

**KNOWLEDGE AND ATTITUDES ON STDS, HIV and AIDS AMONG
HIGHER SECONDARY SCHOOL STUDENTS
(A Case Study of Higher Secondary Schools in Rautahat District)**

A Dissertation

**Submitted to the Faculties of Humanities and Social Sciences
in Partial Fulfillment for the Requirements of
Master's Degree of Arts in Sociology**

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Recommendation Letter

This is to certify that Mr. Dharendra Chaudhary has worked under my supervision and guidance for preparation of this dissertation entitled "**Knowledge and Attitudes on STDs, HIV and AIDS Among Higher Secondary School Students: A Case Study of Higher Secondary Schools in Rautahat District**" for partial fulfillment of Master's Degree of Arts in Sociology/Anthropology. To the best of my knowledge the study is original based on primary data and carries useful information about STDs, HIV and AIDS among Higher Secondary School Students in Rautahat district.

I forward this to the Dissertation Committee for evaluation and approval.

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APPROVAL-SHEET

This dissertation entitled "**Knowledge and Attitudes on STDs, HIV and AIDS Among Higher Secondary School Students: A Case Study of Higher Secondary Schools in Rautahat District** " by Mr. Dharendra Chaudhary has been accepted as partial fulfillment of the requirement for the Degree of Master of Arts in Sociology

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LIST OF ABBREVIATIONS

AIDS	- Acquired immune deficiency Syndrome.
CBS	- Central Bureau of Statistics
DHS	- Department of Health Services
FHI	- Family Health International
HIV	- Human Immunodeficiency Virus.
GON	- His Majesty Government of Nepal
ICPD	- International Conference on Population and Development.
IEC	- Information Education and Communication
INGOs	- International Non-Governmental Organizations
MOHP	- Ministry of Health and Population
MSM	- Men having Sex with Men
NACC	- National AIDS Coordination Committee
NAC	- National AIDS Council
NCASC	- National Center for AIDS and STD Control
NDHS	- National Demographic Health Survey
NGOs	- Non-Governmental Organizations
RITs	- Reproductive Infection Tracts
SAARC	- South Asian Association Regional for Cooperation
STDs	- Sexually Transmitted Diseases
SW	- Sex Worker
TB	- Tuberculosis
UN	- United Nations
UNAIDS	-The Joint United Nations Programme on HIV and AIDS .
UNFPA	- United Nations Population Fund
USA	-United State of America
VCT	- Voluntary Counseling and Testing
WHO	-World Health Organization

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CHAPTER - I

INTRODUCTION

1.1 General Background of the Study

HIV/AIDS victims has been surging up and up since the discovery of HIV as the cause of AIDS discovered in 1984. The dramatic spread of HIV ever since its detection has been reported and this has become the hot cake issue in the twenty-first century .Even though the effect of HIV/AIDS has been serious throughout the world; it continues to be a critical public health issue in Africa which has been facing the worst effects of the epidemic. AIDS is now the main cause of death in Africa and remaining continent of the world. Although efforts for its prevention and control has been made continuously far wide to minimize the spread of HIV infection, it is still beyond the capacity of the medical world and is categorized as incurable disease.

Although, the presence of Sexually Transmitted Diseases(STDs)in the world is not a new concept but during the past few decades there has been a wide spread of STDs as a major component of health hazards .The term STDs is used to describe dozens of clinical syndromes and more than 30 Bacterial and viral organism(Northridge,1999).STDs have everywhere become a major public health problem; both in developed and developing countries .The prevalence rates are higher in developing countries, where knowledge of STDs and treatment is less accessible .The worldwide prevalence of sexually transmitted disease is high and increasing day by day. With the emergence of the HIV/AIDS, the awareness of STDs has become a great importance too (Northridge, 1999).

There are various types of sexually Transmitted Diseases (STDs) such as Gonorrhoea, Syphilis, Chancroid, Chlamydia, Trichomoniasis, and Genital Warts .these STDs are caused by the micro-organisms that are transmitted through sexual contact. These micro-organisms are different viruses, bacteria, and other organism.

AIDS is a severe illness that slowly attacks and destroys the body's immune system. The result is that the body becomes vulnerable to infections (opportunistic infections). AIDS is the last stage of infection with HIV. AIDS is not hereditary but characterized by a number of symptoms occurring together. The term syndrome is, therefore, used for defining AIDS.

HIV stands for Human Immune Deficiency Virus. It is the HIV that finally leads to AIDS. All body fluids could contain HIV, but its presence is particularly high in blood, semen of man, cerebrospinal fluid, and vaginal and cervical secretions of the woman. A person infected with them becomes a carrier of HIV and can infect others.

A person infected with HIV may not show any signs or symptoms for 5 to 10 years and may transmit the virus to others in any of the ways listed above. When AIDS finally sets in, the person may have several signs and symptoms, such as fever, loss of weight, diarrhea, and persistent and severe fatigue. These symptoms are common to other conditions. No tests are as yet generally available for directly detecting the presence of HIV in the body of the infected person. The tests that are available at present detect the presence of antibodies to the HIV in the body of the infected person. The body takes three to five months to develop antibodies to the HIV. During this "Window period" a HIV infected person tests would report a false negative, which would result in continuing to be infected and to infect others. The only way to prevent HIV/AIDS is to prevent behaviour, which would make a person vulnerable and expose him/her to the risk of HIV infection. The practice of "safe sex" through the use of condoms could reduce the risk of HIV infection considerably. Use of disposable needles, syringes, and ensuring the supply of infection-free blood and products are other measures needed for reducing the risk of HIV infection. A woman infected with HIV needs to seriously consider the risk of infecting her baby before deciding to go for a pregnancy (Bhande and Kantiar, 2001).

AIDS is caused by HIV, which gradually breaks down the human body's natural defense mechanism leaving it a prey to disease and unable to fight off other

infection, leading, eventually to death .it is frightening hidden epidemic a person infected with HIV may not show any manifestation of AIDS for 7-10 years all the while ,the person can spread the infection through unprotected sex or, unsafe infecting behavior(WHO,1997).

AIDS was first recognized internationally in 1984.As of 2004,an estimated 39.2 million adults and around the world were living with the HIV/AIDS(AIDS NEWSLETTER,2004).HIV causes AIDS, and when infection with HIV, a large proportion of people die within 5-10 years (WHO,1992).The HIV/AIDS pandemic is one of most serious health concerns in the world today because of the high case –fatality rate and the lack of a curative treatment or vaccines .Epidemiological studies have identified sexual intercourse, intravenous injections, blood transfusions ,and fetal transmission from infected from infected mothers as the main routes of transmission of AIDS. Studies have also indicated that HIV cannot be transmitted through food, water, insect vectors or casual contact (NDHS, 2001)

AIDS is not only a medicinal problem, but it is also becoming a dangerous social problem of the world .Tremendous efforts are being made to monitor, prevent and control the spread of AIDS. Under the current circumstances with no effective medicine or Bio-vaccines available, extensive publicity and education concerning the prevention and control of AIDS is most important .Despite these efforts, however, publicity and education still lack effective method when compared with the development of the epidemic situation .The number of people receiving education and publicity is still quite limited .There is a large gap between urban and rural residents in knowledge regarding HIV/AIDS.

Adolescence ,especially those aged 15 to 19 years are believed to engage in high level of unprotected sexual activities both within and outside marriage leaving them exposed to risk of unplanned and unwanted pregnancy and contracting sexually transmitted disease (STDs) including HIV/AIDS. Such behaviour often resulting in early out of wedlock pregnancy constitutes a major

threat to health of these adolescents as well as retarding their potential education, career and economic development.

Although adolescence is generally a health period of life, many young people suffer from inadequate family planning and reproductive health care. Each complication of pregnancies, childbirth and unsafe abortion are the major cause of death for women of ages 15-19. Each year more than 2 million have unsafe abortions. Adolescents are especially at risk of infection with STDs including HIV/AIDS. Similarly, the highest rates of infection with STDs including HIV/AIDS are found among young people aged between 20-24. The teens aged between 15-19 have the next highest rates of STDs infection. WHO estimates that half of all people infected with HIV in the before 25 years. In developing countries, up to 80 percent of all new infection. WHO estimates that half of all new infections are among 15-24 years old. Adolescents are at risk of STDs and HIV/AIDS because they often have short-term sexual relationships and do not consistently use condoms to protect themselves (Shane, 1997).

1.2 Statement of the Problem

HIV/AIDS problems are deeply-rooted mostly in developing countries. Ninety-five percent of the total infected population resides in these countries. It is affecting mostly the productive age group between 15-30 years. So is the AIDS educationists, consultants and information experts claimed that mass awareness about the killer disease has reached an adequate level

Nepal is also one of the developing countries, which is not an exception from this problem. Although, HIV/AIDS cases are found to be low in Nepal, if effective preventive measures are not developed and implemented, it will spread fast because of the low awareness about it. Just over one-fourth of the reproductive ages of women know about HIV/AIDS in Nepal. First case of HIV/AIDS in Nepal was reported in July 1988 and since then the figure has been gradually increasing every year.

In 1988 the number of people infected by HIV virus was 4. But by the end of 2004, the number has reached to 1,282. After 1995, the number of infected persons has sharply increased. According to the latest data provided by National Centre for AIDS and STDs control the total number of HIV infected cases as of September 30, 2005 is 5,465 which included 3,979 males and 1,492 females.

The STDs/HIV/AIDS problems have been a knitting problem for Nepal also. The following factors are considered for rapid transmission of HIV inside the country (Aryl, 2000)

- Trafficking of young village girls for prostitution outside the country.
- Seasonal migration and mobility of young in search of job.
- Low level of awareness of HIV/AIDS
- Low coverage of mass media on AIDS prevention.
- Growing urbanization.
- Poor health infrastructure.

HIV/AIDS evidences are increasing among the adolescents in Nepal. It is widely believed that adolescents' sexual activities are increasing over time. Out of 5,465 reported HIV/AIDS cases in Nepal as of September 30, 2005, 356 were from 15-19 years age group, which is about 7 percent of the total reported cases (NCASC, 2004).

Male and female population of age 10-19 years is defined as adolescents. Adolescents can be divided into two groups: early adolescents (10-14 years) and late adolescents (15-19 years). According to the new population projection of Nepal, in 1996 more than one fifth was constituted of adolescents population. It is estimated that this will remain more or less constant till 2016. Adolescent age is the transitional age from childhood to adulthood. Many children experience biological as well as social change during this period. For instance many children in this age go through puberty. Experience change in their body structure, leave home, leave school and get married (Acharya, 1999).

Through, the National Centre for AIDS/STDs Control (NCASC) is playing a dominant role, providing information, education and communication sharing the assistance from other non-governmental organization. Its efforts may be insufficient

due to lack of information about the attitude of AIDS and STDs in the community level.

More effective planning towards AIDS prevention and control is possible only with help of statistic related to knowledge about HIV/AIDS and other STDs .The various sources of information of AIDS transmission and the persisting misconception in the students level must also be assessed.

India is the main destination of Nepalese people for earning property. There is open border between two countries and no visa permission is necessary to enter one country from another. People from Nepal go to India for procurement of commodities and looking for seasonal job to Indian cities also comes to Nepal for the same. While staying in India, Nepalese people sometimes visit brothels and may be infected with HIV and AIDS. In the off seasons, they return to their native village and unknowingly pass the diseases to their spouse. Though Rautahat is a tarai district but school students are not much alert about the STDs and HIV and AIDS. Even they have little knowledge, they may not have positive attitude towards it.

Therefore the present study on knowledge and Attitudes on STDs, HIV and AIDS among higher secondary school students have attempted to find out the level of knowledge and attitude among students of some selected school of Rautahat district.

1.3 Objective of the Study

The main objectives of the study are to examine the knowledge and attitudes on STDs, HIV and AIDS among high secondary school students. The other specific objectives of the study are as follows.

-) To study the socio-economic and demographic characteristics of the higher secondary school students.
-) To examine the knowledge and attitudes on STDs, HIV and AIDS among higher secondary school students.

1.4 Significance of the Study

This study provides specific data regarding knowledge and attitudes on STDs and HIV and AIDS. This study helps to aware students against the STDs and HIV and AIDS.

This study is next in the serious but fundamentally different because of the variables incorporated the objectives. This study links the issues with curriculum adopted by GON in higher secondary education. The research

incorporates the current issues advocated by the international and national governing bodies. This study after the completion will be useful for both the general readers and so for the national planners to review the existing policy on the matter of STDs and HIV and AIDS.

The Ministry of Education has included the topic of STDs, HIV and AIDS education in higher secondary curriculum. This research also makes attempts to play an important role find out the necessity of the sex, sexuality & HIV and AIDS prevention education program at higher secondary school level. The significance of the present study is as follows.

-) The findings of this research can be helpful to know the level of knowledge and attitudes of higher secondary school students on STDs and HIV and AIDS.
-) This study is beneficial for organizations interested to pursue such types of research work in future.
-) This study is helpful for curriculum designer especially at higher secondary school levels.
-) The recommendations of the research can be beneficial for development of long term strategy on STDs, HIV and AIDS prevention by ministry of health.

The recommendations of this research can be helpful to develop ICE (information communication and education) materials focusing higher secondary school students.

1.5 Organization of the Study

This study is organized into six chapters. The first chapter of the study includes general background of the study, statement of the problem, objectives of the study, significance of the study, limitation of the study and organization of the study.

The second chapter deals with review of literature in which world situation of STDs and HIV and AIDS, situation of SAARC countries, the case of Nepal, HIV and AIDS and STDs control and conceptual framework.

The Third Chapter Entitled methodology includes study area, source of data, sample size, selection of sample, questionnaire design; methods of data collection and data analysis of inter operation.

The socio- economic and demographic characteristics of respondents are described in fourth chapter. The knowledge and attitude on STDs, HIV and

AIDS is presented in chapter five. Last Chapter deals with summary, conclusions and recommendations as well as research issues of the study.

CHAPTER - II

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Literature Review

This chapter deals about the available literatures on STDs and HIV and AIDS. History of more vulnerable groups for acquiring HIV and AIDS etc were reviewed to generate the adequate relationship between the variables and to share the others opinion on the issued statement.

2.1.1 World Situation on STDs and HIV and AIDS

According to estimates from the UNAIDS 2008 report on global AIDS epidemic, around 30.8 million adults and 2 million children living with HIV at the end of 2007.

STD or Reproductive tract infection increases the chance that any single sexual encounter will transmit the virus in societies where STDs are wide spread where people have many sexual partners, the risk of HIV infection is dramatically increases. (UNFPA,1997:1).

In the context of HIV, risk is defined as the probability that a person may acquire HIV infection (UNAIDS, 1998:2) certain behavior create enhance and perpetuate such risk for e.g. unprotected sex with a partner whose HIV status is not known, multiple unprotected sexual partnership, lack of adherence to infection. Control repeated blood transfusion with shared needles and syringes. Therefore, those who have sexual relation with multiple partners are placed themselves at a high-risk group for contacting with HIV and AIDS.

There are over 330 million cases of treatable STDs, each year, 33.4 million persons are living with HIV and AIDS and there are 5.8 million new infections each year. Every day 16000 people are infected with HIV and almost a million people have become infected with other STDs. per minute 11 people are infected by HIV positive. Women are more vulnerable than men to HIV infections. (UNFPA, 1999:30)

Where did the AIDS virus come from? Scientists believed that they have solved this lingering mystery, the answer chimps –"AIDS mystery solved, culprit is the chimp". This article was published on February in 1999. Dr Beatrice Hahn, who led the team that traced the origin of HIV to sub species of chimps in Africa with her husband. George shah in their laboratory at the University of Alabama in Birmingham, USA. They had convincing proof that the virus spread on at least three separate occasions from chimpanzees to people in Africa. One of these cross- species transmissions was the start of the epidemic that now infects about 35 million people worldwide. Chimps which have probably carried the virus for hundred of thousands of gears, apparently do not get sick from it, figuring out why it could be important, while chimps

have long been suspected as the source, there have been a lot of fuse ends (Subedi, 1995).

The majority of the world HIV infection has been acquired through sexual intercourse between men and women (heterosexual transmission). The proportion of HIV infection attributable to this mode of transmission continues to grow HIV transmission through sexual intercourse between men and men (homosexual transmission) occurs in most part of the world. Although in the developed countries, it has become less common as the result of the adoption of safer sex practices by homosexual men (WHO/GPA, 1994).

South Africa has the world's largest number of patients co-infected with TB and HIV. TB is the most common opportunistic infection among persons with HIV: 60000 South Africans have both diseases. South Africa's cure rate for TB ranges from 35 Percent Kwazulu-Nata to 70 percent in Western Cape, according to Health Minister Manto Tshabalala-Msimang. The resulting average Cure rate is 54 percent; WHO goal is 85 percent (Khan, 2005).

The first AIDS day campaign took place in 1997 to emphasize that Acquired immune deficiency syndrome (AIDS) is not just a campaign of concern of one day every year. So the world AIDS campaign now starts each year celebrate worlds AIDS day in December 1.

The HIV and AIDS epidemic has already claimed more than 25 million lives and another 39 million people are currently estimated to be living with HIV and AIDS world-wide. Its cases have been reported in all regions of the world, but most people living with HIV and AIDS. 95 percent reside in low and middle-income countries. Where most new HIV infections and AIDS related death occur (UNAIDS 2006). The nations of sub Sahara Africa have been hardest hit, there is also increasing concern in parts of Eastern Europe and Asia (UNAIDS, 2004). HIV is leading cause of death worldwide among those ages 15-59 years. The epidemic is considered a threat to the economic well being, Social and political stability of many nations (UN, 2006).

UNAIDS and WHO published situation about HIV and AIDS every year about world's Countries. Following table clears about more information about regional HIV and AIDS statistics and features at end of 2006.

Global HIV and AIDS estimates, end of 2007

The latest statistics on the world epidemic of [AIDS & HIV](#) were published by UNAIDS/WHO in July 2008, and refer to the end of 2007.

Description	Estimate	Range
People living with HIV and AIDS in 2007	33.0 million	30.3-36.1 million
Adults living with HIV and AIDS in 2007	30.8 million	28.2-34.0 million

Women living with HIV and AIDS in 2007	15.5 million	14.2-16.9 million
Children living with HIV and AIDS in 2007	2.0 million	1.9-2.3 million
People newly infected with HIV in 2007	2.7 million	2.2-3.2 million
Children newly infected with HIV in 2007	0.37 million	0.33-0.41 million
AIDS deaths in 2007	2.0 million	1.8-2.3 million
Child AIDS deaths in 2007	0.27 million	0.25-0.29 million

More than 25 million people have died of AIDS since 1981. Africa has 11.6 million AIDS orphans. At the end of 2007, women accounted for 50% of all adults living with HIV worldwide, and for 59% in sub-Saharan Africa. Young people (under 25 years old) account for half of all new HIV infections worldwide. In developing and transitional countries, 9.7 million people are in immediate need of life-saving AIDS drugs; of these, only 2.99 million (31%) are receiving the drugs.

Table: 2.1 Regional statistics for HIV & AIDS, end of 2007

Region	Adults & children living with HIV and AIDS	Adults & children newly infected	Adult prevalence*	Deaths of adults & children
Sub-Saharan Africa	22.0 million	1.9 million	5.0%	1.5 million
North Africa & Middle	380,000	40,000	0.3%	27,000
East Asia	5 million	380,000	0.3%	380,000
Oceania	74,000	13,000	0.4%	1,000
Latin America	1.7 million	140,000	0.5%	63,000
Caribbean	230,000	20,000	1.1%	14,000
Eastern Europe & Central Asia	1.5 million	110,000	0.8%	58,000
North America, Western & Central Europe	2.0 million	81,000	0.4%	31,000
Global Total	33.0 million	2.7 million	0.8%	2.0 million

* Proportion of adults aged 15-49 who were living with HIV and AIDS

Source: <http://www.avert.org/worldstats.htm>

Table 2.1: clearly describes that during 2007 more than two and a half million adults and children became infected with HIV (Human Immunodeficiency Virus), the virus that causes AIDS. By the end of the year, an estimated 33 million people worldwide were living with HIV and AIDS. The year also saw two million deaths from AIDS, despite recent improvements in access to antiretroviral treatment.

HIV/AIDS as diseases is known for the last two decades. It is found to be more common among homosexuals, whereas at the present, the diseases have increased among heterosexual, especially who have several sexual partners. Throughout the world 60 percent of the AIDS patients are those people who have had heterosexual relations with many partners (Sadik, 1992).

HIV Transmission through sexual intercourse accounts for about three quarters of all HIV infection worldwide. More than 80 percent of all HIV infection is transmitted through sexual intercourse. In the other words HIV infections are sexually transmitted diseases (UNFPA, 1991:1).

Epidemiological studies have identified sexual intercourse, intravenous injections, blood transfusions and fetal transmissions from infected mothers as the main routes of transmission of AIDS. Studies have also indicated that HIV

cannot be transmitted through food water, insect vectors or casual contact, (Knowledge of HIV and AIDS).

2.1.2 Situation of SAARC Countries

The first HIV infection on South region was reported in India in 1986. It is estimated that there are about 3 to 5 million people infected by HIV and AIDS. The pandemic was introduced in the region some what later in other part of the world. The infection rate in South Asia is lower than Africa but the spread of HIV is rapid in Maharastra and Taminadu States are main area to rapidly increasing the HIV infection. Multiple Sexual contacts have been the main routes of HIV transmission in India 50 percent of commercial sex worker have been found to be infected in Mumbai (Aryal, 2001).

Data on prevalence on STDs, including HIV and AIDS are not available for all SAARC countries are also limited in scope. However, the limited information that is available reveals a high level of prevalence of RTIs (Reproductive Tract Infections) and STDS among both married and unmarried adolescent girls and boys. For example, in Bangladesh over 40 percent of Unmarried and married adolescent girls and 20 percent of unmarried adolescent boys are report to have had symptoms of RTIs and STDs respectively. In Sri Lanka, about 7 percent of adolescents are reported to have had STDs. The incidence of HIV and AIDS among adolescents is limited but increasing particularly among girls. For example, in Nepal, adolescent constitute about 16 percent of the HIV and AIDS case with adolescent girls representing 72 percent of the cases. Knowledge of HIV/ AIDS is limited among adolescents. For example only 19–24 percent of married adolescent girls are reported to have ever heard of HIV and AIDS in Bangladesh and Nepal (UNFPA, 1998).

There are some factors which are very similar in the countries of south Asia and these factors are among others, responsible for contributing to spread HIV infection in the region (PSC, 1998).

-) Girl Trafficking
-) Commercial Sex work
-) Seasonal Migration and mobility of youth in Search of job.
-) Drug use.

Data on prevalence on STDs, including HIV and AIDS are not available for all SAARC countries are also limited in scope. However, the limited information that is available reveals a high level of prevalence of RTIs (Reproductive Tract Infections) and STDS among both married and unmarried adolescent girls and boys. For example, in Bangladesh over 40 percent of

Unmarried and married adolescent girls and 20 percent of unmarried adolescent boys are reported to have had symptoms of RTIs and STDs respectively. In Sri Lanka, about 7 percent of adolescents are reported to have had STDs. The incidence of HIV and AIDS among adolescents is limited but increasing particularly among girls. For example, in Nepal, adolescent constitute about 16 percent of the HIV and AIDS case with adolescent girls representing 72 percent of the cases. Knowledge of HIV/ AIDS is limited among adolescents. For example only 19–24 percent of married adolescent girls are reported to have ever heard of HIV and AIDS in Bangladesh and Nepal (UNFPA, 1998).

A recent data on HIV and AIDS estimation of SAARC countries by UNAIDS is presented in Table.

Table: 2.2 Estimation of Adult Population Living with HIV in SAARC Countries

Estimated Number of People living with HIV						
Country	Adults (15-49), end 2003			Adults (15-49), end 2001		
	Estimate	Low Estimate	High Estimate	Estimate	Low Estimate	High Estimate
Bangladesh	-	2,400	15,000	-	2,200	13,000
Bhutan	-	-	-	-	-	-
India	-	2,200,000	7,300,000	-	20,000,000	6,700,000
Nepal	60,000	29,000	98,000	44,000	22,000	72,000
Pakistan	73,000	24,000	1,40,000	62,000	20,000	1,20,000
Sri Lanka	3,500	1,100	6,800	2,200	700	4,300
Maldives	-	-	-	-	-	-

Source: UNAIDS, July 2005, Report on the Global HIV and AIDS Epidemic.

Data indicates that among SAARC countries, Nepal will be vulnerable to HIV and AIDS, if some measures to control. It is not taken immediately. If we compare with pervious two years, infected population has estimated nearly double. If this trend remains same in future, this disease would be an uncontrollable and our country would face the situation of Africa now.

Table: 2.3 Distributions at Death in the SAARC Countries

AIDS Deaths						
Country	Deaths in adults and children end 2003			Death in Adults and children end 2001		
	Estimate	Low Estimate	High Estimate	Estimate	Low Estimate	High Estimate
Bangladesh	-	-	<400	-	-	<400
Bhutan	-	-	-	-	-	-
India	-	1,60,000	5,60,000	-	1,40,000	4,80,000
Nepal	3,100	1,000	6,400	2,000	900	4,200
Pakistan	4,900	1,600	11,000	3,900	1,300	8,500
Sri Lanka	<200	-	<400	<200	-	<400
Maldives	-	-	-	-	-	-

Source: UNAIDS, July 2005, Report on the Globe HIV and AIDS Epidemic.

Table shows that the data are not available from Bhutan and Maldives. The deaths by AIDS are low in Bangladesh and Sri Lanka, however the data on deaths by AIDS in Nepal seems lower than India and Pakistan due to the high rate of infection the HIV and AIDS deaths would be high in the future.

2.1.3 The Case of Nepal

HIV/AIDS have become a major public health problem in Nepal. The first case was reported in 1988. The potential for the spread of HIV in Nepal is large because of extensive use of commercial sex workers, high rates of sexually transmitted diseases, low levels of condom use and pockets on intravenous drug users. As of January 2007, a total of 1248 AIDS cases and 8678 cases of HIV infection are reported to the Ministry of health and Population, National Center for AIDS and STD Control (NCASC, 2007).

AIDS entered in Nepal through the prostitution either women and girls who were involved in the prostitution in Mumbai or other cities of India. They are generally supposed to come back to home, which helps AIDS to spread in Nepal (Acharya, 1998).

An estimate shows approximately 34,000 cases of HIV and AIDS infection in Nepal (USAIDS, 2000), and another study of female sex workers with sexually transmitted diseases in Kathmandu shows a 17 percent rate (FHI, SACTS/USAIDS, 2000), while it was 50 percent among intravenous drug users (Gurubacharya, 1999). Therefore, the risk of AIDS spreading into the general population through the sexual partner of intravenous drug users and clients female sex workers is large (NDHS, 2001).

The transmission of HIV in Nepal follows a pattern quite common in other developing countries. A country based with malnutrition, diarrhea diseases a high death rates among children and women the AIDS epidemic will burden Nepal's already in adequate health system and tax is stretched resources to curtail HIV further grip on least developed countries like Nepal. The development community feels strongly that the prevention of HIV and AIDS is the more than a public health concern (UNICEF/UNAIDS, 2001).

In response to the HIV and AIDS epidemic, His majesty government of Nepal (HMG/N) established the national AIDS control program (NACP) in 1987 with financial and technical support from the world health organization (WHO).

Cox and Subedi Conducted a research Survey in 1994 Among Nepalese sex workers comparing some of their finding with those of other Asian countries. While relative to neighboring countries the AIDS pandemic has been relatively effect to Nepal, but there is a tremendous potential for rapid spread of infection. Trafficking of Nepalese women and girls to serve the sex industry in India combined with migrant in India and Nepal are primary routes through which the Virus threatens to take hold in the general population. High rates of illiteracy taboos regarding the open discussion of sex and limited health, infrastructure are commonly noted factors, which spread the infection (Cox and Subedi, 1994 Cited in Adhikari, 2006).

Study conducted by WHO Shows level of Education, Place of Residence and Mass media source of information exerts a strong effect on level of knowledge of HIV and AIDS. Education is the strongest and most consistent predictor of HIV and AIDS, awareness and level of knowledge. Women having more schooling are more likely to be aware of HIV and AIDS There is positive relationship between education and knowledge about HIV and AIDS. Mass media and National awareness program have a positive association with the awareness and the level of knowledge of HIV and AIDS as well as maternal health service is positively and significantly related to the awareness of HIV and AIDS and the level of knowledge of HIV /AIDS among currently married women (Panta, 2003).

The HIV situation in Nepal is characterized by the high prevalence among groups involved in high-risk behavior. Among street sex workers in Kathmandu, it rose from about one percent in 1992 to about 16 percent in 1998. Among intravenous drug users (IDUs), it rose from about two percent in 1991 to 50 percent in 1997. The prevalence in general population in Nepal is still low, but is rising rapidly. There are indications that the transmission among house wives is increasing. Though the infection is found every where, it is concentrated in the capital (UNAIDS, 2005)

Bista had conducted an assessment of knowledge, attitude and behavior concerning STD and HIV and AIDS in selected population. The study indicated that 84 percent male and 76 percent female students of high school responded correctly about sexual transmission of HIV and AIDS. Likewise, 93.6 percent male and 76.3 percent female students of campus responded positively about transmission of HIV and AIDS. Female Campus students responded nonsexual transmission. Likewise, 57.4 percent male and 44 percent female students of high school had responded correctly about non sexual transmission (Bista, 1997:3)

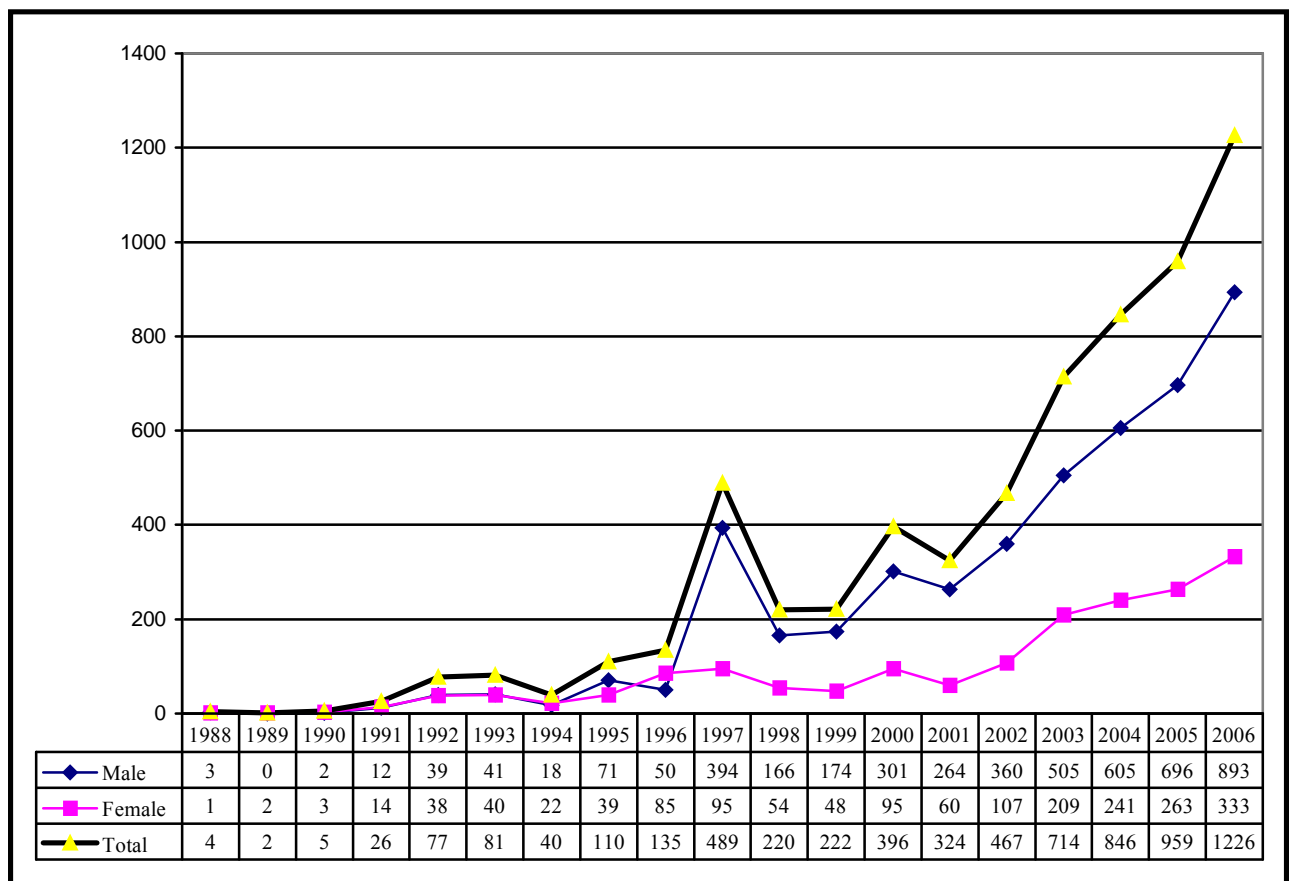


Table: 2.4 Cumulative HIV and AIDS Situation of Nepal in January 17 October, 2009.

Condition	Male	Female	Total
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HIV Positives (including AIDS)	9701	5086	14,787
AIDS (Out of Total HIV)	1850	777	2627

Source: National Center for AIDS and STD Control, Kathmandu.

Table: 2.5 Cumulative HIV Infections by Sub-Group and Sex

Sub-Groups	Male	Female	Total
Sex worker (SW)	6-	830	836
Clients of SWs/STD	6463	104	6567
Housewives		3699	3699
Blood or organ recipients	29	13	42
Injecting Drug Use	2472	49	2521*
Male partners	10		10**
Men Having Sex with Men (MSM)	111		111
Children	556	363	919
Total	6105	2573	8678

* Mode of Transmission- IDU or sexual

** Male partners of FSW/Female IDU/Female migrant

Table 2.6 Cumulative HIV Infections by Age group and Sex

Age group	Male	Female	Total
0-4	221	128	349
5-9	255	178	433
10-14	91	61	152
15-19	251	262	513
20-24	1217	850	2067
25-29	2163	1184	3347
30-39	3965	1752	5717
40-49	1224	528	1752

50 above	314	143	457
Total	9701	5086	14787

Source: National Center for AIDS and STD Control, Katmandu.

2.1.4 HIV/ AIDS and STDs Control

The current situation of HIV in Nepal is different from the first case which was diagnosed in 1988. There are gaps and challenges to be addressed in the fight against HIV and AIDS. Nepal is low prevalence Country for HIV and AIDS (0.5%). However Some of The groups Show evidence of a concentrated HIV epidemic e.g. Sex workers 19.5 percent, migrant population 4-10 percent and Intravenous drug users (IDUs), both in rural and urban areas, since 1988 when the first case was diagnosed MOHP/DOHS and deterrent stakeholders came forward to address HIV and AIDS issues. The main Focus was given to preventive aspects. In 1995 MOHP in consultation with different stake holder developed a policy for the control of HIV and AIDS. However, the activities were implemented in sporadic and disorganized manner.

MOHP came to the conclusion that every Stakeholder working in the field of HIV and AIDS should come forward to the world under one umbrella within the framework of a single policy. As a result in 2002 a new strategy for HIV and AIDS was developed for 5 years (2002 to 2006) and consequently and operational work plan was developed for 5 years (2003 to 2007) However, There are many gaps that were not identified during the development of new strategy guidelines that need to be addressed while revising it in 2006 (MOEP, 2006).

The new strategy shot-lights to the following main areas.

-) Vulnerable groups
-) Young people
-) Treatment, care and support
-) Epidemiology, research and surveillance
-) Management and Implementation of an expanded response.

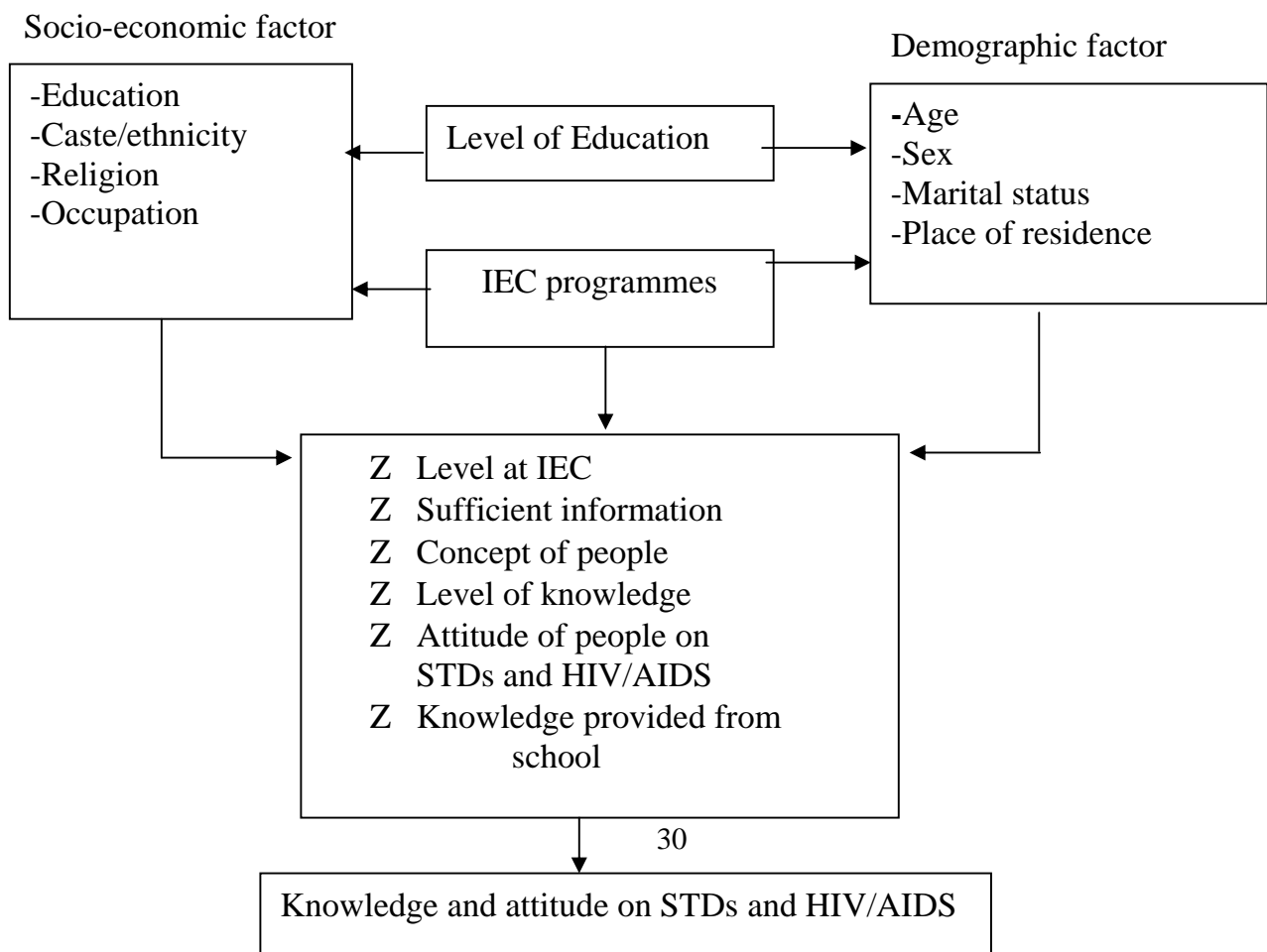
Broad political commitment is required for a multi sectors approach, civil society involvement, public-private partnership, reduction of Stigma and discrimination against people infected and affected by HIV/AIDS and human right based approach have been outlined as some of the guiding principles in the development of strategy. To enable high level national AIDS council (NAC) chaired by the Prime-minister was formed There is national AIDS Coordination committee (NACC) Chaired by the minister of Health which is responsible for reviewing and approving work plans and budgets, reviewing

report and guiding implementation of the national strategy. The NACC has the authority for technical review and advice on policy and funding issues and acts as the secretariat to the NACC. The NACC reports to the NAC. There is also a steering committee chaired by health secretary that meets on a regular basis to review program activities as well as to guide and direct program implementation (DHS, 2004).

2.2. Conceptual Framework

The following conceptual framework which is made on the basis of above literature review helps to analyze the knowledge and attitude on STDs, HIV and AIDS among higher secondary school students. Socio-economic factors affect demographic factors and level of education place of residence also affect the level of education parental background government programme on information education and communication (IEC) access or level IEC, etc. All above are also thought to be determinant factors in knowledge and attitude on STDs and HIV and AIDS. Framework also clarifies about the factors and their role in determining level of knowledge and attitude.

Conceptual Framework



CHAPTER - III

METHODOLOGY

This study is based on the field survey. This study aims at finding the level of knowledge and attitude on STDs, HIV and AIDS among higher secondary school students. The data for this study are collected through field survey from 115 respondents of the study area.

3.1 Study Area

Rautahat district is selected as the study area for the research because it is the permanent residential area of researcher due to which it is easy for researcher to carry out research under any social economic circumstances. Rautahat district is a Tarai district situated in the central development region of Nepal. Total area of the district is 1,126 square kilometers. Geographical boundary is covered by Sarlahi district in the east, Bara district in the west, Chure bhawar in the north and Bihar,India in the south. According to census, 2001, the total population of this district is 545132. Among them 274132 are males and 271000 are female. (District FACT sheet Rautahat, 2060) This district is the common place for the people from different caste/ethnicity, religions and occupation.

According to the record of District Development Office of Rautahat, literacy rate at the Rautahat district is 67 percent. Among them 72 percent are male and 54 percent are females. There is one government donated higher secondary school and 11 non-governments funded higher secondary schools which will be included in this study. This study is based on collected information from higher secondary school students. Students at higher secondary school refer to those people who are studying in higher secondary level at the time of survey.

3.2 Source and Nature of Data

This study is mainly based on primary source of data, all the analysis are based on the obtained data from field study. The data were collected from higher secondary school students through interview using structured questionnaire and semi structured questionnaire.

The secondary data were obtained from educational statistics, international conferences, books, journals, educational reports, censuses, dissertation and research studies in relevant area.

The nature of data is both qualitative as well as quantitative

3.3 Sample Size

The total samples size for this study was 115 among 895 students. All of them were chosen from grade XI and XII only.

3.4 Selection of Sample

This study used the primary data collection in May 2010. Out of twelve higher secondary schools in Rautahat district two higher secondary schools are selected in this study by convenient sampling. The selection of sample respondents was made by deliberate/purposive sampling procedure to get maximum information easily. A total of 115 sample sizes were selected from total students of grade XI and XII of two higher secondary schools. They are as follows:

Shree Jan Jyoti Multiple College, Chandranigahpur, Rautahat.

Shree SubhLal Bhagwt Higher Secondary School, Santpur, Rautahat.

Table 3.1 Distribution of Students by School, Grade and Sex

Schools	Students						
	Class XI			Class XII			Sample size
	Boys	Girls	Total	Boys	Girls	Total	
Shree Jan Jyoti Higher multiple college Chandranigahpur Rautahatl	310	157	467	115	71	186	48
Shree Sub Lal Bhagwat higher Secondary School	119	70	189	35	18	53	67
Total	429	227	656	150	89	239	115

Source: Field Survey, 2010.

3.5 Questionnaire Design

Questionnaires constituted the major tool of this study. It was designed to explore the necessary information with respect to higher secondary school students about knowledge and attitudes on STDs and HIV and AIDS, its transmission, preventive measure and some other attempt, to identify the different sources of information on STDs and HIV and AIDS.

This study utilized both qualitative and quantitative research approach to collect information from the respondents. Questionnaires are mainly constituted into three parts:

Z Individual characteristics

Z Household characteristics.

Z Knowledge and attitudes on STDs and HIV and AIDS.

3.6 Method of Data Collection

Study is conducted by both primary and secondary source. Literature review is based on secondary data sources, whereas data were collected by primary sources. Basically study was conducted in quantitative technique (approach) using structure and semi-structure questionnaires.

3.7 Method of Data Analysis

The collected information through various methods and techniques were put together and analyzed in a separate chapter of interpretation. According to nature of data they were further split into separate sections as well as simple frequency, percentage tables, cross tables, bar diagram and pie chart are also used to analyze data related to the study.

3.8 Limitation of the Study

This study consists of the knowledge and attitude among higher secondary school students due to lack of enough time and budget the study is limited in the following area.

-) The questionnaire is based on knowledge and attitude on STDs, HIV and AIDS so the finding is only related to these matters.
-) Sampling procedure rather than including all carries out this research.
-) This study is taken among limited number of respondents there are only 115 respondents from two higher secondary schools.
-) This study population is taken from higher secondary school students of Rautahat.
-) In this study, the selections of sample are carried out by purposive sampling and selection of respondents.

CHAPTER-IV

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF THE RESPONDENTS

In this chapter, various characteristics of the respondents such as demographic characteristics and socio-economic characteristics are described. Demographic characteristics include age-sex structure, family size, marital status, opinion about the appropriate age of marriage etc. Socio-economic characteristics include caste/ethnicity, religion, parental education, and parental occupation and so on.

4.1 Background Characteristics of the Respondents

In this topic, general characteristics such as respondent's age- sex, religion, caste/ethnicity, marital status, opinion about appropriate age at marriage and living place of respondents are described. These factors or characteristics may be vital in determining the knowledge and attitudes on the STDs, HIV and AIDS matters among the respondents.

4.1.1 Age and Sex Distribution

As this study had aimed at finding out the knowledge and attitude on STDs, HIV and AIDS among higher secondary school students, it has collected data on age and sex of the respondents. Students refer to males and females age from 15 to 25 years. The respondent's age and sex distribution is presented in Table 4.1.

Table: 4.1 Distributions of Respondents by Age and Sex

Age	Sex					
	Boy		Girl		Total	
	Number	Percent	Number	Percent	Number	Percent
≤16	7	10.8	10	20.0	17	14.8
17-18	27	41.5	30	60.0	57	49.6
19-20	22	33.9	8	16.0	30	27.1
≥21	9	13.8	2	4.0	11	9.5
Total	65	100.0	50	100.0	115	100.0

Source: Field Survey, 2010.

It is clear from the Table 4.1 that numbers of boys are more than the girls. Among the respondents higher secondary school students of grade eleven and twelve, the higher proportion of the respondents are in 17-18 years of age, which accounts 49.6 percent, followed by 19-20 years (27.1%) and ≤ 16 years (14.8%). The least proportions of the respondents (9.5%) are at age 21 years and above. The girl respondents are higher than boy respondents in the ages under 16 and 17-18 years. But at above 18 years of age, boy respondents are higher than girl respondents. It shows that girls are less than boys in the higher secondary schools as their age increases

4.1.2 Caste/ Ethnicity

Caste/ethnicity may determine the knowledge and attitudes on STDs, HIV and AIDS because in certain caste ethnic group, there may be different values, norms and view to see about sexually transmitted disease. Considering the fact, data on caste/ethnicity was collected in the study and the responses are tabulated in Table 4.2.

Table 4.2 Distributions of Respondents by Caste/Ethnicity

Caste/ Ethnicity	No. of respondents	Percent
Tharu	39	33.9
Chhetri	38	33.0
Yadav	20	17.4
Brahmin	1	0.8
Magar	3	2.7
Dalit	10	8.7
Others	4	3.5
Total	115	100.0

Source: Field Survey, 2010.

Table 4.2 gives the information about caste/ethnicity of the respondents. The total respondents fall into six caste/ethnic groups. Among them the highest number of respondents are Tharu (33.9%) and Chhetri (33%) followed by Yadav (17.4%), Dalit (8.7%), others (Girl, Puri and yogi) (3.5%), Magar (2.7%) and Newar (0.8%). This can be said that the enrolment of minority

people in higher secondary level is low. Because, Tharu and chhetri people are in large section of population so the Tharu followed by Chhetri students found highest number in study area.

4.1.3 Religion

According to 2001 census, 80.62 percent populations are Hindu and 10.74 percent are Buddhist and others religion groups are very few. It shows the distribution of respondents by religion in the study area.

Table: 4.3 Distributions of Respondents by Religion

Religion	No. of Respondents	Percent
Hindu	107	93
Buddha	5	4.3
Christian	3	2.7
Total	115	100

Source: Field Survey, 2010.

Table 4.3 Shows that only 3 religion groups are recorded among the selected students and among them vast majority are Hindu which accounts 93 percent followed by Buddha 4.3 percent and Christian 2.7 percent. In study area there are reported to be mostly Hindu people resided.

4.1.4 Marital Status

Marital status of the respondents can be considered as one of the key factors for knowledge and attitudes on STDs and HIV and AIDS.

Table: 4.4 Distributions of Respondents by Marital Status and Sex

Status	No. of Respondents					
	Boy		Girl		Total	
	Number	Percent	Number	Percent	Number	Percent
Married	10	15.4	18	36.0	28	24.0
Unmarried	55	84.6	32	64.0	87	76.0
Total	65	100.0	50	100.0	115	100.0

Source: Field Survey, 2010.

Table 4.4 shows that majority of the respondents (76%) are unmarried and 24 percent of respondents are found to be married. By gender 84.6 percent of boy respondents are unmarried and 64 percent of girl respondents are unmarried. Slightly more than 15 percent boy respondents are married while about 36 percent girl respondents are married. Married may be due to family involvement in agriculture.

4.1.5 Opinion about Appropriate Age at Marriage

All the respondents are asked about their opinion about appropriate age at marriage. The result is presented in Table 4.5.

Table: 4.5 Distributions of Respondents by Opinion about Appropriate age at Marriage

Appropriate age at marriage	No. of respondents	Percent
20-23	28	24.3
24-25	55	47.8
26-28	7	6.1
29 over	25	21.8
Total	115	100.0

Source: Field Survey, 2010.

The majority of respondents (47.8%) have desired for marriage in 24-25 years age group, because in their point of view is that is the appropriate age while 24.3 percent respondents said in age group 20-23 years, followed by 21.8 percent respondents said in age 29 and over and 6 percent respondents have express their appropriate age at marriage in 25-28 years age group. The reason for maximum respondent said 24-25 may be because of education level.

4.1.6 Living Place of Respondents

A question was included about the living place of respondents in questionnaire. The results are presented in the Table 4.6.

Table: 4.6 Distributions of Respondents by the Living Place

Living place	No. of respondents	Percent
at home	70	60.9
Rented house	33	28.7
Relative's house	12	10.4
Total	115	100.0

Source: Field Survey, 2010.

Table 4.6 Show that the highest proportion of respondents (60.9%) lives at home, while 28.7 percent live at rented house and 10.4 percent live at relative's house. The reason for this is that most of respondents are local and few are from countryside

4.2 Household Characteristics

In this sub-section household background of the respondents is aimed to collect. Household characteristics include family types, parent's education, parent's occupation, family size, place of permanent residences and physical facilities. The questions regarding these household characteristics were included in the questionnaire.

4.2.1 Family Types

Nuclear family is an indicator at healthy and happy family. There is more possibility of family relation as well as frankly discussion of health related topic and others in Nuclear family. To find out the family type of the respondents at the field survey, structure questionnaire was asked to fill of their family types and the result is presented table 4.7. Later on the type of family has been recoded two categories only.

Table: 4.7 Distributions of Respondents by Family Types

Family	No. of respondents	Percent
Nuclear	49	42.5
Joint	66	57.5
Total	115	100.0

Source: Field Survey, 2010.

From the table 4.7 shows that 57.5 percent respondents live with the joint family while 2.5 percent respondent live in with the nuclear family. The reason for majority of respondents living in joint than nuclear is common source of income i.e. agriculture

4.2.2 Parental Education

Parent's education plays a vital role in children's behavior on every aspect, which ultimately determines their knowledge and attitude on STDs and HIV and AIDS. This is because educated parents may have proper knowledge on children's physical and biological change and understand their needs and perform parental roles and responsibilities well. In this study, two questions regarding father's and mother's education were asked.

In our society, fathers are more active in the family. That is why father's decision is mostly applied in the household. No doubt, good thinking of father in the family about family related matters helps to enhance the family in a progressive path. Education is such thing, which changes the behavior of a person, which leads not merely his progress but family and society as well.

Women's education is very much important in the family because most of the women in Nepal are housewives who mainly care for children. Therefore children are very close to their mothers rather than their fathers. The work of fathers usually is to collect money and involve in household management whereas mother mobilize family resources. So the impact of mother's

education directly falls on children. The parental education status of the respondent is presented in table 4.8.

Table: 4.8 Distributions of Respondents by Parent's Education

Literacy / Education level of parents	No. of respondents			
	Father's		Mother's	
	Number	Percent	Number	Percent
Literate	86	74.8	34	29.6
Illiterate	29	25.2	81	70.4
Total	115	100.0	115	100.0
Level Education	Number	Percent	Number	Percent
Primary	30	26.1	18	15.6
Lower secondary	11	9.6	4	3.5
Secondary	16	13.9	4	3.5
S.L.C and above	29	25.2	8	7.0
Total	86	74.8	34	29.6

Source: Field Survey, 2010.

Table 4.8 clearly shows that 74.8 percent of the respondent's fathers are literate which is higher as compared to their mother's literacy but it is better enough than the national level men's literacy (65.1%). The illiterate rate of respondent's father is 25.2 percent. The large proportion of respondent's father (26.1%) has attained primary education followed by S.L.C and above (25.2%). Similarly, (13.9%) of the respondents fathers have attained secondary education.

It is again notable from the table 4.8 that the education of respondent's mother is lower as compared to their fathers but it is worse than the national level at women's literacy (42.8%). The literacy rate of respondent's mothers is reported to be 29.6 percent. Similarly, the highest proportions (15.6%) have attained primary level of education followed by SLC and above (7%) and (3.5%) and (3.5%) have attained lower secondary education and secondary education respectively. The higher literacy rate of respondents' parent accounted for the adequate knowledge of STDs, HIV and AIDS

4.2.3 Parental Occupation

Parental occupation is one of the indicators of economic status of the family. Economic status of the family may have significant role in determining knowledge and attitudes of children in any respect. In this study an attempt was made to collect respondent's parent occupation. Respondents were asked about their fathers and mother's occupation as well as in order to find if there is any difference on knowledge and attitudes on STDs, HIV and AIDS according to parental occupation.

Table: 4.9 Distributions of Respondents by Parent's Occupation

Occupation	No. of respondents			
	Father's		Mother's	
	Number	Percent	Number	Percent
Agriculture	68	59.1	85	73.9
Services	19	16.5	6	5.1
Business	19	16.5	13	11.3
Daly wages	5	4.4	3	2.7
Others	4	3.5	8	7.0
Total	115	100.0	115	100.0

Source: Field Survey, 2010.

Table 4.9 many of the respondent parents are dependent on agriculture. Majority of respondent's fathers are involved in agriculture (59.1%) followed by 16.5 percent in service, 16.5 percent in business, 4.4 percent in daily wages and 3.5 percent in others. In case of mother, slightly more than 73.9 percent respondents reported that their mother are engaged in agriculture, 11.3 percent are in Business, 7 percent are in others, 5.1 percent are in services and 2.7 percent are in daily wages. Majority of people having agriculture as occupation and thus have manage easily time for having knowledge about HIV/AIDS.

4.2.4 Family Size

In questionnaire, question was included about the respondent's family number. The number of their family member and the result is presented in the Table 4.10.

Table: 4.10 Distributions of Respondents by Family Size

Family	No of Respondents	Percent
<5	4	3.5
5-7	49	42.5

8-10	42	36.5
>11	20	17.5
Total	115	100.0

Source: Field Survey, 2010.

Table 4.10 shows that 42.5 percent have the family size of (5-7) person, 3.5 percent of respondents that fall in the family size of less than five members, 36.5 percent have the family size of (8-10) person, 17.5 percent have the family size of 11 and over.

4.2.5 Place of Residence

All the respondents were asked their place of residence. Most of the respondents are living in the village in our country.

Table: 4.11 Distributions of Respondents by Place of Residence

Place of Residence	No. of respondents	Percent
Urban	17	14.8
Rural	98	85.2
Total	115	100.0

Source: Field Survey, 2010

Above table shows that slightly 14.8 percent respondents are living in urban area but 85.2 percent of respondents are living in the rural area. This field survey data are also matched with the national census data of 2001.

4.2.6 Household Facilities

The respondents were asked to specify whether they have the household facilities such as electricity, radio, television and telephone. Availability of these facilities help to increase the level of knowledge and attitudes on STDs and HIV and AIDS. Table 4.12 and figure 4.4 shows the distribution of respondents by availability of the household facilities.

Table: 4.12 Distribution of Respondents by Facility at Home

Facilities	No. of respondents					
	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Electricity	17	14.8	98	85.3	115	100.0

Radio	115	100.0	-	-	115	100.0
Television	23	20.0	92	80.0	115	100.0
Telephone	15	13.9	100	86.4	115	100.0

Source: Field Survey, 2010

Note: The sum of percentages may exceed 100 because of the multiple responses.

From table 4.12, it is clear that 14.8 percent respondents have electricity at their house. Hundred percent have radio at their house. Similarly 20 percent have television at their house whereas only about 15% have the telephone at their house. Another important point to note here that the households have radio even though they have no electricity at their house. Every respondents has radio .Due to good facilities of information, almost every respondents has good knowledge and information about STDs and HIV/AIDS.

CHAPTER –V

KNOWLEDGE AND ATTITUDES ON STDS AND HIV and AIDS

This chapter analyzes the level of knowledge and effects of socio-economic and demographic variables on knowledge and attitudes on STDs, HIV and AIDS. In this respect, the knowledge on STDs, HIV and AIDS by sex, heard the name of STDs, source of information, symptoms of STDs, HIV and AIDS, modes of transmission of STDs, HIV and AIDS, prevention method of STDs, HIV and AIDS their attitudes on STDs and HIV infected persons, etc are described.

5.1 Knowledge of STDs and Types

Every day one million people contact sexually transmitted diseases (STDs) people with STDs are at an increased risk for HIV (Khan, 2005). The worldwide spread of sexually transmitted disease has been one of the major disappointments in public health in the past two decades. STDs are not hyper endemic in many developing countries like Nepal where the facilities for diagnosis and treatment are usually inadequate.

5.1.1 Heard of STDs

Hearing about anything is a basis for knowledge. However, knowing about any topic may not be sufficient to change one's behavior. Likewise, only hearing about STDs is not a top level of knowledge but it is the basic for knowledge. There are so many STDs but the main prevalence STDs are Syphilis and Gonorrhea, which are the common disease even in primitive society in order to find the student's knowledge on STDs. Respondents were asked where they have heard STDs. The responses are presented in Table 5.13

Table: 5.11 Distribution of Respondents by Heard of STDs and its Types

Heard STDs	No of respondents	Percent
Yes	110	95.6
No	5	4.4
Total	115	100.0
Types of STDs	No of respondents	Percent
Syphilis	30	27.3
Gonorrhea	17	15.4
Candidacies	4	3.6
Trichomoniasis	3	2.7
Hepatitis-B	80	72.7
HIV /AIDS	110	100.0
Other	12	10.9

Source: Field Survey, 2010.

Note: The percentages of types of STDs heard are based among those who have heard of STDs and its sum may exceed hundred due to multiple responses.

The table 5.11 shows that about 95.6 percent respondents have heard about the STDs through various available source of information but 4.4 percent respondents have not heard STDs.

As stated in table 5.13 the HIV and AIDS is very common type of STDs which is heard by most of the respondents (100%) among those who have heard STDs. The common name of STDs is hepatitis-B which is heard by 72.7 percent among those who have heard about STDs such as Gonorrhoea, Candidiasis, Trichomoniasis and others are heard by 15.4 percent, 3.6 percent and 10.9 percent, respectively among those who have heard about STDs.

5.1.2 Source of Information

Below table provides the information on the distribution of the respondents who have knowledge on STDs by source of information. The electronic media is the main source of information.

Table: 5.12 Distributions of Respondents by Source of Information

Source of Information	No. of respondents	Percent
Radio	110	100
Television	29	26.4
Newspapers	37	33.6
Health personnel	27	24.5
Parents	14	12.7
Teacher	40	36.4
Friends	29	26.4
Text books	25	22.1
Others	12	10.9

Source: Field Survey, 2010.

Note: the percentages are based among those who have heard STDs and its sum may exceed hundred because of multiple responds

From the Table 5.12, it is clear that, Radio, Television Newspaper, health personnel, parent, Teacher, friends, Text books and others are main source of information about STDs. The highest proportion respondents have heard STDs from radio which is accounted for 100 percent followed by Teacher (36.4%) and newspaper (33.4%). About 26.4 percent respondents are equal from television and friend s is source of information on STDs. Similarly, 24.5 percent respondents are from Health personnel, 22.7 percent of respondents from text books and lowest 10.9 percent of respondents from otherwise. Reliable source of information resulted for knowledge about STDs and HIV and AIDS among majority of respondents

5.1.3 Organs affected by STDs.

Respondents were asked about the knowledge on the organs affected by STDs. The expected result has been observed and most of the respondents have said that the reproductive part is affected by infection of STDs. The responses, in detail are presented in Table. 5.14.

Table: 5.13 Distributions of the Respondents by knowledge on the Part of Organs Affected by STDs.

Organs	No. of respondents	Percent
Reproductive parts	100	99.0
all over the body	80	79.2
Mouth	40	39.6
Head	20	19.8
hand	20	19.8

Source: Field Survey, 2010

Note: The percentages are based among those who have heard of STDs and its sum may exceed hundred due to multiple responses.

It is the notable from the table 5.13 as it shows that among those who have heard STDs. Ninety-nine percent of the respondents said that the reproductive part are affected by STDs, followed by 79.2 percent of all over the body, 39.6 percent mouth, 19.8 percent head and 19.8 percent hand. Majority of respondents have enough knowledge about the various parts affected by STDs due to high access on information facilities.

5.1.4 Knowledge on Mode of STDs Transmission of STDs

A question was included in questionnaire of knowledge of transmission on STDs. Those who had heard about STDs were asked whether they know the mode of transmission of STDs or not. The responses, in detail are presented in Table 5.16.

Table 5.14: Distribution of Respondents by Knowledge on Mode of STDs Transmission

Knowledge	No. of respondents	Percent
Yes	100	90.9
No	10	9.1
Total	110	100.0

Source: Field Survey, 2010

Note: only those who have heard STDs.

According to Table 5.14, 90.9 percent of the respondents know the mode of STDs transmission but 9.1 percent of the respondent does not know the mode of STDs transmission. The respondents have enough knowledge on Mode of STDs Transmission due to hear through different media.

The respondents who have knowledge on mode of STDs transmission after that asked to state the modes. The table 5.15 gives the result.

Table: 5.15 Distribution of Respondents Knowledge on Mode of STDs Transmission

Way of transmission	No. of respondents	Percent
Sexual contact with infected person	64	64.0
Living together with infected person	51	51.0
Infected mother to her baby	47	47.0

Source: Field Survey, 2010.

Note: The percentages are based among those who have knowledge about mode of STDs transmission and its sum may exceed hundred due to multiple responses.

According to table 5.16, among those who have knowledge about mode of STDs transmission, sixty four percent of the respondents said that sexual contact with the infected person is the most important modes of STDs transmission. Likewise 51 percent of respondents reported that living together with infected person while 47 percent of respondents answered that infected mother to her baby. The different in responses is found due to various knowledge level and different source of information of respondents.

5.1.5 Preventive Methods of STDs

A question was included in questionnaire about the preventive measure of STDs or not. The results are presented in Table 5.16,

Table: 5.16 Distributions of Respondents by Preventive Measures of STDs

Knowledge	No. of respondents	Percent
Yes	91	82.7
No	19	17.3
Total	110	100.0

Source: Field Survey, 2010.

Note: only those who have heard STDs

According to table 5.16, among those who have heard about STDs, 82.7 percent of the respondents know the preventive methods of STDs but 17.3 percent respondent does not know the preventive methods of STDs. The reason for maximum respondents had knowledge of prevention methods of STDs, due to adequate access of information source.

The respondents who have knowledge about preventive methods of STDs were further asked the question about preventive methods of STDs. The Table 5.19 gives the result.

Table: 5.17 Distribution of Respondents by preventive Methods of STDs

Preventive Methods	No. of respondents	Percent
Use of condom during sexual intercourse	80	87.9
Avoid sex with multiple partners	66	72.5
Use sterilized surgical instruments	61	67.0
avoid sex with prostitution	41	45.0

Source: Field Survey, 2010.

Note: The percentages are based among those who have knowledge about preventive methods of STDs and its sum may exceed hundred due to multiple responses.

According to Table 5.17 among those who have knowledge about preventive methods of STDs, use of condom during sexual intercourse is the most preferred way of prevention from STDs which has been reported by 87.9 percent of the respondents. Likewise avoid sex with multiple partners is reported by 72.5 percent respondents, use sterilized surgical instruments is reported by 67 percent respondents and avoid sex with prostitution is reported by 45 percent respondents. The reason for above result again due to adequate access on information source by respondents

5.2 Knowledge on HIV and AIDS

In this study, knowledge and attitudes on HIV and AIDS has been assessed various questions. First of all very common questions "have you ever heard about HIV and AIDS" is given in the questionnaire. Similarly other supporting questions such as source of information, Full form of AIDS, mode of transmission, symptoms of AIDS, preventive method of AIDS etc are used further to analyze the knowledge and attitudes on HIV and AIDS .

5.2.1 Heard of HIV and AIDS

A question as have you heard about HIV and AIDS was included in questionnaire, the responses are presented in Table 5.18.

Table: 5.18 Distribution of Respondents by Heard of HIV and AIDS

Heard of HIV and AIDS	No. of respondents	Percent
Yes	110	95.6
No	5	4.4
Total	115	100.0

Source: Field Survey, 2010.

Above Table 5.18 shows that 95.6 percent respondents have heard about the HIV and AIDS but 4.4 percent of the respondents do not have heard about the HIV and AIDS. Almost every respondent heard about HIV and AIDS due to availability of various media.

5.2.2 Source of Information about HIV and AIDS

The sources of information are crucial factor for the students to achieve knowledge regarding HIV and AIDS. The Students acquire different sources of information for knowledge and attitudes on HIV and AIDS.

Table: 5.19 Distributions of Respondents by Sources of Information about HIV and AIDS

Source of Information	No. of Respondents	Percent
Radio	110	100.0
Television	35	31.8
Newspapers	53	48.2
Health personnel	47	42.7
Parents	45	40.9
Teacher	19	17.3
Friends	51	46.5
Text books	44	40.0
Others	12	10.9

Source: Field Survey, 2010.

Note: The percentages are based among those who have heard of HIV and AIDS and its sum may exceed hundred to multiple responses.

Above Table 5.21 shows those who have heard about the HIV and AIDS. Radio, television, newspaper, friends, health personnel, parents, teacher and text books are the major sources of information about HIV and AIDS. Radio is the main source of information as 100 Percent respondents have got information from it. Similarly, 31.8 percent respondents have knowledge of HIV and AIDS form Television, 48.2 percent respondents knew from newspapers, 42.7 percent from friends, 40.9 percent from health personnel, 17.7 percent from parents, and 46.5 percent from teacher 40.0 percent from text books and the lowest 10.9 percent respondents from others.

5.2.3 Full form of AIDS

A question on full form of AIDS was included in questionnaire. Data were categorized in three terms as correctly written, in correctly written and not written after the collection of data. The respondent's category, according to their response is presented in Table 5.22.

Table: 5.20 Distribution of the Respondents by Knowledge on full form of AIDS

Category	No. of respondents	Percent
correctly written	80	72.7
Incorrectly written	18	16.5
No written	12	10.8
Total	110	100.0

Source: Field Survey, 2010.

Note: only those who have heard of HIV and AIDS.

Above Table shows that 72.7 percent respondents have correctly written the full form of AIDS, 16.5 percent respondents have not correctly written and 10.8 percent respondent have not written of the full form of AIDS.

5.2.4 Knowledge on Mode of HIV and AIDS Transmission

The respondent who have heard about the HIV and AIDS those were asked about knowledge on mode of HIV and AIDS transmission. The table 5.23 gives the result.

Table: 5.21 Distributions of the Respondents by their Knowledge about the Mode of HIV and AIDS Transmission

Knowledge of Mode of HIV and AIDS transmission	No. of respondents	Percent
Yes	85	77.3
No	25	22.7
Total	110	100.0
Mode of HIV and AIDS Transmission	No of respondents	Percent
Sexual contact	70	82.3
Shaving razor	32	29.1
Blood Transfusion	64	75.3
Infected mother to her baby	50	58.8
Kissing	25	22.7
Others	10	11.8

Source: Field Survey, 2010.

Note: The percentages are based among these who have knowledge about mode of HIV and AIDS transmission and its sum may exceed hundred due to multiple responses.

The Table 5.23 Shows that 77.3 percent of the respondents have the knowledge on mode of HIV and AIDS transmission but 22.7 percent of the respondent does not have knowledge on mode of HIV and AIDS transmission.

Among those who have known the mode of HIV and AIDS transmission, majority of the respondents said that sexual contacts are transmitted by HIV and AIDS which accounted for 82.3 percent, followed by 75.3 percent from blood transfusion, 58.8 percent from infected mother to her baby, 31.6 percent from saving razor, 22.7 percent from kissing and the lowest 11.8 percent from others.

5.2.5 Knowledge of Syndromes of AIDS

To identify the knowledge of the students of syndrome of HIV and AIDS, a question was included in the questionnaire with some options. The responses are tabulated in Table 5.24 below.

Table: 5.22 Distributions of Respondents by Knowledge on Syndromes of AIDS

Knowledge on Syndromes of AIDS	No. of respondents	Percent
Yes	90	81.8
No	20	18.2
Total	110	100.0
Syndromes	No of respondents	percent
Loss of body weight	70	77.8
Diarrhea for one month	65	72.2
Fever for one month	54	60
Red sports and yellowish pus like discharge	40	44.4

Source: Field Survey, 2010.

Note: The percentages are base among those who have knowledge on syndrome of AIDS its sum may exceed hundred due to multiple responses

Above Table 5.22 shows among those who have knowledge on the syndrome of HIV/AIDS, 81.8 percent respondents have the knowledge on syndrome of AIDS but 18.2 percent of the respondents do not have the knowledge on syndrome of AIDS.

It is clear to note from the table 5.24 among those who have knowledge on syndrome of AIDS. More than seventy-seven percent (77.8%) respondents reported the main syndrome of AIDS as loss of body weight, followed by the respondents who said diarrhea for one month, 72.2 percent, fever for one month, 72.2 percent and red sports and yellowish pus like discharge 44.4 percent.

5.2.6 Preventive method of AIDS

Men are two and half times (52%) more likely than women (21%) to spontaneously say that AIDS can be avoided by using condoms. Thirteen percent of women and 28 percent of men stated that the disease can be avoided by limited number of sexual partners (NDHS, 2001). The responses in this study population about the preventive method are presented below

Table: 5.23 Distribution of Respondent by knowledge on Preventive Method of HIV and AIDS

Knowledge of preventive method	No. of respondents	Percent
Yes	82	74.5
No	28	25.5
Total	110	100.0
Preventive method of HIV and AIDS	No. of respondents	Percent
Don't have sex at all	55	67.1
Don't have sex with unknown person	45	54.8
Use sterilized surgical instrument	34	41.5
use of condom	70	85.5

Source: Field Survey, 2007.

Note: The percentages are based among those who have knowledge preventive method and its sum may exceed hundred due to multiple responses.

Table 5.23 shows that among those who have heard about HIV and AIDS about 74.5 percent respondent have the knowledge about the preventive method of HIV and AIDS but 25.5 percent respondents do not have knowledge about the preventive method of HIV and AIDS. Majority of respondent's knowledge about preventive method may account for low number of HIV/AIDS victims over the study area.

Among those who have knowledge of preventive method of HIV and AIDS. Sixty seven percent (67.1%) respondents believe that HIV and AIDS can be prevented by do not having sex at all. About 54.8 percent of respondents said no to sex with unknown person, 41.5 percent respondents use sterilized surgical instrument and 85.5 percent of respondents believed that the HIV and AIDS can be prevented by use of condom.

5.2.7 Knowledge on Types of Vulnerable People

Further more when asked the question about the knowledge on type of people who are more vulnerable i.e. potential victims in your society for transmission to respondents the result found is given in the Table 5.24

Table: 5.24 Distributions of Respondents by Knowledge on Types of Vulnerable People

Vulnerable people	No. of respondents	Percent
Youth and adolescent	44	40.0
Drivers	54	49.1
Commercial sex workers	69	62.7
Drug addicts	51	46.4
Others	20	18.2

Source: Field Survey, 2010.

Note: The percentages are based among those who have heard HIV and AIDS and its sum may exceed hundred due to multiple responses.

From the Table 5.24 shows that among those who have heard about HIV and AIDS. We can see that 40 percent respondents reported that person who keep youth and adolescent are vulnerable for the transmission of this virus. Similarly 49.1 percent respondents reported drivers, commercial sex worker, 62.7percent, drug addicts, 46.4 percent and others 18.2 percent.

5.2.8 Perception about the AIDS Infected Persons

The question was included on perception of the respondents about the AIDS infected person. The result is given in the Table 5.26.

Table: 5.25 Distribution of Respondents by Perception about AIDS infected Persons

AIDS Infected Person	No. of respondents	Percent
All of them die	61	55.5
Some of them die	32	29.1
Not die	15	13.6
Not stated	2	1.8
Total	110	100.0

Source: Field Survey, 2010.

Note: Only those who have heard HIV and AIDS.

From the Table 5.25, it is clearly shown that 55.5 percent of respondents said all of them will die, 29.1 percent respondents said some of them die, 13.6 percent respondents reported that they will not die, only 1.8 percent respondents did not stated anything. The variation in perception found may be due to different knowledge level.

5.2.9 Opinion about AIDS

In questionnaire, question was included on the respondent opinion about the AIDS. The results are given in the Table 5.26

Table: 5.26 Distributions of Respondents by Opinion about AIDS.

Opinion	No. of respondents	Percent
Fatal Disease	25	22.7
Sexually transmitted disease	24	21.8
Communicable disease	8	7.2
Dangerous and transmitted by careless	31	28.3
Immune deficiency syndrome	18	16.4
Do not know	4	3.6
Total	110	100.0

Source: Field Survey, 2007.

Note: Only those who have heard HIV and AIDS

Table 5.26 shows that 22.7 percent respondents said that it is fatal disease, 21.8 percent of respondent said that it is sexually transmitted disease, 7.2 percent respondents said if communicable disease, 28.3 percent respondents said that it is dangerous and transmitted by careless, 16.4 percent respondents reported that it is immune deficiency syndrome and 3.5 percent respondents reported that they do not know about AIDS.

5.2.10 Knowledge from Teachers

The question was also included about source of respondent's knowledge as teachers for describing AIDS. The results are given in table 5.27.

Table: 5.27 Distributions of Respondents by Knowledge from Teachers.

Knowledge from	No. of respondents	Percent
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teacher		
Yes	82	74.6
No	28	25.4
Total	110	100.0
Reason for not describing	No. of respondents	Percent
Shy	9	32.2
Do not know about subject matter	3	10.7
Negligence	11	39.3
Do not know	5	17.8
Total	28	100.0

Source: Field Survey, 2010.

Note: only those who have heard HIV and AIDS.

Above Table 5.27 shows the distribution of respondents who have heard about HIV/AIDS. More than seventy four (74.6%) percent of respondents said that teacher describe about STDs, HIV and AIDS but 25.4 percent respondents said that teacher do not describe about STDs and HIV and AIDS.

Among the not described by the teachers, 32.2 percent respondents said that it is due to shy, 10.7 percent respondents said not to know about the subject matter, 39.3 percent respondents said that not to know.

5.2.11 Opinion about Sex

Question is also asked to the respondents about what is sex? The responses are presented in Table 5.28 below.

Table: 5.28 Distributions of Respondents by Opinion about Sex

Opinion	No. of respondents	Percent
Basis need	38	33.9
Need for propagating generation	46	40.0
absurd	23	20.0
Other	8	6.1
Total	115	100.0

Source: Field Survey, 2010.

Table 5.29 shows that 33.9 percent respondents said that it is basic need, 40 percent respondents said that it is need for propagating generation, 20 percent respondents said that it is absurd and 6.1 percent respondents said otherwise. .

5.3 Attitude and Practice of Sexual Activities

Sexual behaviour and sexual relationship of people are the main predictor variables of transmission of STDs and HIV/AIDS. If people can become conscious about the outcome of negligent sex behaviour, the chances of transmission of STDS and HIV/AIDS has been low. The good sign of sexual behaviour is promotion of safe sex, encouraging monogamous relationships, discouraging multiple sexual partners, avoid the sexual relations from intravenous drug users and promoting condom use.

5.3.1 Knowledge of Students about Sex Knowledge

In the question about the need of sex knowledge most of the respondents had a positive reply.

Table 5.29 Need of Sex Knowledge by Gender

Response	No. of Male	Male%	No. of Female	Female%
Yes	114	93.4	62	79.5
No	6	4.9	8	10.3
Don't know	2	1.6	8	10.3
Total	122	100.00	78	100.00

Sources: Field survey, 2010

Table 5.29 reveals that higher number of the male 93.4% and female 79.5% respondents importance of the sex knowledge whereas only few of the male 4.9% and female 10.3% students shows there is not necessary of the sex knowledge. In addition of these 1.6% male and 10.3% female respondents do not know whether there is importance of the sex knowledge or not.

Table 5.30 Percentage Distribution of Respondents Knowledge about Sexual Intercourse by Sex

Attitude of Sex Knowledge	Male No.	Male%	Female No.	Female%
Basic need	64	52.5	36	46.2
Absurd	38	31.1	24	30.8
Don't know	20	16.4	18	23.1
Total	122	100.00	78	100.00

Sources: Field survey, 2010

Table 5.30 shows that 100 respondents believe that sex knowledge is basic needs that include 52.5% of males and 46.% of females' students. 62 respondents have attitude of sex knowledge on absurd that include 31.1% males and 31% females students. 38 respondents do not know regarding the sex knowledge that includes 16.4% of males and 23.1% of females' Students.

5.3.2 Sources of Information about Knowledge of Sexual Relationship

In the question related to sources of information about sex knowledge, majority of students mentioned friends, radio, television and schools were the sources. The level of reported sources of information is shown in table below

Table 5.31 Percentage Distribution of Respondents to the Sources of Information by Sex

Sources of information	Sex			
	No. of male	Male%	No. of female	Female%
Friend	26	21.31	16	20.51
School	25	20.49	20	25.64
Radio	22	18.03	10	12.82
Television	15	12.30	17	21.79
Newspaper	23	18.85	10	12.82
Film	1	9.02	5	6.41

Total	122	100.00	78	100.00
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Sources: Field survey, 2010

Table 5.31 shows, in the sources of information on sexual knowledge of the respondents among the secondary and higher secondary students. High number of the male and female students gets the information of sex from their friends, schools and newspapers whereas low number of male and female respondents gets their information from film, television and radio.

5.3.3 Knowledge of Sexual Activities

To know information on sexual behaviour of respondents, a series of questions were asked to determine the proportion of students who would talk to their friends about sexual activities and sexual relation. 87% said they did talk to their friends about sex.

CHAPTER-VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

This is the study on knowledge and attitude on STDs, HIV and AIDS among higher secondary school students at Rautahat district. Two schools are selected by purposive sampling method among all higher secondary school in Rautahat. This study is fully based on primary data. In this study 115 respondents are selected from two higher secondary schools among them 65 are boys and 50 are girls with age range of 15-25 years.

For the analysis of socio- economic and demographic factors affecting knowledge and attitudes on STDs, HIV and AIDS frequency tables, cross table are applied to fulfill the objective of study.

Some of the major findings of the study are given below.

Major Finding of Individual Characteristics

- The highest proportions of the respondents are 17-18 years of age which accounts 49.6 percent followed by 19-20 years 27.1. percent
- About 33.9 percent respondents are from Tharu, 33 percent from Chhetri followed by Yadav, Brahmin Magar, Dalit and others.

- Only three religious groups are recorded from the selected school students. Among them vast majority are Hindus which accounts 93 percent.
- Seventy-six percent respondents are unmarried and 24 percent of the respondents are married.
- Less than percent (47.8%) respondents thought that they will be appropriate age at marriage between 24-25 years, 24.3 percent will be appropriate age at marriage in between 20-23 years.
- About 60.9 percent respondents live at own home 28.7 percent respondents living place is rented house.

Major Finding of Household Characteristics

- The highest proportions of respondents live with joint family which accounts 57.5 percent followed by nuclear 42.5 percent.
- Majority of the respondent's father are literate and only few respondent's father are illiterate i.e. 74.8 percent respondents stated that their father are literate but 25.2 percent respondents said that their fathers are illiterate.
- Majority of the respondent's mother are illiterate and only few respondent's mother are literate i.e. 29.6 percent respondents stated that their mother are literate but 70.4 percent respondents said that their mothers are illiterate.
- About 59.1 percent, 16.5 and 16.5 percent respondent's fathers are involved in agriculture, service and business respectively and 73.9 percent respondent's mothers are involved in agriculture and 11.3 percent respondents mothers are involved business.
- About 42.5 percent respondents have the family size of 5-7 followed by 36.5 percent having family size of 8-10.
- About 14.2 percent respondents are from urban place of residence and 85.2 percent respondents are from rural place of residence.
- All respondents have radio at their home, 20 percent respondents have electricity facility and 14.8 percent have television at their home.

Major Finding of Knowledge and Attitudes on STDs, HIV and AIDS

- Majority of the respondents have heard about sexually transmitted diseases. Among them 95.6 percent have heard STDs and 4.4 percent haven't heard.

- Syphilis hepatitis-B, AIDS and Gonorrhoea are more familiar STDs. candidiasis, Trichomoniasis are less familiar among respondents.
- Hundred percent and 72.7 percent respondents have heard about HIV and AIDS and Hepatitis –B respectively.
- Majority of the respondents said that the reproductive part affected by STDs, which is accounted for 99 percent followed by all over the body by 79.2 percent.
- Radio, television, teacher, textbooks, friends, health personnel and newspaper are the main sources of information about STDs and HIV and AIDS.
- About 90.9 percent respondents have knowledge about the modes of transmission of STDs but 9.1 have not.
- Among those who have knowledge about the modes of STDs transmission, 64 percent respondents believe that STDs is transmitted through the sexual contact, 55 percent respondents said that it is transmitted living with infected person and 47 percent respondents stated that it is due to transmission from infected mothers to her baby.
- About 82.7percent respondents have knowledge on preventive method of STDs but 17.3 percent have not knowledge.
- About 87.9percent of respondents said that use of condom during sexual intercourse, 45 percent respondents said that avoid sex with prostitution to be safe from HIV and AIDS.
- Almost 95.6 percent respondents have heard about the HIV and AIDS.
- The highest proportions of the respondents have heard HIV and AIDS from radio, which is accounted for 100 percent followed by teachers 48.2 percent.
- Majority of the respondents are knowledgeable of full form of AIDS which is accounted for 72.7 percent and who have written correctly.
- About 77.3 percent respondents have knowledge on mode of AIDS transmission but 22.percent respondents have not.
- Among those who have knowledge about the modes of HIV and AIDS transmission, 75.3 percent respondents confirmed that HIV and AIDS is transmitted through the blood transfusion followed by sexual contact i.e. 22.7 percent and few respondents said that the AIDS is transmitted through kissing and others.
- Almost 81.8 percent respondents have heard knowledge on syndrome of AIDS and 19.2 percent have not knowledge.

- About 90 percent respondents reported the main symptom of AIDS is loss of body weight followed by 75 percent respondents who said diarrhea for one month.
- Almost 74.5 percent respondents have knowledge of preventive method of HIV and AIDS and 25.5 percent respondents have not.
- About 89.7 percent of respondent said that the use of condom is the true method for preventing AIDS transmission 52.6 said not to have sex with unknown person is the true method, 37.2 percent respondents said use of sterilized surgical instrument and 46.1percent respondents said not to have sex at all is the true method for preventing AIDS transmission.
- More than fifty-five (55.5%) percent respondents said that all AIDS infected person will die, 29.2 percent respondents said that some will of the die. Followed by 13 and 1.8 not die and don't know respectively.
- About 28.3 percent respondent defined that AIDS is dangerous and transmitted by careless, 21.8 percent respondents said that sexually transmission diseases, 18.4 percent respondents said that is immune deficiency syndrome, 22.4 percent respondents said that it is fetal diseases, 8 and 3.6 percent respondents said fatal diseases and don't know respectively.
- About 74.6 percent of respondents get the knowledge from teacher and 24.4 percent of respondents do not get the knowledge from teacher.
- About 33.9 percent respondent said that knowledge about sex is basic need for human being, 40 percent reported that sex is needed for propagating generation followed by 20 parent abusers and 6.1 percent others.

6.2 Conclusions

The study about knowledge and attitudes on STDs, HIV and AIDS conducted among higher secondary school students in Rautahat districts come forth with significant conclusions. In the study area which is socio economically found promising as the predominance of caste like Tharu Yadav Chhetri, with majority pursuing Hindu religion which helps to understand the STDs, HIV, and AIDS. The low status of education and dominance of agricultural occupation of parent have been found major cause for respondents married at early age The access of respondents over various sources of information like radio, television etc. have given basic knowledge and the attitudes of them towards these have been drastically changed So more will be the number of information sources larger will be the knowledge, awareness and positive attitudes

Among students of higher secondary schools in the study area basically teacher found mostly reliable informants to respondents but guardian should

also informed them about appropriate knowledge and use of preventive methods commonly condoms. Appropriate knowledge and use of preventive methods commonly condoms. Nevertheless the knowledge and attitude of the students in secondary level about HIV and AIDS found in sufficient. To uplift the level of knowledge, special care should be given in designing course and including the content about it.

6.3 Recommendations.

Education plays a vital role to determine every change in society. This study recommends and suggests including sexual education in the school curriculum some programs concerned to the sexual behavior and AIDS importance. They should be provided through television, radio as well as through workshops, seminar and training some social and cultural norms which stand as the obstacles of changing the society should be provided according to the cultural and social background of the society.

Environment is another important thing for the education which should be created between male and female students and teachers. The knowledge about the transmission and prevention of STDs and HIV/AIDS should be provided regularly as the major information. Other programs for prevention are needed to reduce the dangers of using drugs and of sexual profession. It will change the emerging risks of sexual works and behaviors. Programs should be long term so that they could be sustainable. The environment also should be created to the people that everybody knows when AIDS Day is. Therefore, some programs are essential to change the people's culture of thinking fear and domination about the cause and effects of HIV/AIDS. It will provide some knowledge and awareness to the people so that they can not be affected by the sexual behavior.

HIV infection and STDs are related to behavior of people. Prevention through behavioral change is most important way to reduce the spread of HIV infection and STDs in developing countries like Nepal. Intervention activities should be frequently activated in target population. Participatory methods play a significant role to clear understanding of the realities of the target groups of population. Involvement of members of these populations in prevention activities is most important. Prevention activities through schools, organization and mobilization of such target groups of people could be effective.

This is not a completed study. This is just an effort to measure the awareness level of STDs and HIV/AIDS among the school and college students. This study has just covered 400 students; therefore it can not be generalized for the overalls. Further qualitative and quantitative research is needed to investigate the in-depth knowledge of HIV/AIDS among the school level students.

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APPENDIX -I
QUESTIONNAIRE
TRIBHUVAN UNIVERSITY

Central Department of Sociology/Anthropology

**"Knowledge and attitude on STDS, and HIV and AIDS among
Higher Secondary Schools Student" (A Case of some Selected Higher
Secondary Schools, Rautahat District)**

An Individual Questionnaire

Respondent Number

Date / /

1. School's Name:-----

2. Name of Student:----- (Optional)

3. Class:-----

4. Age (completed):-----

5. Sex:

Male 1

Female 2

Q.N.	Questions	Coding description
6	Caste/Ethnicity	Tharu.....1 Chhetri2 Yadav.....3 Brahmin.....4 Magar5 Dalit..... 6 Others.....7
7.	Religion	Hindu 1 Buddha..... 2 Islam 3 Christian 4 Others..... 9
8.	Marital Status	Married 1 Unmarried 2
9.	If married at which age did you get married?	-----
10.	Which age is appropriate to get married?	-----
11.	Where are you living now?	At home 1 Hostel 2 Rented house.....3 Relatives house4 Others.....5

B. Household Questionnaire

12.	What types of family is your?	Nuclear.....1 Joint.....2
13.	How many members are there in you family?
12.	Can your father read and write?	Yes1 No..... 2
13.	If yes, what is your father's educational level?	No schooling0 Primary 1 Lower Secondary2 Secondary 3. SLC & above4
14.	Can your mother read and write?	Yes1 No.....2
15.	If yes, what is your mother's educational level?	No schooling0 Primary1 Lower Secondary2 Secondary3 SLC & above4
16.	What is your father's occupation?	Agriculture1 Service.....2 Business.....3 Daily wages.....4 Other.....9
17.	What is your mother's occupation?	Agriculture 1 Service.....2 Business.....3 Daily wages.....4 Others.....9
18.	How many brothers and sisters do you have? (Including Yourself)	Brothers Sisters.....
19.	Where is you permanent residence?	Village1 Town2
20.	Do you have following facility at home? (Multiple responses possible)	Electricity1 Radio2 T.V3 Telephone.....4 Computer5 Others.....9
21.	Do you read newspaper?	Daily 1 Sometimes2 Rarely3 Never4
22.	Do you listen radio?	Daily1 Sometimes2 Rarely3

		Never4
23.	Do you watch T.V?	Daily1 Sometimes2 Rarely3 Never4

C. Knowledge and Attitude on STDS and HIV and AIDS

24.	Have you heard about STDs	Yes.....1 No.....2
25.	If yes, which types of STDs have you heard? (Multiple responses possible)	Syphilis.....1 Gonorrhea.....2 Chalanydia.....3 Trilomoniasis.....4 Hepatitis B5 HIV/AIDS6 Other.....9
26.	From which source have you heard about STDS now? (Multiple response possible)	Radio..... 1 Television..... 2 Newspaper3 Parents.....4 Teachers5 Friends..... 6 Text books 7 Other.....9
27.	Which organs affected by STDs?	Reproductive parts1 All over the body2 Mouth3 Head4 Hand5
28.	Do you know about the way of transmission of STDS?	Yes 1 No 2
29.	If yes, how are STDS transmitted? (Multiple response possible)	Unprotected sexual intercourse 1 Living together with infected person.....2 From infected mother to fetus 3 Don't know.....5
30.	Do you know the methods of	Yes1

	preventive measure of STDs? (Multiple response possible)	No2
31.	If yes, which of the following are the true methods of preventing STDs Transmission?	Use of condom during sexual intercourse1 Avoid sex with multiple partners2 Use sterilized syringe only.....3 Avoid sex with prostitute..... 4 Others.....9
32.	Have you heard about HIV and AIDS?	Yes1 No2
33.	If yes, from which sources have you heard about AIDS? (Multiple responses)	Radio.....1 T.V.....2 Magazine.....3 Friend.....4 Doctor.....5 Parent.....6 Teacher7 Text book.....8 Others.....9
34	If yes, write down the full form of AIDS?
35.	Do you know about the way of transmission of HIV and AIDS?	Yes1 No2
36.	If yes how is the HIV and AIDS transmitted? (Multiple responses)	Sexual contacts.....1 Shaving razor.....2 Blood Transfusion.....3 Kissing.....4 Infected mother to her baby...5 Others.....9
37	Do you know about the syndromes of AIDS?	Yes1 No.2
38	If yes, which of the following are the syndromes of AIDS? (Multiple responses)	Loss of body weigh1 Fever for one month2 Red sports and yell wish pus like discharge

	3 Do not Know4
39	Do you know the method of preventing AIDS transmission?	Yes..... 1 No.....2
40	If yes which of the following are the true methods for preventing AIDS transmission? (Multiple responses)	Don't have sex at all 1 Unknown person use condom.... 2 Use condom on sterilized..... 3 Surgical instrument only..... 4 Others..... 9
41	In your opinion who are the most vulnerable group in your society from HIV and AIDS? (Multiple responses)	Youth adolescent.....1 Drivers.....2 Commercial.....3 Sex worker.....4 Others..... 9
42	What is your perception about AIDS infected person?	All of them die.....1 Some of them die.....2 Nobody dies at all.....3 Don't know..... 9
43	In your opinion what is AIDS?	Fatal disease..... 1 Sexual transmitted disease..... 2 Communicable disease..... 3 Dangerous and transmitted by careless sexual contact..... 4 Immune deficiency syndrome.....5 Others..... 9
44	Do your teachers describe about STDs, HIV and AIDS?	Yes1 No.....2
45	If not what may be the reason for not describing?	Sly..... 1 Don't know about Subject

		Matter.....3 Negligence..... 4 Don't know..... 9
46	In your opinion what is sex?	Basic need.....1 Need for propagating generation.....2 Absurd.....3 Others.....4
47	Write your comments or suggestions regarding this study if any?

*** Thank You! ***