.51%) and 66.66percent of the respondents said headache as one of the symptoms of STIs.

5.1.4 Sources of Information on STIs

Actually respondents felt difficult to pronounce STIs they were familiar of the word STDs. When researcher himself reminded them to give responses on STIs. Less information is given as infection through the different Medias as well. Respondents were asked about the media through which they heard about STIs. The responses are tabulated in 5.4.

Table5.4: Percent distribution of Respondents by Source of Information STIs by Sex

Sources of Information	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Radio	35	79.54	54	94.73	89	88.11
T.V.	27	61.36	36	63.15	63	62.37
Magazine	21	47.72	17	29.82	38	37.62
NGO/INGO	6	13.63	10	17.54	16	15.84
Health Personnel	23	52.27	30	52.63	53	52.47
Friends	17	38.63	12	21.05	29	28.71
Parents	10	22.72	16	28.07	26	25.74
Teacher/Textbook	40	90.90	55	96.49	95	94.05
Total	44	–	57	–	101	–

Source: Field Survey, 2010

It is notable from Table5.4 that the strongest media to get information on STIs is teacher/textbook for the Higher Secondary school adolescents for which about 94.05 %) of the girls and boys reported on it. The second strongest media is found to be radio 88.11percent of the respondents reported. Friends and health personnel to be less effective to have heard about STIs (28.71 % and 52.47 %) respectively. The socio-economic status of parents was found low they were less informative about sexuality and STIs to their children. Only 25.74 percent of the respondents reported that they have heard about STIs by their parents. T.V., NGO/INGOS and magazine also seemed less effective to provide sufficient information on STIs.

5.1.5 Knowledge on Mode of Transmission of STIs

First of all, respondents were asked whether they know the mode of transmission of **STIs** or not. According to Table5.5, among those who have heard of **STIs** 100 respondents (95.23%) know the mode of transmission of **STIs**. Only 5 respondents of grade eleven and twelve reported that they do not know the mode of transmission of **STIs**. It shows that the knowledge is different by level of education.

Table5.5: Percent distribution of Respondents by Knowledge on Mode of Transmission of STIs by Grade

Knowledge on Transmission of STIs	Grade 11		Grade 12		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	48	96	53	96.36	101	96.19
No	2	4	2	3.63	4	3.80
Total	50	100.00	55	100.00	105	100.00

Source: Field Survey, 2010

The respondents who have knowledge on mode of transmission of STIs were further asked to specify the modes. Table5.6 gives the data about it.

Table5.6: Percent Distribution of Respondents by Knowledge on Mode of Transmission of STIs by Grade

Knowledge on Transmission of STIs	Grade 11		Grade 12		Total	
	No.	Percent	No.	Percent	No.	Percent
Sexual contacts	48	100.00	53	100.00	101	100.00
Living together	35	72.91	25	47.16	60	59.40
Contaminated needless and blood	38	79.16	48	90.56	86	85.14
Mother to fetus	48	100	52	98.11	100	99.009
Total	48	–	53	–	101	–

Source: Field Survey, 2010.

Table5.6 shows that (100.0%) of respondents of grade eleven and twelve stated sexual contact with infected person as the most important mode of STIs transmission. The second most reported mode of transmission (85.14%) is contaminated needless and blood in which (79.16 %) and (90.56 %) of the respondents said grade eleven and twelve respectively. Living together with infected person and infected mother to her child were reported by 59.40 and 99.009 percent, responded reported respectively. It shows that the level of knowledge is differing 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. Table5.7 shows the clear picture about their knowledge on preventive methods.

Table5.7: Percent Distribution of Respondents by Knowledge on Methods of Prevention of STIs

Preventive Methods of STIs	Number	Percent
Using condom	101	100.00
Sexual contact with single partner	83	82.17
Avoiding contaminated syringes and blood	79	78.21
Common use of patient's essentials	65	64.35
Total	101	-

Source: Field Survey, 2010.

Table 5.7 shows that 100% of respondent states using condom as the most important preventive methods of STIs. The second preventive method 82.17 % is sexual contact with single partner. 78.21 % of respondent stated avoiding contaminated syringes and blood and 64.35% of respondent reported common use of patient's essential is another preventive methods of STIs.

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

Table5.8 gives the distribution of respondents by having attitude towards STIs infected person in their community.

Table5.8: Percent Distribution of Respondents by having Attitude Towards STIs Infected Person

Attitude	Number	Percent
Hate them	15	14.85
Love and respect them	26	25.74
Help and participate them	44	43.56
Don't know	16	15.84
Total	101	100.00

Source: Field Survey, 2010.

Table5.8 shows that around 70 percent of the respondents have positive attitude towards STIs infected person in their community. Only 14percent respondents have negative attitude and 15.84percent of the respondents reported they don't know toward STIs infected person.

5.2.2 Attitude towards Sexually Transmitted Infection (STIs)

Table5.9 gives the distribution of the respondents by having attitude towards STIs for this respondents were asked the question, STIs be cured or not. Among the respondents 65.34percent said STIs be cured, 18.81 percent said not cured and 15.84 percent of the respondents said they don't know towards STIs be cured or not.

Table5.9: Percent Distribution of Respondents by having Attitude Towards STIs be Cured or Not

Attitude	Number	Percent
Yes	66	65.34
No	19	18.81

Don't know	16	15.84
Total	101	100.00

Source: Field Survey, 2010.

5.2.3 Suggestion for Avoiding STIs

For this, respondents were asked to suggest for avoiding SITs. Table5.10 gives the detailed information about it.

Table5.10: Percent Distribution of Respondents by Suggestions for Avoiding STIs

Suggestions	Number	Percent
Using condom during sexual intercourse	101	100.00
Always clean own sexual organs	65	64.35
Always keep sexual relation with one partner	100	99
Acquire sexual education	74	73.26
Avoid sexual intercourse with infected person	66	65.34
Keep the infected person separate	19	18.81
Not stated	7	6.93
Total	101	-

Source: Field Survey, 2010.

Table5.10 clarifies that the main suggestion, which is given by majority of respondents, are used condom during sexual intercourse which is reported by majority of respondents (100%) followed by the always keep sexual relation with one partner (99), acquire sexual education (73.26%), avoid intercourse with infected person (65.34%), always clean own sexual organs (64.35%), and only 18.81 percent respondents suggest keeping infected person separately. 6.93 percent respondents have not mentioned any preventive measures.

5.2.4 Suggestions for Infected Persons of STIs

Table5.11 gives the distribution of the respondents by suggestions to infected person in their community.

Table5.11: Percent Distribution of Respondents by Suggestions to STIs Infected Person

Suggestions	Number	Percent
Go for treatment	49	48.5
Use condom or avoid sex	98	97.02
Make aware to others	17	16.83
Keep sexual organs clean	25	24.75
Others suggestions	5	4.95
Not stated	3	2.97
Total	101	-

Source: Field Survey, 2010.

Table5.11 shows that most of the respondents (97.02%) suggests for using condoms or avoiding sex to the infected persons. likewise 48.51percent respondents suggest to go for treatment, about 16.83 percent respondents would suggest make aware to others and keep sexual organs clean only respondents (4.95%) would suggest other suggestions and (2.97%) respondents did not state any suggestion to the infected person.

5.3 Knowledge on HIV/AIDS

In this study knowledge on HIV/AIDS has been addressed through various questions first of all, 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 whether they have heard about HIV/AIDS or not. All of the respondents reported that they have heard about HIV/AIDS because of their text book where information about HIV/AIDS are included.

5.3.2 Source of Information

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

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

Source of information	Number	Percent
Radio	88	87.12
T.V.	63	62.37
Magazine	27	26.73
NGO/INGO	21	20.79
Health Personnel	28	27.72
Friends	22	21.78
Parents	17	16.83
Teachers/Text book	95	94.05
Total	101	-

Source: Field Survey, 2010.

Table5.12 clearly shows that about all of the respondents were found having heard about HIV/AIDS. Regarding source of information on HIV/AIDS, the Table shows 94.05 percent of the respondents have heard about HIV/AIDS through teacher textbook followed by Radio (87.12%). Similarly, around 62.37 percent respondent reported TV and friends as the source of information on HIV/AIDS followed by Health Personnel (27.72%), Magazine (26.73%), NGO/INGO (20.79%) and only 16.83 percent respondents reported parents as the source of information on HIV/AIDS.

5.3.3 Knowledge on Full-Form of HIV/AIDS

To find out the level of knowledge on HIV/AIDS, respondents were asked to write the respective full-forms. The responses were categorized in two levels as correctly written and incorrectly written. These two categories of responses are tabulated in Table5.13.

Table5.13: Percent Distribution of the Respondents by Knowledge on Full-Form of HIV/AIDS

Knowledge on full-form of HIV/AIDS	Number	Percent
Correctly written	94	93.06
Incorrectly written	7	6.93
Total	101	100.00

Source: Field Survey, 2010

It is evident from Table5.13 shows that most of the respondents have written the full-form HIV/AIDS correctly which is accounted for 93.06 percent. The rest 6.93 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. Table5.14 presents the responses on the ways of transmission of AIDS by sex.

Table5.14: Percent 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	44	100.0	57	100.0	101	100.0
contaminated needles and blood	39	88.63	54	94.73	93	92.06
mother to fetus	44	100	55	96.49	89	88.11
Brest feeding	12	27.27	23	40.35	35	34.65
sharing razor	35	79.54	49	85.96	84	83.16
kissing	3	6.81	7	12.28	9	8.91

Source: Field Survey, 2010

No matter about sex differences all of the respondents reported that the main ways of transmission of HIV/AIDS are sexual contacts followed by contaminated needles and blood (92.07%), mother to fetus (88.11%), sharing razor (83.16%). The percentage is high for boys for this option because mostly the boy's use razor for shaving and barbers use one razor for only one person. Sharing razor also may transmit. If the bloody razor of infected person makes wound to healthy, but such chance is rare.

5.3.5 Knowledge on Preventive Methods of HIV/AIDS

It is important to ask about the preventive methods of HIV/AIDS to evaluate the knowledge about the preventive methods. Among the respondents who have ever heard about HIV/AIDS were asked about the methods of prevention of it. All of the respondents were reported having heard about HIV/AIDS. The goal of HIV/AIDS programmes is not only to make people knowledge about HIV/AIDS but it is to change the attitude and behavior about it. The result from the survey among the secondary school adolescents on the knowledge of preventive methods of HIV/AIDS is presented in Table5.15.

Table5.15: Percent 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	44	100.0	57	100.0	101	100.0
Don't have sex with multiple partner	27	61.36	33	57.89	60	59.40
Use sterilize surgical instruments	17	38.63	24	42.10	41	40.59

Source: Field Survey, 2010

It is notable from the Table5.15 that the respondents shortly choose only three main preventive methods of HIV/AIDS. Interestingly, all of the respondents reported that the use of condom is the most important and effective method of prevention of HIV/AIDS. Similarly, higher proportions of girls (57.89%) whereas boys (61.36%) said not to have sex with multiple partners in order to prevent HIV/AIDS and 42.10 percent of the girls also said to use sterilized surgical instruments while only 38.63 percent of the boys agreed on this.

5.4 Attitudes on HIV/AIDS

This section deals with the respondents view towards AIDS, AIDS infected person, vulnerable professionals in the society, opinion on HIV/AIDS. The open discussion status in Higher Secondary 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 Table5.16.

Table5.16: Percent Distribution of the Respondents by Views on Vulnerable Group for AIDS Infection in Society

Vulnerable group	No. of Respondents	Percent
Youth/adolescents	23	22.77
Drivers	27	26.73
Drugs addicts	68	67.32
Commercial sex workers	101	100
All	5	4.95
Total	101	-

Source: Field Survey, 2010.

Table5.16 that most of the respondents (100%) said that the commercial sex workers are vulnerable to HIV/AIDS in the society, followed by drug addicts (67.32%), drivers (26.73%). Twenty-two percent of respondents also reported the youth/adolescents as vulnerable group of HIV infection in the society. The least proportion of the respondents also said all as vulnerable group of AIDS in the society.

5.4.2 Perception on 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 Table5.17.

Table5.17: Percent 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	27	61.36	35	61.40	62	61.38
Some of them die	17	38.63	22	38.59	39	38.61
Total	44	100.0	57	100.0	101	100.0

Source: Field Survey, 2010.

Table5.17 shows that among the respondents 61.38rcent consisting 61.36 percent of the male and 61.40cent of the females reported that all of the HIV infected person die, while 38.61 Percent 38.63 and female 38.59 said that some of them die.

5.4.3 Opinion on HIV/AIDS

IN order to know about their attitude towards AIDS, respondents were asked about how they have perceived the AIDS whether it is a fatal disease, sexually transmitted disease, communicable disease and so on. The responses are tabulated in Table5.18.

Table5.18: Percent Distribution of the Respondents by Opinion on HIV/AIDS

Opinion on HIV/AIDS	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent

Fatal disease	37	84.09	48	84.21	85	84.15
Sexually transmitted disease	26	59.09	52	91.22	78	77.22
Communicable disease	19	43.18	27	47.36	46	45.54
Dangerous disease	23	52.27	35	61.40	58	57.42
Immune deficiency Syndrome	20	45.45	19	33.33	39	38.61
Total	44	-	57	-	101	-

Source: Field Survey, 2010.

It is clear to note from the Table5.18 that the majority of the respondents have accepted AIDS as sexually transmitted disease which is accounted for 95 percent of the respondents followed by fatal disease (84.15%), dangerous disease (57.42%), immune deficiency (38.61%) and 45.54 percent accepted AIDS as communicable disease.

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary of the Findings

This is the study on knowledge and attitudes towards STIs and HIV/AIDS among Higher Secondary level students of Gajehada VDC in Kapilvastu district based on the small scale study carried out only one Horizon Eng. Boarding Higher Secondary school of Gajehada VDC. The main objectives are to analyze the knowledge on HIV/AIDS and STIs among adolescents by their background characteristics and identify the knowledge on modes of transmission and prevention methods of SITs and HIV/AIDS among the respondents. Altogether 105 students are taken 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 (42.85%) family size is 5 to 7 members.
- Most of the respondent's fathers (93.33%) are literate whereas only 89.52 % mothers are literate.
- Most of respondent's parents (64.76% father and 84.76% mother) are engaged in agricultural occupation.
- All of the respondents have radio facility and 98.09 percent have electricity facility at their home.

6.1.2 Individual Characteristics

- Highest proportion of respondents (27.61%) is aged 16 years. Among them female proportion is high than male.
- The highest numbers of respondents are Brahmin (45.71%) followed by Chhetri (30.47%).
- Majority of the respondents are Hindu (80.95%)

- Majority of the respondents (80.95%) are unmarried and only (19.04%) are married among them female proportion is high.
- Majority of the respondents are resided in their own home (92.38%)

6.1.3 Knowledge and Attitudes about STIs

- More respondents are found knowledge about STIs. Almost respondents (96.19%) 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 and Higher Secondary level textbook.
- Among the respondents who have heard about STIs, all of them know about the HIV/AIDS, followed by Gonorrhoea (84.15%) and syphilis (71.28%).
- Among the respondents who have heard about STIs, most of them understand that the main symptom of STIs is itching around genitals (61.38%) followed by yellowish pus-like discharge (48.51%).
- The strongest media to get information on STIs is teacher/textbook (94.05) for the Higher Secondary school adolescents.
- All of the respondents (100%) reported that by sexual contact the STIs can be transmitted from one person to another.
- All of the respondents (100%) reported that the STIs can be prevented using condom followed by the respondents who said sexual contact with single partner (82.17%).
- 76 percent of the respondents have positive attitude towards STIs infected person.
- Most of the respondents (65.34%) reported that STIs be cured.
- All the respondents (100%) suggest that using condom during sexual intercourse avoiding from STIs.
- Almost all respondents (97.02%) would suggest for using condoms or avoid sex followed by (48.51%) would suggest to treatment.

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 Tables shows that almost all of the respondents (94.05%) have heard about HIV/AIDS through teacher/textbook followed by radio (87.12%).
- Most of the respondents have written the full-form of AIDS correctly which is accounted for (93.06%).
- All of the respondents reported that the main ways of transmission of HIV/AIDS is sexual contacts, followed by contaminated needles and blood (92.07%) and mother to fetus (88.11%).
- All of the respondents reported that the use of condom is the most important and effective method of prevention of HIV/AIDS. Similarly, higher proportions of girls (57.89) than boys (61.36%) said not to have sex with multiple partners in order to prevent HIV/AIDS.
- Most of the respondents (100%) agreed that the commercial sex workers are vulnerable to HIV/AIDS in the society followed by drug addicts (64.76%).
- The majority of the respondents have accepted AIDS as sexually transmitted disease which is accounted for (77.22%) followed by fatal disease (84.14%).
- Majority of the respondents have accepted AIDS infected persons, all of them die which is accounted for (61.38%) followed by some of them die (38.61%).
- Majority of the respondents with no difference regarding sex said that their teacher do not hesitate to describe regarding sexuality, STIs and HIV/AIDS. Interestingly, all of the respondents who said that their teacher hesitate to describe reported that it was because of their shyness.

6.2 CONCLUSION

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

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

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

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

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

6.3 RECOMMENDATIONS

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

- It is notable that adolescents are less exposed on drug addiction for which they have said less vulnerable to HIV transmission are likely to ignore it in their behavioral 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, secondary school and Higher Secondary level. 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 using methods of condom.
- Sex education should be provided to the society through information, education and communication programmes.
- 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, INGO and CBOs.

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Tribhuvan University
Central Department of Population Studies
Questionnaire
Knowledge and Attitude on STIs and HIV/AIDS
Among Horizon Eng. Boarding Higher Secondary School
Gajehada, Kapilvastu.

(The questionnaire is prepared for research. The information provided respondent will be kept confidential, please cooperate providing information.)

No Tick mark please, Only Circle.

Individual Questionnaire

1. Name of Student.....
2. Name of School.....
3. District.....
4. VDC/Municipality.....
5. Class
6. Age.....
7. Sex: 1) Male 2) Female
8. Marital Status: 1) Unmarried 2) Married 3) Divorced 4) Widow/Widower 5) Separated
9. Caste/ethnicity.....
10. Religion: 1) Hindu 2) Buddhist 3) Christian 4) Other (Specify)
11. Number of Family Member.....
12. Family Type a) Joint Family b) Nuclear Family
13. Sex the Household Head.....

Household Questionnaire

S.N	Name of family members who usually live in your house	Sex	Age	Education	Marital Status	occupation
1.						
2.						

3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Occupation: - 1) Agriculture 2) Business 3) Service 4) Daily Wages 5) Student

Marital Status: - 1) Unmarried 2) Married 3) Divorced 4) Widow/Widower 5) Separated

S.N	Questions	Coding Description	Skip
1.	What type of family?	Joint.....1 Nuclear.....2	
2.	How many family members are there in your family?	
3.	How many brothers and sister do you have?	Brother.....1 Sister.....2	
4.	Can your father read and write?	Yes.....1 No.....2	6
5.	If yes, what is your father's education level?	No Schooling.....1 Primary.....2 Lower Secondary.....3 Secondary.....4 Intermediate.....5 Bachelor and above.....6	
6.	Can your mother's read and	Yes1	

	write?	No.....2	
7	If yes, what is your mother's education level?	No schooling..... 1 Primary..... 2 Lower Secondary..... 3 Secondary..... 4 Intermediate..... 5 Bachelor and above..... 6	
8	Dou you have your own house to live?	Yes..... 1 No..... 2	10
9	If yes, what type of the house?	Kachhi..... 1 Pakki..... 2	
10	Where do you live now?	At home 1 At hostel..... 2 Rented house..... 3 Relative's house..... 4 Others (specify).....5	
11	Does your household have any land for agriculture?	Yes..... 1 No..... 2	
12	If yes, how much the land?	Bigha..... 1 Kattha..... 2 Dhuri..... 3	
13	What is your father's occupation	Agriculture..... 1 Service..... 2 Business..... 3 Daily wage..... 4 Others(specify)..... 5	
14	What is your mother's occupation?	Agriculture..... 1 Service..... 2 Business..... 3 Daily wage..... 4	

		Others(specify)..... 5	
15	How much is the monthly income of your household or family?	Rs.....	
16	What is the monthly expenditure of your family?	Rs.....	
17	Do you have any following facilities? (multiple choice)	Electricity.....1 Radio.....2 Telephone3 Gas Stove4 Television5 Others (specify)6	
18	Do you read newspaper?	Daily.....1 Sometimes.....2 Rarely.....3 Never.....4	
19.	Do you listen radio?	Daily.....1 Sometimes.....2 Rarely.....3 Never.....4	
20.	Dou watches Television?	Daily.....1 Sometimes.....2 Rarely.....3 Never.....4	

Knowledge and attitude on STIs

21.	Have you ever heard about STIs?	Yes1 No2	29
22.	If yes, what are the major sources of information on STIs? (multiple choice)	TV.....1 Radio2 Magazine.....3 Newspaper.....4	

		Go/NGO/INGO.....5 Health personal.....6 Teachers7 Textbook8 Family members9 Friends.....10 Other (Specify)11	
23.	Which of the STIs have you heard? (multiple choice)	Syphilis1 Gonorrhea2 Chlamydia3 Trilomoniasis.....4 HIV/AIDS.....5 Other (specify).....6	
24.	Do you know the symptoms of STIs?	Yes.....1 No.....2	26
25.	If yes, what are the symptoms of STIs?	Burning/pain during urination1 Lower abdominal pain.....2 Swelling/wound in genital area.....3 Foul smelling discharge.....4 Blood in urine.....5 Lost of weight6 Other (specify).....7	
26.	What are factors of STIs transmission?	Sexual contact with multiple person.....1 Infected mothers to fetus.....2 From unsterilized syringe/needles.....3 Infected blood in urine.....4 Living together with infected person.....5 Handshake with infected person.....6 Other (specify).....7	
27.	In your opinion where STIs are treated?	Hospitals.....1	

		Clinic.....2 Medical hall.....3 Health professional.....4 Traditional healer.....5 Other (specify).....6	
28.	In your opinion, what are the preventive majors of STIs? (multiple choice)	Sexual contact with single person...1 Using condom during sexual contact.....2 Always clean the sexual organs.....3 Using sterilized syringe/needle.....4 Away from infected person.....5 Using safe blood.....6 Other (specify).....7	
29	In your opinion, what should be the role of individuals and society to prevent from STIs?(open question)	Individuals..... Society.....	
30	What do you suggest people to prevent from STIs? (open question)	
31	What can be your contribution to prevent STIs as a member of the society? (open question)	

Knowledge and attitude on HIV/AIDS

32	Have you ever heard about HIV/AIDS?	Yes.....1 No.....2	End
33.	If yes, what the major sources of information on HIV/AIDS?	TV.....1	

	(multiple choice)	Radio.....2 Magazine.....3 Newspaper.....4 GO/NGO/INGO.....5 Health personal.....6 Teachers.....7 Textbook.....8 Family members.....9 Friends.....10 Others (specify).....11	
34.	How can HIV be transmitted? (Multiple choice)?	Sexual contact with multiple person.....1 Infected mothers to foetus.....2 From unsterilized syringe/needles.....3 Infected blood transfusion.....4 Living together with infected person.....5 Handshake with infected person.....6 From mosquito bite.....7 Others (specify).....8	
35.	Do you know the symptoms of HIV/AIDS?	Yes.....1 No.....2	
36	If yes, what are the major symptoms of STDs?	Loss of body weight.....1 Diarrhea (Frequently).....2 Fever for more than one month.....3 Sweating.....4 Swelling lymph nodes.....5 Others (Specify).....6	
37.	In your opinion, what are the preventive measures of HIV AIDS?	Avoid sex with multiple partner1 Using condom during sexual	

	(multiple choice)	contact.....2 Sexual assistance.....3 Using sterilized syringe/needle.....4 Away from infected person5 Using safe blood.....6 Safe from mosquito bite.....7 Others (specify).....8	
38.	Do you know the place where people can go to tested for the HIV Virus?	Yes.....1 No.....2	37
39.	If yes, where is that? (multiple choice)	Hospital.....1 Health center.....2 Health post/sub health post.....3 Red cross.....4 Others (specify).....5	
40	How should we behave to the infected person?	Love/respect them.....1 Hate them.....2 Placed secretly.....3 Don't care them.....4 Others (specify).....5	
41.	If a member of your family got infected with the HIV virus, would you want it to remain a secret or not?	Yes, remain a secret.....1 No.....2	
42.	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	Yes, remain a secret.....1 No.....2	
43.	In your opinion, if a female teacher has the HIV virus but is not sick, should she be allowed to continue teaching the school?	Should be allowed.....1 Should not be allowed.....2	
44.	What types of people are more vulnerable for HIV transmission?	Commercial sex workers.....1 More mobile persons.....2	

		Foreign employees.....3 Persons who keep unsafe sexual relationship.....4 Adolescents and youth.....5 Others (specify).....7	
45.	Who will be the most responsible for decreasing the epidemic HIV/AIDS?	Individual.....1 Community.....2 Government3 NGO/INGO.....4 Others (specify).....5	
46.	How easy is it for a young person you age to find out about HIV/AIDS?	Easy.....1 Difficult.....2 Impossible.....3	
47.	In your opinion, can HIV and AIDS be cured?	Yes.....1 No.....2	
48.	Do you have any comment about HIV/AIDS?	
49	Is it necessary to have education about HIV AIDS in the course of grade 11and 12? (If yes give reason)	
50	What do you suggest people to prevent from HIV AIDS?	
51	What is your contribution in your society for controlling HIV AIDS?	