

CHAPTER- ONE

INTRODUCTION

1.1 Background of the Study

Human Immunodeficiency Virus (HIV) is a Retrovirus. The entrance of which in human body causes serious infection. It is called Acquired Immune Deficiency Syndrome (AIDS). AIDS is not single disease, but a syndrome i.e. a group of symptoms, which result from the weakening of the body's defense system by HIV. It is the late stage of infection with HIV.

The immune system is the complex process of many organs such as blood, lymph, gland. White blood cells play vital role in immune system. HIV selectively infects specific white blood cells called T₄ lymphocytes. They are also known as CD₄ cells and are essential to initiate response. HIV then gradually kills the T₄ lymphocytes and the number of these cells gradually decreases over a period of time. When there are very few CD₄ cells, other micro-organisms attack the body and the person dies due to second disease such as tuberculosis, pneumonia, diarrhoea (Pandit, 1997)

The first cause of AIDS was introduced in United States of America in 1981 in a homosexual male. Similar symptoms were noted in 1983 in France. In 1985, related virus was found in western part of Africa. The testing of HIV became commercially available at that time. Since its emergence HIV became a global crisis challenging the humanity of our time. The crisis is projected to get worse at risk of turning into catastrophe if a prompt multicultural response is further delayed. HIV accounts for the highest number of deaths by any single agent. HIV is still rapidly growing, this pandemic is taking away millions of lives, which results into reversing development trends, enhancing the gap between haves and have not rich and poor and leaving thousands of youth children orphaned and older parents in an appallingly disheartening state (WOREC, 2004).

Human Immunodeficiency Virus (HIV) transmission occurs when a person is exposed to body fluid infected with the virus such as blood, Semen, vaginal secretion and breast milk.

People with high risk behavior such as commercial sex-workers, person with transmitted disease are the main groups infected with HIV. However, the latest report shows that pregnant are also increasingly found HIV positive.

Transmission of HIV occurs mainly through following routes:

- ❖ Sexual transmission: HIV transmission through sexual intercourse (either vaginal or anal) is the most important route of transmission. As HIV/AIDS is transmitted mainly by sexual contact it is essentially a sexually transmitted disease.
- ❖ Through blood and skin piercing instruments: Translocation of blood infected with HIV can transmit the virus from an infected person to a non-infected person.

Likewise, contaminated needles, skin piercing instrument for stitching of wounds, tattooing, piercing of nose and ear for ornaments and dental work can transmit HIV virus.

- ❖ Mother to child transmission : An HIV infected women transmit the infection to her child before, during or shortly after birth. As more and more women of childbearing age are infected, this route is emerging as one of the major mode of transmission.
- ❖ High risk behavior for HIV transmission: Theoretically everybody is at risk of HIV/AIDS but the following groups of people are considered to be at high risk.
 - i) Person with many sex partner
 - ii) Injecting drug users
 - iii) Migrating population
 - iv) Person with sexually transmitted diseases

❖ Nature of Virus

The causative agent of AIDS is called 'Human Immune Deficiency Virus'(HIV),Is was previously designated as Human T-cells Lymphotropic Virus type –III (HTLV-III) by scientists of United Status of America and Lymphadenopathy associated virus (LAV) by scientists of France. Later on,

in 1986 International Expert Committee has named this virus as Human Immune-Deficiency virus (HIV). There are two members of HIV viruses; HIV-1 HIV-2.

HIV-1 is responsible for the majority of AIDS cases all over the world and HIV -2 has been isolated in some cases of AIDS in western Africa (Mali, Sengal, Ivory cost, etc.)

❖ Structure of HIV

HIV belongs to a group of Retrovirus which contains RNA in its core and is surrounded by protein and lipid envelope. It has an enzyme called Reverse Transcriptase.

❖ Properties of HIV

HIV is easily destroyed by boiling and streaming. It can also destroyed by various chemical like hydrochloride, glutaraldehyde, formaldehyde, alcohol, acetone, phenols and several detergents. The virus can not survive long outside blood/body fluids.

The disease progress in three stage (Pandit 1997).

a. Acute Infection/Window Period

During this period few patients might have some flu-like symptoms e.g. fever night sweat, skin rash, headache, cough etc. HIV antibody production takes place after a few week (6-12 weeks) of infection and this period is called window period. During this period, the person is infectious but might not be positive for HIV antibody test.

b. Asymptomatic Stage (Carrier Stage)

This stage may last from few to many (9-15) years. The HIV infected person during this stage remains asymptomatic. However some patient may present themselves with persistent generalized lymphadenopathy.

c. Symptomatic Stage (AIDS)

This is the stage of exhibiting symptoms. Constitutional symptoms in this stage include persistent fever, diarrhoea and loss of weight exceeding 20 percent of body weight. There is presence of other infection like oral candidacies, pulmonary tuberculosis labial or genital herpes. Due to serve immune depression opportunistic infection can occur.

Only about 20-40 percent of infants born to HIV positive women will be infected with HIV. Clinical manifestation in these children failure to thrive weight loss, diarrhoea, oral and oesophageal candidacies, pneumonia, fever etc.

Major and Minor Symptoms of HIV/AIDS

Major Symptoms

- ❖ Fever for more than a month
- ❖ Diarrhea for more than a month
- ❖ Weight loss than 10 percent body weight
- ❖ Presence of opportunistic infections

Minor Symptoms

- ❖ Cough for more than one month
- ❖ General itchy dermatitis
- ❖ Recurrent herpes zoster infection

The presence of at least two major symptoms and one minor symptoms are suggestive of AIDS. However, it is suggested to confirm the diagnosis.

Adolescent is the transition from a child into a adult, usually between the age of 13 and 18 and can also be considered a period of rapid emotion and physical growth and development. In other words, adolescent is marked as the state of life span during which individual reach sexual maturity; it is the period of transition from puberty to maturity. In early ages, some adolescents become sexually active and have sex in their adolescent stage, which in turn, they have greater possibility to invade with Human Immune Deficiency virus (HIV) and sexually Transmitted Infections (STIs).

The adolescents are at high risk of STIs/HIV infection because of their inquisitive nature, risky behavior and lack of proper knowledge or information, ignorance and menstrual hygiene.

Sexually Transmitted Diseases are disease transmitted from one individual to another through sexual contact or in other words the infection or disease transmitted from one individual to another is called sexually transmitted infection. Illegal or multiple partner for sexual intercourse may lead to various serious health problem and may threats to various venereal disease. Whereas the sexual intercourse before marriage is termed as illegal and considered as social taboo in our society.

Major STIs are transmitted mainly by sexual contact and minor STIs can be transmitted by sexual routes.

Major STIs	Minor STIs
Gonorrhea	Herps Genitalis
Syphilis	Venereal wart
Chancroid	Trichomonasis
Lymphogranuloma	Molluscum
Granuloma inguinale	Scabies
Non-gonococcal urethritis	
HIV infection/AIDS	

(Shrestha, 2007)

In Nepal, root cases of STIs/HIV transmission are literary, low quality of living standard and limited access to health facilities, deteriorating socio-economic pattern open border with India, which results girl trafficking to the India brothels or prostitutes. In fact HIV/AIDS being incurable and fatal disease and very limited messages are disseminated at school level, about sex and sexuality. Which in turn, shows that plan and policy is not enough to cope pandemic STIs and HIV/AIDS in Nepal. The study has focused on the knowledge of primary school teachers on STIs and HIV/AIDS.

1.2 Statement of the problem

HIV/AIDS, one of the dangerous disease in the world was firstly introduced within the developed countries but in the present HIV/AIDS problem have deep-rooted

mostly in developing countries. Many researches find that 95 percent of the total infected population resides in these countries and mostly infected persons are seen in the age of 18-35 years. Nepal is also one of the developing countries, which is not isolated from this problem. The rate of increment of the HIV infected persons is increasing per day due to the lack of awareness and the lack of any efforts to create awareness. Due to the poverty many people are compelled to meet foreign countries for employment and they become the main source for the HIV transmission. In urban area, huge number of female are involved in Commercial Sex Work (CSW) and they have not sufficient knowledge about HIV/AIDS. So they are another source of HIV transmission. As the issue is of common concern, a holistic approach needs to be devised to combat this dangerous disease. Research findings entail that HIV/AIDS affects productive groups of the society, 18-35 years age group, and the sexually most active age group (Aryal, 2000).

The following factors are considered for rapid transmission of HIV inside the country.

- ❖ Trafficking of girls for prostitution.
- ❖ Seasonal migrant and mobility of youth in search of jobs.
- ❖ Growing urbanization.
- ❖ Low level of knowledge about HIV/AIDS and STIs.
- ❖ Low coverage of mass media.
- ❖ Poor health facilities.

The main cause of transmission of HIV and STIs is unprotected sexual intercourse. People in Nepal due to poor socio-economic status and illiteracy get married early and involve in sexual intercourse without basic safe sex knowledge, by which they are at great risk of acquired STIs and HIV/AIDS. There is not any effective program, which can make the people aware and play vital role to prevent from HIV and STIs infection.

The study area is the rural area with low socio-economic status. The literacy rate and level of educational attainment is also low. The school teachers in the rural area are educated persons. They can play important role to aware the rural people. Government sector and NGOs/INGOs are not interested to give training about health education. Actually they are giving training only to health workers but in the rural

area only teachers can play vital role in their society because of their day to day relationship with the public.

The ICPD Programme of Action had also pointed out that governments should immediately develop, in full partnership with youth, parents, families, educators and health care providers, youth-specific HIV education and treatment projects, with special emphasis on developing peer-education programmes. The present study will help to explore the knowledge and attitude of school teachers on STIs and HIV/AIDS.

1.3 Objectives of the Study

Formal and informal educations are precondition for dissemination of knowledge base to the common people. The general objective of the study is to know the degree of their knowledge and awareness about STIs and HIV/AIDS among primary school teachers. The specific objectives of the study are as follows.

- ❖ To examine the knowledge and use of contraceptive means among primary school teachers in Tamsariya VDC.
- ❖ To identify the knowledge and preventive measures of STIs and HIV/AIDS among them.
- ❖ To identify their attitude towards STIs and HIV/AIDS.

1.4 Significance of the Study

In the context of our country, especially in the rural area, teachers are known as educated person who can spread their knowledge to the wider spectrum of the audience. It is because of the fact that local people belief much on the teacher and they adopt whatever new things are disseminated by the teachers. However, whether the teachers are educated about this or not is the matter of common concern. We can not expect the vital role of those educated community who are not given the sound education about the STIs and HIV/AIDS. The measurement of awareness Level and knowledge of the teachers regarding to STIs and HIV/AIDS is vital at first to designate their role in the community.

The present study may be significant for those persons, planners, NGOs/INGOs and other related sector to make policy and programme. What is the situation and what

type of programme are needed for the teachers for their improvement of knowledge about STIs and HIV/AIDS. This study may help to find out the solution of such questions.

Now pandemic of AIDS became the human challenge by claiming the life of individual since its panacea is not found. AIDS does not recognize barriers and does not discriminate among national. All countries and societies are vulnerable. It is threat to reach and poor, the educated and illiterates, those living in cities and those in village.

The education on STIs and HIV/AIDS can reduce the cost of our health care after infection. The present study tries to know the level of knowledge among school teachers and their role in the community about STIs and HIV/AIDS. Teachers' role is not confined to the community but the role is first designated to the students who are the future generation. Teachers are main source of imparting new knowledge for the students. So, if the teachers are trained and provided education about such diseases, in the future such problems may be controlled and healthy society could be expected.

1.5 Limitations of the study

Almost all the studies and researches have some sorts of Limitation and this study is also not exception. One survey or census in itself has also several limitations. So, this study had also some limitations which are mentioned as follows.

- ❖ This study is limited only among the primary school teachers in Tamsariya VDC Nawalparasi.
- ❖ Findings of the study cannot be generalized for other population groups.
- ❖ This study is limited only to the knowledge and attitude about STIs and HIV/AIDS.

1.6 Organization of the study

This study has been organized into six chapters. The first chapter holds introduction, which includes background of the study, statement of problem, objective, significance, limitation and organization of the study. The second chapter deals with literature review and conceptual framework of the study. The third chapter deals with the parts of methodology of this study. The fourth chapter includes the demographic

and socio-economic characteristics of the respondents. In the fifth chapter knowledge and attitude on STIs and HIV/AIDS of respondents are presented. The sixth chapter is the last chapter and deals with summary, conclusion and recommendation.

CHAPTER-TWO

LITERATURE REVIEW

2.1 World Situation on HIV/AIDS Pandemic

The first case of AIDS was reported in 1981 in U.S.A. The causative organism of HIV/AIDS virus was identified in 1983. The epidemic has transcended all factors including race, ethnicity, geography, gender and socio-economic status and there remains no exception.

The available evidences on HIV/AIDS depict that HIV/AIDS has already been spread overwhelmingly in the African continent during the later 70's. However, only in 1981, the first HIV case appeared in USA among homosexuals. The systematic blood testing of HIV only began since 1983. So far about 39.5 million people have already been living with HIV. The pandemic nature and the magnitude of the public health problem associated with Human Immune Deficiency Virus (HIV) infection were recognized much later when the proportion of persons infected with HIV rose very rapidly. However considerable numbers are being made to contain the spread of HIV, as the impact of HIV/AIDS were to be very serious in a long -term aspect. The HIV virus does not respect geographical boundaries, so no country of the globe is immune to HIV/AIDS. This issue needs an issue of global thinking and intervention (Aryal, 2000).

The total number of people living with the prevalence of HIV rose in 2004 to reach its progress level ever; and estimated 39.4 million people are living with the virus (UNAIDS 2004). This figure includes that 4.9 million people who acquired HIV in 2004 the global AIDS epidemic killed 301 million people in the past year.

UNAIDS and the World Health Organization estimate that 39.5 million people are living with HIV. Among 39.5 million, adults are 37.2 million, women are 17.7 million and children and children under 15 years of age occupy 2.3 million (UNAIDS and WHO, 2006).

It is believed that people newly infected with HIV in 2006 is 4.3 million. Among them, 3.8 million are Adults and 530,000 are of children under 15 years (UNAIDS and WHO, 2000).

It is estimated that 2.9 million people died of AIDS in 2006, which comprise 2.6 million of adults and 380,00 of children under 15 years (UNAIDS and WHO, 2006).

The global AIDS epidemic killed 3 million people in the year 2003; where people newly infected with HIV was 5 million, among them adults consists of 42 million and children under 15 years consists of 700,000 (UNAIDS and WHO, 2003).

The number of people living with HIV/AIDS in 2003 was 40 million, where adults shares of 37 million and children under 15 years of age consists of 2.5 millions (UNAIDS and WHO, 2003).

The first case of AIDS in Nepal was detected in 1988. The challenge in Nepal remains in the fact that HIV is often regarded as a problem in itself rather than incorporating it in to a border development agenda. further preventions, care and support is get to reach majority of the vulnerable population leaving aside the immense amount of stigmatization and discrimination that people living with HIV/AIDS are falling.

The number of people living with HIV has been rising in every region, compared to two years, ago, with the steepest increases occurring in East Asia, and in Eastern Europe and central Asia. The number of people living with HIV in East Asia rose by almost 50 percent between 2002 and 2004, an increase in that is attributable largely to china's swiftly growing epidemic (UNAIDS, 2004). In Eastern Europe and central Asia, there were 40 percent more people living, with HIV in 2004 than in 2002.

Sub-Saharan Africa remains by far the region worst-affected by the HIV/AIDS epidemic, with 25.4 million people living with HIV at the end of 2004, compared to 24.4 million in 2002. just under two thirds (64%) of all people living with HIV are in Sub-Saharan Africa, as are more than three quarters (76%) of all women living with HIV (UNAIDS, 2004).

Unlike women in other regions in the world, African women are considerably more likely-at least 12 times - to be infected with HIV than men. Among young people

aged 15-24, this ratio is highest. Women were found to be two and a half times as likely to be HIV - infected as their male counterparts. These discrepancies have been attributed to several factors. They include the biological fact that HIV generally is more easily transmitted from men to women than vice versa. As well, sexual activity tends to start earlier for women, and young women tend to have sex with much older partners (UNAIDS and WHO, 2004).

HIV prevalence varies considerably across the continent - ranging from less than 1 percent in Mauritania to almost 40 percent in Botswana and Swaziland. More than one in five pregnant women are HIV-infected in most countries in Southern Africa, while elsewhere in sub-Saharan Africa median HIV prevalence in antenatal clinics exceeded 10 percent in a few countries.

Studies have found a connection between higher AIDS incidence and lower income. For example, a study of African American women in North Carolina found that those with HIV infection were more likely than non - infected women to be unemployed; receive public assistance; have had 20 or more lifetime sexual partners; have a lifetime history of genital herpes infection; have used crack or cocaine; or have traded sex for drugs, money or shelter (CDC, 2005).

The AIDS handbook written by S. John Hubley, 1995 states the accuracy of reporting can vary from nation to nation. It is not easy to estimate the number of people with AIDS and infected with the AIDS virus, not all cases are reported. People living in remote rural areas may die without diagnosis by health workers. Many symptoms of AIDS such as diarrhea, weight loss and enlarged nodes are also found with other disease. So cases of AIDS may not be recognized. WHO estimates that 500,000 cases of AIDS among children have occurred worldwide from mother to child transmission.

The worldwide incidence of STIs is high and increasing. The situation was worsened considerably with the emergence of HIV epidemic. Although the incidence of some STIs has stabilized in parts of the world, there have been increasing cases in many regions (UNFPA, 1994).

Researchers and analysts also pointed out that effective prevention efforts must address the contextual factors of people's real lives such as poverty, discrimination, illicit drug use in the community, the ratio of men to women

in a given population and racial segregation and their influences and sexual behavior (Adimora, 2005).

2.2. Regional Situation of HIV / AIDS

More than two million people are now living with HIV in Latin America and the Caribbean, including the estimated 200,000 that contracted HIV in the past year. At least 100,000 people died of AIDS in the same period - the highest regional death fall after sub - Saharan Africa and Asia (UNAIDS, 2003)

Distinctive epidemiological patterns are being observed in the region. All the main modes of transmission coexist in most countries amid significant levels of risky behaviour such as early sexual debut, unprotected sex with multiple partners and the use of unclean drug injecting equipment. In the bulk of the South American countries, HIV is being transmitted chiefly through drug use and sex between men (with subsequent heterosexual transmission to other sexual partners), while in central America most HIV infections appear to be occurring through sexual transmission (both heterosexual and between men) (UNAIDS and WHO, 2003).

In the Caribbean heterosexual transmission predominates (and in many cases, is associated with commercial sex), although Haiti's persistently serious epidemic is now well established in the wider population. Puerto Rico, is one exception where injecting drug use appears to be the main driver of the epidemic (UNAIDS, 2004).

The total number of people living with HIV continues to rise in high-income countries, largely due to widespread access to antiretroviral treatment. It is estimated that 1.6 millions people are living with HIV in these countries, namely, Italy, Spain, Germany, United Kingdom, a figure that includes the 80,000 who were newly infected in 2003. AIDS claimed approximately 18,000 lives in the past year. The number of annual AIDS deaths has continued to slow in high - income countries, including those in Western Europe, due to the widespread availability of antiretroviral treatment (UNAIDS, 2003).

According to the UNAIDS (2004), sub Saharan Africa has just over 10 percent of the world population, but in home to close to two thirds of all people living with HIV - some 25 million (range 23.1 - 27.9 million) in 2003 alone, an estimate 3 million

people (range: 2.6 - 3.7 million) in the region become newly infected while 2.2 millions died of AIDS. Among young people 15-24 years of age 6.9 percent of women and 2.1 percent men were living with HIV by the end of 2003.

South Africa has the worlds largest number of patients co-infective with TB and HIV. TB is the mostly opportunistic infection among persons with HIV. 60,000 South Africans has both diseases. South Africans cure rate for TB ranges from 35 percent Kwazulu-Notal to 70 percent in Western cope, according to health minister Manto Ishabalala MsiMang. The resulting average cure rate is 54 percent. WHO's goal is 85 percent (UNAIDS and WHO, 2004).

2.3 Situation of HIV / AIDS in Asia

As compared to other continents, HIV infection levels in Asia are low. But the population of many Asian nations are so large that even low national HIV prevalence means large numbers of people are living with HIV. Latest estimates show that some 8.2 million people were living with HIV at the end of 2004, including the 1.2 million people who became newly infected in the past year. AIDS claimed some 540,000 lives in 2004. among young, people 15-24 years of age 0.3 percent of women and 0.4 percent of men were living with HIV by the end of 2004 (UNAIDS, 2004).

In parts of China, for example, high rates of HIV prevalence have been found among injecting drug users 35-80 percent in Xin Jiang and 20 percent in Guarg Dong - while a severe HIV epidemic has affected communities where unsafe blood collection preactices occurred in the 1990s. Available evidences suggests that injecting drug use is increasing (with a high proportion of injectors using contaminated needles and syringes), and that condom use remains low among sex workers and other vulnerable groups, such as men who have sex with men. In sum, China's low national HIV prevalence obscures the fact that serious, concentrated epidemics have been under way for many years in creating regions (such as Yunnan, Xin Jiano, Guang xi, Sichuan, Henan and Guang Dong) and are poised to take off in several others. The epidemic has spread to 31 provinces (autonomous regions and municipalities) and the number of reported HIV/AIDS cases has increased significantly in recent years (UNAIDS, 2003).

Three Asian Countries have already had to contend with serious nationwide epidemics: Cambodia, Myanmar and Thailand. While it remains to be seen whether Myanmar's nascent prevention efforts will limit HIV prevalence to the 1-2 percent reported among 15-24 years old in urban areas, national adult HIV prevalence in Cambodia has remained stable at about 3 percent since 1997. However, that HIV transmission between spouses has become a more prominent cause of new infections - a reminder that it is inadequate to only target vulnerable groups (UNAIDS, 2003).

The HIV/AIDS picture in South Asia remains dominated by the epidemic in India, where at least 300,000 people acquired HIV in the past year. With between 3 and 6 million people already infected nationally, seriously epidemics are under way on several states - including Maharashtra and Tamil Nadu (where HIV prevalence of over 50 percent has been found in sex workers in Mumbai and Tamil Nadu) and in Manipur (With HIV prevalence among injecting drug users ranging between 60% and 75%). According to India's national AIDS control organization (NACO), HIV/AIDS is not confined to vulnerable groups or to urban areas, but is gradually spreading, into rural areas and the wider population. In states such as Andhra Pradesh, Karnataka, Maharashtra, Manipur and Nagaland, HIV rates among pregnant women have crossed the 1 percent of threshold while in Gujarat and Goa, HIV prevalence among populations with high risk behavior is above 5 percent (though below 1 percent among pregnant women) (UNAIDS, 2003).

The first HIV infection in south Asia region was reported in India in 1986, which means that the pandemics was introduced in the region some what later than other parts of the world. The infection rates in South Asia are lower than Africa but the spread of HIV is rapid. The epidemic in South Asia is newer and many countries are yet to develop a proper monitoring system. For this reason the estimates of HIV in South Asia are often made as the basis of inadequate information (Aryal, 2000).

2.4 Situation of HIV/AIDS in Nepal

HIV/AIDS has become a major public health problem in Nepal, since the first case was detected in 1988 in Nepal. At that time only three male and one female were detected of HIV infection. Since then the incidence rate is increasing each year.

Heterosexual transmission is the primary mode of HIV transmission, which correlates with unsafe sex. The national data as of February 28, 2005 reveals, 4755 individuals having HIV of which 856 have developed AIDS, of the total AIDS cases, 237 have died. HIV transmission is increasing in population of 14 to 49 years age group. Sex workers - their clients, seeking care of STIs and injecting drug user (IDUs) were reported having high rate of HIV. Remarkably, the number of housewives with HIV infection is increasing. It is through that HIV might have passed to them through their husbands who might have exposed to high - risk behavior of HIV transmission. Given the high rate of HIV amongst the population with high-risk behaviors, Nepal ranks in concentrated epidemic countries (NCASC, 2005).

HIV/AIDS and sexually transmitted infection now a day are emerging as a major threat in Nepalese context. Since the first case detected in 1998 in Nepal, the number of cases over the years have been gradually increasing. For example, the cumulative HIV/AIDS situation in 1996/97 was recorded to be cases of which 61.6 percent were female. This situation in 1998/99 has sharply increased to 1108 cases an increased of 1.4 times as HIV positive in 1996/97, 152 cases recorded have has AIDS. This figure for 1997/98 was recorded at 25 cases. Additionally, 62 of the 152 AIDS patients and 108 of 225 AIDS patients were also recorded have had died. This suggests that death due to AIDS in 1997/98 was 1.5 times greater as compared to that of 1996/97 (Pant, 2000).

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

Unsafe injecting drug use is the wellspring of Nepal's epidemic, too. Use of non-sterile injection equipment is widespread and accounts for the high HIV prevalence 22 percent to 68percent across the country in 2002 among male injectors, many of them younger than 25. Younger injectors appear more likely to report risky practices in parts of Nepal more likely in the east. For example, injectors under 25 were three times as likely to report using non - sterile equipment at last injection compared with older injectors. Nepal's epidemic also highlights the potential links between HIV infection and mobility. Injecting drug users from cities with low prevalence, but who had injected drugs else where, have been found to be two to four times more likely to

have acquired HIV than those who had remained in their home cities. Half of the sex workers survived in central Nepal and who said they had worked in Mumbai (India) were HIV infected, compared with 1.2 percent of those who had never been to India (UNAIDS, 2004) .

2.5 Global Situation of STIs

STIs continue to be a major and growing public health problem in many parts of the world, especially in developing countries with an estimated annual incidents of 340 millions curable STIs in 1999 (WHO, 1999).

At present, the annual incidents of the four most common curable STIs in the world is syphilis (12 million), Gonorrhoea (62 million), Chlamydia infection (92 million), The increasing mobility of people across the world, urbanization, poverty, socio demographic changes especially in developing countries, sexual exploitation of world, urbanization, poverty, socio demographic changes especially in developing countries, sexual exploitation of women and changes in sexual behavior are some of the factors which have placed an ever increasing proportion of population at risk for STIs (WHO, 1999).

The epidemiology of STIs in the developing countries is characterized by high incidence and prevalence, high rates of complications, increasing antimicrobial resistance due to in adequate treatment and increasing risk of transmission and acquisition of HIV infection (WHO, 1999). The increasing urbanization and industrialization in the developing world leads to migration of young man and women in search of employment to urban areas and to other countries. This growing phenomenon often results in increasing unsafe commercial sexual activities that help to the spread of STIs industrializing HIV.

There are a number of pressing sexual related public health and social policy issues facing countries around the world today. According to the United States Centers of Diseases control and prevention, in the United States teen Becomes pregnant every 30 seconds, and every 13 seconds a teen contract a STI. For most people in the United States, engaging in heterosexual intercourse without the use of a condom is a behaviour that puts them at greatest risk for infection with HIV, which can lead to AIDS and it often ultimately fatal. Although there is currently no cure for AIDS, there

are medications that can help delay the onset of symptoms. Another serious STIs is syphilis, which is left untreated for many year, can lead to paralysis, Psychiatric illness, and death. Gonorrhea and Chlamydia may induce no obvious symptom in a women, but they can lead to sterility if she is not treated by qualified medical practitioners, and all sexual partners must be treated in order to avoid re-infections.

Individual can reduce their exposure to such sexual risks by practicing abstinence, using appropriate methods of contraception to avoid unwanted pregnancies and using of safer sex practices. Such practices include using condoms to avoid exchanging bodily fluids, limiting the number of sexual partners, and restricting sexual behaviors to those with less risk, such as manual stimulation and massage.

2.6 The Situation of STIs in Nepal

Nepal is one of the poorest countries in the world with immense problem of poverty, illiteracy, ignorance and number of young unemployed population, has all the predisposing factors of increasing proportion of population being at the risk of STIs and HIV.

STIs also form of a significant part of the epidemic in Nepal. Although no sentinel surveillance has been carried out for the last two years, the surveillance done in 2001 showed an average syphilis rate of 3.4 percent. Access to STD services is still very poor especially for women. In addition, the use of condoms for effective infection prevention is not yet commonly known or accepted only 3.2% of currently married and non-pregnant women in 2001 use condoms as contraceptive methods (NCASC, 2004).

Study of 370 female commercial sex workers in Kathmandu valley in 1994 found that 72.4 percent of them had any of the symptoms of STIs namely vaginal discharge, pelvic inflammatory diseases, ulcerative disease, and urethritis. Furthermore, the blood sample of the 341 CSWs were tested for VDRL (Venereal Disease Research Laboratory tested for Syphilis), Hepatitis B and HIV. Of the total sample, 28.4 percent of the CSWs were found to have been infected with one of disease. Therefore, high-risk behaviour group and prevalence of the STDs were found closely linked each other (Subedi, et al. 1994).

A study on HIV and Syphilis prevalence in pregnant women in four urban areas of Nepal shows that the prevalence rate of Syphilis in the study population suggests a marked risk for pregnant women of contracting HIV infection for at least two reasons:

- ❖ The modes of transmission of HIV and other STIs are similar.
- ❖ The important role of STIs in facilitating the transmission of HIV.

The prevalence rate of HIV was found to be 0.2 percent. The number of HIV positive individuals varied between the different sites. However the total number (4 in 1802) is too small to allow statistically valid statements about the significance in the prevalence rate of different areas. Although there was no HIV positive sample found in Kathmandu there is little evidence to believe that the prevalence rate should be different (or even lower) in other urban areas. The fact that there is no significant difference of the syphilis prevalence rate for different areas indicates that STIs are more or less equally distributed.

The available data related to STD and RTI were not available in separate form. Beside, the data that were recorded were also different in forms of the denominator as well as in terms of its comparability. It is therefore; more than 100 cases were reported to be RTI/STD/HIV cases in 33 district in 1996/98 following by 19 district where the 50-99 such cases were recorded. Similarly, 20-50 RTI/STD/HIV new cases in 13 districts (Pant, 2000).

2.7 Sexual Behaviour and STIs, HIV/AIDS

Sexual relation with multiple partners place men and women at high risk to contract HIV, especially if sexual activity is pursued without protection. During unprotected sexual relation STIs are contracted and spread. In Indonesians study showed relationship between sexual behaviour (sex with multiple partners) and spread of HIV. men with high level of sexual activity, such as female prostitutes at the same time there men were also found having contracts with low activity women (wives or other sexual partners), through which a multiple epidemic may occur (Anderson, 1992).

Although national level surveys tend to suggest that premarital sex is less common in Asia, more focused in depth studies on adolescent sexual and reproductive health

undertaken in some countries of Asia have revealed that it is clearly on the rise. Survey results on sexual behaviour of adolescents in Asia suggest that a noticeable percentage of adolescents are sexually experienced. In Korea, for example, 24 percent of male and 11 percent of female secondary school student reported to have had pre-marital sexual intercourse. Among sexually experienced adolescents a majority of women had their first sexual intercourse with a steady boy with marriage in mind, while a significant proportion of men had the first experience with a commercial sex worker or a casual friend. In the Republic of Korea, Nepal, Thailand and Vietnam, over half of the adolescent men had sexual intercourse with sex workers. A large number of sexually experienced young men have also reported having multiple sexual partners close to 70 percent of male students in the Republic of Korea and about 30 percent of young men in Thailand had more than two partners (Gubhaju, 2002).

A study conducted at the western part of Nepal had shown that youth were having premarital sexual contact at the age of 10-15 years. Majority of them had reported CSW as their first sex partner (K.C. et al., 1998).

Similarly, a study in Nepalese towns founds that less than 65 percent of unmarried men aged 18 to 24 ever used a condom during sexual intercourse with non regular sex partners, including commercial sex workers. They claimed to be free from STIs because they thought they were careful to choose disease-free women as partners. However, many men did become infected with STDs, which made them realized the danger of unprotected sexual intercourse (Tamang et al, 2001).

2.8 Situation of Adolescents

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

In 1995, young people aged 15-19 was estimated at 512 million of which 83 percent living in developing countries. By the next century over half of the world's population will live in urban areas where young people are estimated to be poverty and stressful loss of family ties. In developing countries, four out of five of worker's young people live and where more than half of population is under the age of 25 years. With 18 percent of the world's population between 10 and 25, 1.5 billion people growing up today will be the leaders, citizens and partners in the future. Hence young men and women will become parent of the next generation. Around the world, a significant number of adolescents are sexually active at early ages with an increasing proportion of this activity accruing outside of marriage. More and more young people are suffering from STDs including HIV and AIDS, seeking unsafe abortion, resulting into the consequences of early close and frequent pregnancies and social problems. About half of all HIV infections so far have occurred in Young people under age 25. Since the start of the pandemic, at least six million youth have even infected with HIV.

It has been estimated that at the end of 2001, approximately 40 million people worldwide were living with HIV and AIDS. Of which, a total of 6.4 million people belonged the Asian region (UNAIDS, 2001). Young people bear a special burden in the HIV and AIDS are aged 15-24. Adolescents are more vulnerable than adults to unplanned pregnancies, STIs, HIV and AIDS. It has been documented that although premarital sex is less common in the Asian region, it is clearly on the rise. it has been absence that when adolescent become sexually active, they tend to have multiple partners and use condoms and other contraceptives inconsistently. Furthermore, younger women are more vulnerable to forced sex and sex in exchange for gifts and money, with increased risks of contracting sexually transmitted infection, including HIV and AIDS (Gubhaju, 2002).

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

2.9 Adolescents in Nepal

Since the detection of the first AIDS case in Nepal, in 1988, Nepal has progressed from a "low prevalence" concentrated epidemic in certain sub-groups of the population. With HIV prevalence of 17.3 and 68 percent among female sex workers and injecting drug users respectively, and a prevalence ranging from 4-10 percent among labour migrants to India, especially those migrating to Mumbai from Far-Western Nepal. It is only a matter of time before we face a generalized epidemic if an expanded response is not initiated immediately (MoH, 2005).

The national strategy therefore contains elements that move beyond providing youth with basic knowledge. It also strives to strength the skills of young people in decision making communication with their partners, negotiation of safe health behavior, and anticipation of high risk situations. It therefore recognizes the need to help young people to develop their self-esteem and their ability to contribute through their active involvement in programming activities. Intervention can only be effective if they move beyond individual and encourage group norms for safe healthy behavior. While it is important to constitute activities that offer a basic knowledge about HIV and AIDS, as young people approach the age where they might become sexually active, it is equally important that messages be refined to address common misconceptions and gaps in knowledge identified by research.

A study on "Reproductive Health and Behavior of Adolescents in Nepal" was conducted by UNFPA. In this study, only 30 percent of the adolescents has heard of reproductive tract infections (RTI), 77 percent of STIs, HIV and AIDS. Radio, Television and Friends were the major source of information of for the family planning, RTI, HIV and AIDS. Mothers were the main source of information on menstruation (UNAIDS, 2000).

The level of knowledge about HIV and AIDS among the FSWs is very high. Several studies conducted during different points of time reported the knowledge of HIV and AIDS among the sex workers between 80 to almost 100 percent. The FSWs who have heard about HIV and AIDS are also aware about the fact that AIDS is incurable and that a person infected with virus ultimately dies. The findings of the research studies also show that the FSWs also do have the knowledge of the modes of transmission of

HIV and AIDS. Sex with multiple partners and having sex without condom was the most frequently reported modes of transmission of HIV and AIDS by most of the sex workers (New ERA, 2003). The review of the research studies also shows that the sex workers are aware of the STIs and their symptoms. The most frequently reported symptoms of STIs reported by the sex workers were ulcer/sore in the genitals, swelling/itching in the groin, smelling discharge/white fluid discharge, burning white urination and pain in the lower abdomen.

A KAP survey among 1400 young people in Nepal in 7 districts shows that, Nepalese teenagers are highly aware of HIV risk but that this awareness does not necessarily translate into safe sexual behavior. Although an overwhelming majority (92%) of teenagers had heard on HIV and AIDS, only 74 percent of teenagers know that they should not have sex with commercial sex workers. The study also shows that almost 20 percent of teenagers considered premarital sex as proper. One in five boys and nearly one in ten girls interviewed have had a sexual experience. Sixty-five percent of boys said that they had used condom. While 74 percent of girls said that their partners used a condom during sexual intercourse. The unprotected sex led to a 14 percent pregnancy rate and a 22 percent STIs infection rate in boys and 13 percent girls. Pregnancy rates were high in districts where girls were pressured into having sex. The number of boys who had sex was higher than the number of girls. Furthermore, the survey showed that 13 percent had taken drugs, however only 5.4 percent injected drugs, (UNICEF 2001). According to the NCASC cumulative HIV and AIDS situation of Nepal is given in table below.

Table. 2.1: Cumulative HIV/AIDS Situation of Nepal

Condition	Male	Female	Total
HIV+ve (including AIDS)	9701	5086	14787
AIDS (out of HIV)	1850	77	2627

Source: NCASC, 2009.

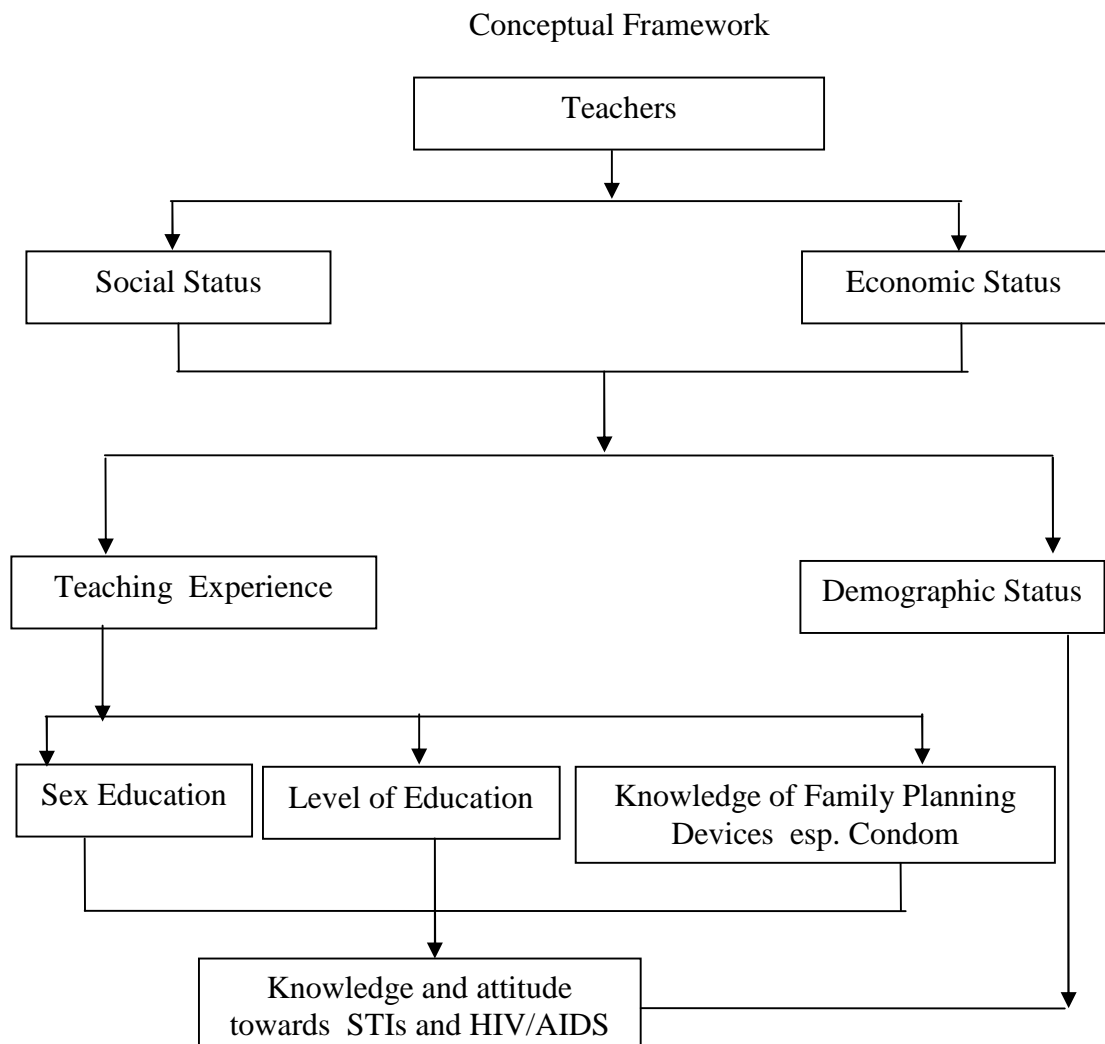
The results show that the HIV prevalence among IDUs is 21 percent in Kathmandu, 4 percent in Pokhara Valley and 8 percent in Eastern and Western Terai. The HIV prevalence among MSM (5.2%) as compared to non MSM (3%). HIV prevalence among FSWs, is 2.3 percent and no cases of HIV were found among truckers who are

the most frequent clients of FSWs in Terai highway areas. This survey was carried out among 1245, IDUs, 600 FSWs, 400 truckers and 400 MSM (NCASC, 2009).

2.10 Conceptual Framework

The major key to understand the knowledge and attitude on STIs and HIV/AIDS in the conceptual framework. Here in this framework, teachers socio-economic status like education, occupation and income influence the knowledge and attitude of teachers regarding STIs and HIV/AIDS. Similarly, teacher's socio-demographic characteristics like age, sex, marital status, age at marriage, knowledge of family planning devices especially about condom may influence their knowledge and attitude on STIs and HIV/AIDS.

On the basis of above assumption, the following conceptual framework has been developed to analyze the knowledge and attitude on STIs and HIV/AIDS among primary school teachers in Tamsariya VDC, Nawalparasi .



CHAPTER-THREE

RESEARCH METHODOLOGY

3.1 Introduction of the Study Area

The study area is the Tamsariya VDC of Nawalparasi district. According to 2001 census total population of Nawalparasi district is 562,870 and the literacy rate is 52.99 percent. Total population of Tamsariya VDC is 10,003. Brahmin, Chhetri, Tharu, Kumal and Magar are the main caste of the VDC. Mahendra highway divides this VDC into two parts. There are five wards in northern part and four wards in southern part. There are altogether twelve schools including three private and nine community. This research is the case study of primary school teachers in Tamsariya VDC. There is a collage for higher education and a primary health centre (PHC) for health service in this VDC.

3.2 Source and Nature of Data

This study uses both primary and secondary sources of data. Primary data are collected through interviews using the structured questionnaire. The secondary data are obtained from educational statistics, international reports, books, journals, census, thesis and research studies in relevant areas.

3.3 Sample Selection

The study area is chosen purposively as Tamsariya VDC Nawalparasi. Primary school teachers in the study are taken as sample population for the study. Census type of survey of primary school teachers of all the schools in this VDC is done for study. The total sample size for the study is 91, including 48 male and 43 female teachers. The distribution of respondents by sex is as shown in Table 3.1.

Table 3.1: Distribution of Sample Population

S.N.	Name of school	Sample Population		
		Male	Female	Total
1	Moonlight Academy	3	6	9
2	Laliguras Primary School	-	2	2
3	Durga Lower Secondary School	3	4	7
4	Nawajagaran Higher Secondary School	5	4	9
5	Nawalpur Higher Secondary School	9	1	10
6	Gyan Jyoti Lower Secondary School	3	6	9
7	Nepal Green Valley English School	6	4	10
8	Lohasedhara Primary School	2	4	6
9	Laxmi Adarsha Lower Secondary School	3	7	10
10	Simrahani Primary School	4	2	6
11	Nepal Loksewa Higher Secondary School	6	1	7
12	Gauri Shankar Primary School	4	2	6
	Total	48	43	91

Source: Field Survey, 2009.

3.4 Questionnaire Design

The questionnaire was designed to meet the requirements of the objectives. Most of the questions were pre coded and some open questions are also used to know their knowledge and attitude. The questionnaire is divided into three parts, first part includes the background of respondent, second part includes the knowledge and perception on contractive methods and the third part includes the knowledge and attitude on STIs and HIV/AIDS. Both qualitative and quantitative questions are included in this questionnaire schedule.

3.5 Data Collection Technique

This study is based on primary data. The questionnaires are filled up in the filed through direct interview with the respondents.

3.6 Data Processing and Analysis

The filled up questionnaires were checked carefully and the response code were entered in to suitable table. Different tables were made according to the nature of data to meet the objective. Cross tabulation, bar-diagram, pie-chart, percentage, and average are used for analyzing and interpreting the data.

CHAPTER-FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS

This chapter deals about the various measures representing the demographic and socio-economic variables of the respondents in the study area. These variables are age, sex, caste, education, type of job, age at marriage, number of children, family size and income.

4.1 Age and Sex of Respondents

Age and sex are the most important variables in demographic analysis. From Table 4.1, there are 52.75 percent male and 47.25 percent female teachers out of 91 primary school teachers. The majority of teachers (50.55%) belong to age group 20-30 years. Where the proportion of females is higher (67.44%) than the males (35.42%) in this age group. The proportion of males aged more than 40 years is higher (31.25%) than females (2.33%). Among total respondents seventy eight percent falls in to age group 20-24 years.

Table 4.1: Distribution of respondents by age and sex

Age	Sex				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
<20	3	6.25	1	2.33	4	4.40
20-30	17	35.42	29	67.44	46	50.55
30-40	13	27.08	12	27.91	25	27.47
>40	15	31.25	1	2.33	16	17.58
Total	48	100.00	43	100.00	91	100.00

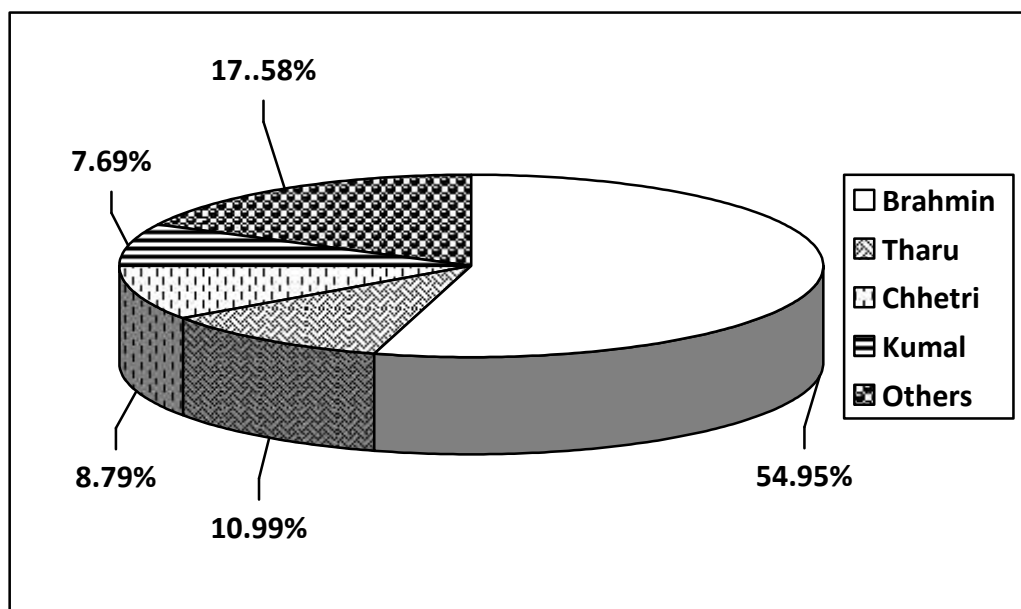
Source: Field Survey, 2009.

4.2 Caste and Religion of Respondents

The distribution of respondents by their caste in the sample population is shown in Figure 4.1. More than half (54.95%) area of the pie-chart is covered by Brahmin. The

second largest group of respondents are Tharu (10.99%) followed by Chhetri (8.79%) and Kumal (7.69). The remaining proportion of respondents (17.58%) belongs to other castes.

Figure 4.1: Distribution of respondents by caste



Source: - Field Survey, 2009

Most of the respondents in the study area are from Hindu religion (97.8%). Only one respondent is Islam and one is Christian.

Table 4.2: Distribution of respondents by their religion

Religion	Respondents	Percentage
Hindu	89	97.8
Islam	1	1.1
Christian	1	1.1

Source: Field Survey, 2009

4.3 Education of Respondents

The level of education plays vital role in determining the socio-economic status of respondent. It also influences the knowledge and attitude of the respondent. The scenario of the level of education of respondents in the study area is as presented in Table 4.3

Table 4.3: Distribution of respondents by level of education

Level of Education	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
SLC	20	41.67	10	23.26	30	32.97
Intermediate	17	35.42	27	62.79	44	48.35
Bachelor	10	20.83	6	13.95	16	17.58
Master	1	2.08	0	0	1	1.10
Total	48	100.00	43	100.00	91	100.00

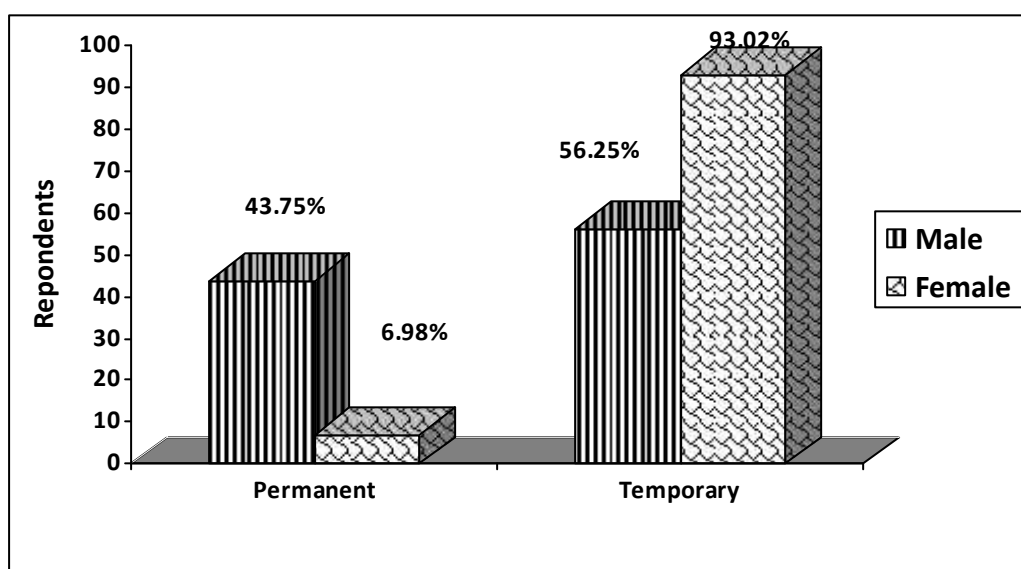
Source: Field Survey, 2009.

Majority of respondents are having the intermediate level (48.35%) followed by SLC (32.97%) and bachelor (17.58%). But in case of male respondents the majority is in SLC (41.67%). This difference is due to the high proportion of males aged more than 40 years. Who are having low level of education that is SLC.

4.4 Nature of Job and Perception about own Profession

The data presented in Figure 4.2 indicates that the permanent job holders are less than the temporary job holders. The proportion of male (43.75%) is higher in comparison with female (6.98%) permanent job holders.

Figure 4.2: Distribution of respondents by their nature of job



Source:- Field Survey, 2009

Majority of respondents (62.64%) have shown their satisfaction to their teaching profession. This finding is true for only males (77.08%). Among female teachers a majority are found dissatisfied (53.49%) with their present job (Table 4.4).

Table 4.4: Distribution of respondents by their satisfaction in teaching profession

Job Satisfaction	Sex				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Yes	37	77.08	20	46.51	57	62.64
No	11	22.92	23	53.49	34	37.36
36	48	100.00	43	100.00	91	100.00

Source: Field Survey, 2009.

4.5 Marital Status and Age at Marriage of Respondents

According to Table 4.5, more than half (62.64%) of the respondents are married. Which is true for both male (68.75%) and female (55.81%) teachers. The remaining 37.36 percent respondents are unmarried. Proportion of unmarried females is higher (44.19%) than the males (31.25%)

Table 4.5: Distribution of respondents according to their marital status

Marital Status	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Married	33	68.75	24	55.81	57	62.64
Unmarried	15	31.25	19	44.19	34	37.36
Total	48	100.00	43	100.00	91	100.00

Source: Field Survey, 2009.

Age at marriage is also an important parameter to reflect the knowledge among the teachers regarding their right time of marriage. That data in Table 4.6 shows that the age group 20-24 years is the model age of marriage. In this age period 61.40 percent teachers were married. Age at marriage at early period (< 20 years) is 28.07 percent followed by the late age at marriage (25+) in less number (10.53%). The proportion of females marrying before 20 years of age is higher (41.67%) than the males (18.18%).

Age at marriage of majority of male respondents is 20-24 years (63.64%) which is also true for females (58.33%). Some of the males (18.18%) marry after age of 25 years. But all the females marry before the age of 25 years. Therefore, the data on age at marriage of respondents of the study area resemble the national pattern of females marrying at early ages in comparison with males

Table 4.6: Distribution of respondents by age at marriage

Age	Respondents*				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
<20	6	18.18	10	41.67	16	28.07
20-24	21	63.64	14	58.33	35	61.40
25+	6	18.18	0	0	6	10.53
Total	33	100.00	24	100.00	57	100.00

Source: Field Survey, 2009.

* Note: Only those who are married

4.6 Number of CEB to Respondents

The number of the children ever born in sample population among married respondents is depicted in Table 4.7. It is clear that higher the educational attainment, the more the tendency to have fewer children. Out of 57 married respondents 2 respondents have no child. It is the SLC passed teachers who have highest mean number of children (2.8), which is 2.1 for intermediate level passed respondents. Similarly, it is 2.0 for both who have passed bachelor and master level. The mean CEB of the married respondents is 2.4.

Table 4.7: Distribution of respondents by the number of CEB

Level of Education	Respondents by number of Children ever born							Total*		Mean CEB
	0	1	2	3	4	5	6	Respondents	CEB	
SLC	1	2	10	5	6	1	1	26	72	2.8
Intermediate	0	8	5	4	1	0	1	19	40	2.1
Bachelor	1	3	3	3	1	0	0	11	22	2.0
Master	0	0	1	0	0	0	0	1	2	2.0
Total	2	13	19	12	8	2		57	136	2.4

Source: Field Survey, 2009.

*Note: Only those who are married

4.7 Land Ownership of Respondents

The ownership on land reflects the economic status of people. In the study population 61.54 percent respondents have no land in their ownership. Most of the respondents having no land in their ownership are females (86.05%). The data in Table 4.8 shows that 27.08 percent male and 9.30 percent female have land less than 10 kattha. The ownership between 10 kattha to 1 bigaha is 25 percent and 4.65 percent for male and female respectively. Only 8.33 percent males are the owner of more than 1 bigaha land.

Table 4.8: Distribution of respondents by ownership on land

Land Ownership	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
No land	19	39.58	37	86.05	56	61.54
< 10 katta	13	27.08	4	9.30	17	18.68
10 Kattha-1 bigah	12	25.00	2	4.65	14	15.38
>1 bigah	4	8.33	-	-	4	4.40
Total	48	100.00	43	100.00	91	100.00

Source: Filed Survey, 2009.

4.8 Housing Facilities of Respondents

The facilities with modern technology help people to enhance their knowledge. Some of the faculties enjoyed by the respondents are given in Table 4.9. Access to telephone is higher among the respondents (97.8%). The proportion of television and radio user are 94.51 and 93.41 percent. There are 29.067 percent respondents using vehicle/motorbike facility. Only 3.3 percent teachers have access to internet.

Table 4.8: Distribution of respondents by ownership on land

Housing Facilities	Respondents	
	Frequency	Percentage
Radio	85	93.41
Television	86	94.51
Vehicle/Motorbike	27	29.67
Telephone	89	97.80
Internet	3	3.30

Source: Filed Survey, 2009.

CHAPTER-FIVE

KNOWLEDGE AND ATTITUDE ON STIS AND HIV/AIDS

This chapter deals about the knowledge and perception of contraceptive methods, knowledge and attitude on STIs and HIV/AIDS, role of teachers to spread knowledge and sources of information.

5.1 Knowledge and Sources of Knowledge on Contraception

This use of contraceptive method becomes wider if there is enough knowledge about the contraception. In the study area all the respondents have knowledge about at least one method of contraception.

Table 5.1: Distribution of respondents by knowledge on different type of contraception means

Contraceptive means	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Condom	48	100	43	100	91	100
IUD	26	54.17	16	37.21	42	100
Pills	46	95.83	43	100.00	89	46.15
Norplant	44	95.83	41	95.35	85	93.41
Depo-provera	41	91.67	38	88.37	79	86.81
Others*	5	10.42	6	13.95	11	12.09

Source: Field Survey, 2009.

* Note: Female condoms, foam tablets

Respondents were asked about knowledge on different contraceptive means. All the respondents have known about condom (Table 5.1). Knowledge of female s of to pills is 100 percent and it is 95.83 percent among male respondents. The knowledge about Norplant and Depo provera is 95.35 and 88.37 percent among females where it is 91.67 and 85.42 percent among males. The proportion of knowledge about IUD is fond 46.15 percent, which is lower in comparison with other methods. The knowledge about other means of contraceptive as expressed by respondents is found 12.09. Here, females have more knowledge about contraceptive means.

Respondents were also asked to give the source of knowledge for contraceptive means. Mass Media is one of the crucial factors to spread knowledge in the mind of people. Many people use such information in their daily life. The responses of the sample population are shown in the Table 5.2.

Table 5.2: Distribution of respondents by source of knowledge on contraceptive method

Sources of Knowledge	Respondents	Percentage
Radio	90	98.90
Television	91	100.00
Magazine	81	89.01
Health workers	75	82.42
Friends	74	81.31
Others*	9	9.89

Source: Field Survey, 2009.

* Note: school curriculum, family members

All the respondents said that television is the source of gaining knowledge about contraception. It is followed by radio (98.9%), magazine(89.01%), health workers (82.42%) , and friends (81.31%). There are 9.89 percent respondents who added the other sources of knowledge on contraceptive methods.

5.2 Accessibility to Condom

If the contraceptive means are easily available then the use of these means increases. If it is difficult or have to got for long distance to collect these items, obviously people will be reluctant to use them. In the study population all the respondents said that condoms are easily available in the market. They are also known that condom is only the contraceptive method to prevent HIV. The respondents were asked to say the locations where condoms are available. The responses obtained in the study are shown in Table 5.3. Most of the respondents (86.81%) said that condoms are easily available from pharmacy. It is followed by health post (82.42%) and PHC (74.73%) as the easy location. The proportion of respondents who pointed out shop and FCHV as the location to get condom are 58.24 percent and 23.08 percent. Only 4.4 percent respondents said that there are also other locations to get condoms.

Table 5.3: Distribution of respondents with respect to the locations of getting condom

Location	Respondents	Percentage
PHC	68	74.73
Health post	75	82.42
Shop	53	58.24
Pharmacy	79	86.81
FCHV	21	23.08
Others*	4	4.40

Source: Field Survey, 2009.

* Note: NGOs, Health camps

5.3 Knowledge of STIs and Source of Information

In the study area all the respondents said that they have heard about sexually transmitted diseases. They were asked to give the source of information from where heard about STIs. Many of the people known about STIs through different sources. A maximum of respondents (98.90%) have their exposure to the radio as it is the most important source dissemination of knowledge on STIs in the study area Table 5.4. It is followed by the television (93.41%). The third important source to provide the information about STIs is newspaper (89.01%). The contribution of health workers is found 73.63 percent. The proportion of respondents who said that the friends are also the source of information is 61.54 percent only 17.58 percent respondent expresses other sources are also used to know about STIs.

Table 5.4: Distribution of respondents who have heard about the STIs from different sources

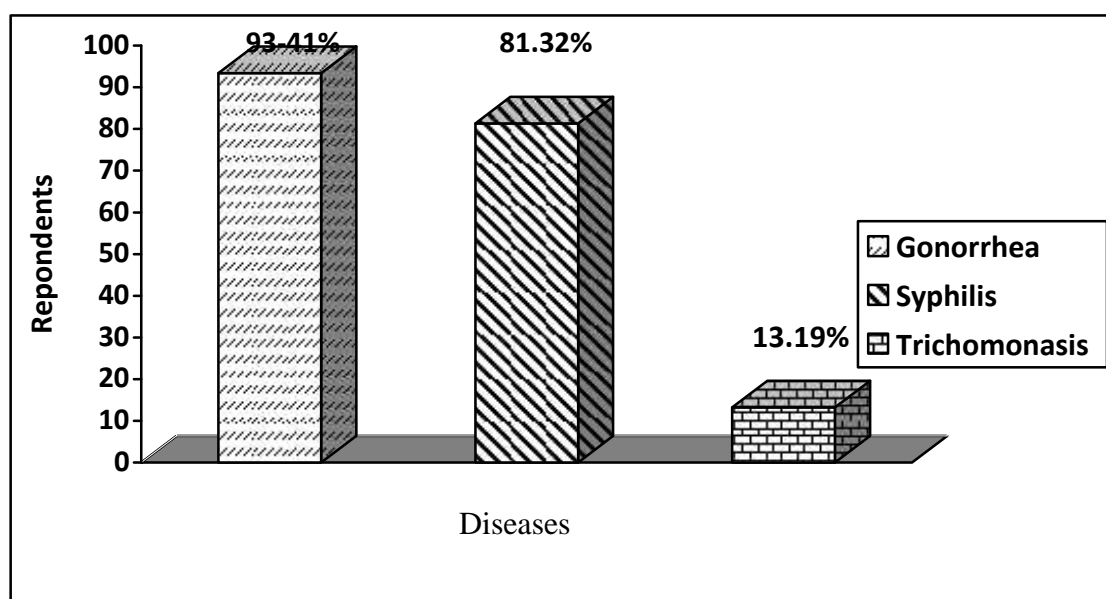
Sources	Respondents	Percentage
Radio	90	98.9
Television	85	93.41
Newspaper	81	89.01
Health workers	67	73.63
Friends	56	61.54
Others*	16	17.58

Source: Field Survey, 2009.

* Note: school curriculum, family members

Respondents were asked to express their knowledge about the diseases like gonorrhea, syphilis and trichomoniasis. The result is shown in figure 5.1. Most of the respondents (93.41%) have heard about gonorrhea. The proportion of respondents who have heard about syphilis is also high (81.32%). But there are only 13.19% respondents who have heard about trichomoniasis. All the respondents said that these diseases can be transmitted from one person to another person.

Figure 5.1: Distribution of respondents by their knowledge some STIs.



Source: Field Survey, 2009

5.4 Mode of Transmission and Prevention from STIs

Respondents knowledge about mode of transmission and method of prevention from STIs can play important role in society. Because they are educated persons who are in day to day contact with the locals. The teachers were asked to give the causes of transmission of STIs. Most of the respondents (93.41%) replied that unprotected sexual intercourse and blood transfusion are the more cause for the transmission of STIs. Comparative less respondents (21.98%) replied that the sharing of infected persons belongings is the cause of transmission of STIs which is incorrect knowledge. Only 4.65 percent females said the other causes of transmission. The proportion of female respondent is higher (95.35%) than males (91.67%) who replied the unprotected sexual intercourse and blood transfusion as major cause. And there

are 27.08 percent males and 16.28 percent females replying that sharing belongings is one of the cause for the transmission of STIs.

Table 5.5: Distribution of respondents according to their knowledge about the cause of transmission of STIs

Causes of transmission	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Unprotected sexual intercourse	44	91.67	41	95.35	85	93.41
Sharing belongings	13	27.08	7	16.28	50	21.98
Blood transfusion	44	91.67	41	95.35	85	93.41
Others*	0	0.00	2	4.65	2	2.20

Source: Field Survey, 2009.

* Note: sharing syringe

The respondents were also asked about the measures to prevent from STIs. majority of both males and females said that using condoms is the primary measure for prevention from STIs, which is 93.75 percent among males and 86.05 percent among females (Table 5.6). Avoiding sexual contact with multiple sex partners remained at second position to prevent from STIs. Where the proportion of males and females are 66.67 percent and 74.42 percent respectively. There are 62.50 percent males and 72.09 percent females saying that avoiding transfusion of unscreened blood is the another measures to prevent from STIs infection. The percentage of male and female respondents who said that there are also other measures to prevent from STIs is 10.42 and 13.95 respectively.

Table 5.6: Respondents' opinion about the ways of prevention from STIs

Ways of prevention	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Avoiding sexual contact	32	66.67	32	64	64	70.33
Using condoms	45	93.67	37	82	82	90.11
Avoiding transfusion of unscreened blood	30	62.50	31	61	61	67.03
Others*	5	10.42	6	11	11	12.08

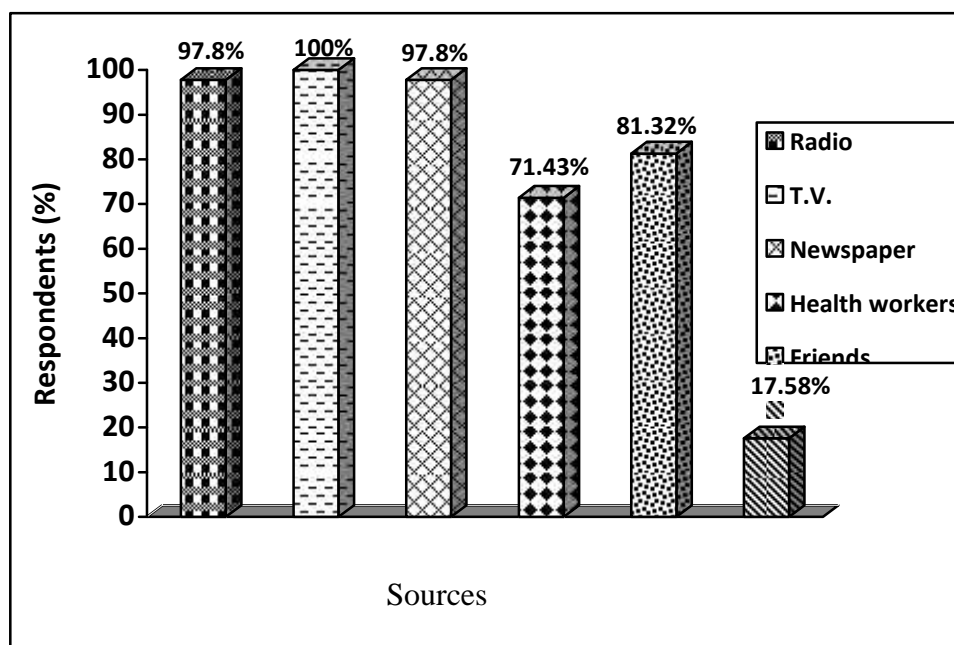
Source: Field Survey, 2009.

* Note: avoiding syringe sharing and belongings

5.5 Knowledge of HIV/AIDS

The respondents were asked that have you ever heard about AIDS. All the respondents said yes so there is cent percent general knowledge about AIDS among primary school teachers. They were also asked about the source through which they have heard about AIDS. Television remained first major source of information about AIDS, since 1000 percent of respondents reported this source (Figure 5.2). Radio and newspaper remained second most reported source for the information about AIDS (97.80%) among primary school teachers. There are 81.32 percent respondents who reported that they have heard about AIDS from friends. Likewise 71.43 percent of the respondents said that the health workers are also the source to know about AIDS. Only 17.58 percent respondents reported the other source from where they heard about AIDS.

Figure 5.2: Distribution of respondents in term of the source by which they have heard about AIDS.



Source:- Filed Survey, 2009

The respondents were asked to give their opinion AIDS. Most of the them said the it is not a single disease but the stage of loss of immunity power of fight against any diseases. It is caused by retrovirus and unprotected sexual intercourse is the root cause to spread AIDS virus. Among total respondents 85.71 percent replied that a seemingly healthy person may have AIDS virus. Where the proportion of male respondent is 85.42 percent and proportion of female is 86.05 percent. There are 6.25 percent male and 2.33 percent female respondents who said that seemingly healthy person may not have AIDS virus. The remaining 8.33 percent male and 11.63 percent female respondents replied that they don't know about that (Table 5.7)

Table 5.7: Respondents' opinion about the possibility of having AIDS virus in seemingly healthy person

Whether Seemingly healthy person may have AIDS virus	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Yes	41	85.42	37	86.05	78	85.71
No	3	6.25	1	2.33	4	4.40
Don't Know	4	8.33	5	11.63	9	9.89
Total	48	100.00	43	100.00	91	100.00

Source: Field Survey, 2009.

A majority respondents said that a person can do something to avoid getting AIDS. There are 85.48 percent male and 90.70 percent female respondents saying yes. (Table 5.8). Non of them replied no but 12.09 percent respondents said that they do not know whether a person can do anything to avoid getting AIDS or not.

Table 5.8: Respondents' opinion by sex with respect to their opinion about knowledge of avoiding AIDS.

Whether a person can do anything to avoid AIDS	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Yes	41	85.42	39	90.70	80	87.91
No	-	-	-	-	-	-
Don't Know	7	14.58	4	9.30	11	12.09
Total	48	100.00	43	100.00	91	100.00

Source: Field Survey, 2009.

5.6 Mode of Transmission of HIV/AIDS

All the respondents in the study area said that the AIDS virus can be transmitted from one person to another. A majority of respondents replied that unprotected sexual

intercourse is the prime cause of transmission of AIDS and the percentage of respondents saying this is 100 percent for both male and females. Second major cause for the transmission of AIDS as expressed by the respondents is from infected mother to her newborn baby, 95.83 and 88.37 percent males and females opined so. There are 85.42 percent males and 81.40 percent males and 81.40 percent females saying that sharing syringe is the another cause for the transmission of HIV/AIDS. Some respondents, 25 percent males and 20.93 percent females said that there are some other causes also for HIV/AIDS transmission (Table 5.9).

Table 5.9: Distribution of respondents by their opinion about the transmission of AIDS.

Way of HIV/AIDS transmission	Respondents				Total
	Male		Female		
	Frequency	Percentage	Frequency	Percentage	
Unprotected sexual intercourse	48	100.00	43	100.00	91
Infected mother to her newborn baby	46	95.83	38	88.37	84
Sharing syringe	41	85.42	35	81.40	76
Others*	12	25.00	9	20.93	21

Source: Field Survey, 2009.

* Note: unscreened blood transfusion, having multiple sex partner

5.7 Prevention from HIV/AIDS

Respondents were asked to express the ways by which HIV/AIDS can be prevented. The avoidance of multiple sex partner remains at first rank since the 100 percent respondents reported this. Avoiding transfusion of infected blood and using condoms are at second rank. The percentage of respondents reporting these ways remained equal (98.90%). There are 62.64 percent respondents saying that avoiding being pregnant by an infected women as the way of prevention from HIV/AIDS. The proportion of females saying this is slightly greater (65.12%) than the males (60.42%). These responses are arranged in the Table 5.10.

Table 5.10: Distribution of respondents by sex with respect to their knowledge about the ways of HIV prevention

Way of HIV/AIDS Prevention	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Avoiding multiple sex partner	48	100.00	43	100.00	91	100.00
Avoiding infected blood transfusion	47	97.92	43	100.00	90	98.90
Avoiding being pregnant by infected women	29	60.42	28	65.12	57	62.64
Using condom	48	100.00	42	97.69	90	98.90

Source: Field Survey, 2009.

Respondents were asked to mention their opinion regarding the meaning of safe sex. Different options included in the questionnaire were, abstain from sex, use condom, have only one sex partner and avoid sex with homosexuals. The responses obtained are shown in Table 5.11. Using condom is the meaning of safe sex as responded by the greater proportion of respondents (92.31%). It is followed by have only one sex partner (89.01%) as the meaning of safe sex. There are 26.37 percent respondents saying that avoid sex with homosexuals is also the meaning of safe sex. Only two respondents (2.20%) said that the meaning of safe sex is abstain from sex.

Table 5.11: Distribution of respondents by their opinion on safe sex

Meaning of Safe Sex	Respondents	Percentage
Abstain from sex	2	2.20
Use condom	84	92.31
Have only on sex partner	81	89.01
Avoid sex with homosexual	24	26.37

Source: Field Survey, 2009.

5.8 Role of Teachers

A teacher can play an ideal role in the society as he is in direct contact with the students and their parents. They were asked, whether teachers have influential role to spread the knowledge about HIV/AIDS or not. From Table 5.12 it is clear that majority of respondents (58.24%) are strongly agree. The proportion of male respondents who said simply agree among males 35.42 percent and among females are 46.51 percent. Only one male respondent (2.08%) said that he is not agree with this statement.

Table 5.12: Distribution of respondents by sex with respect to their the influential role of teacher to spread knowledge about HIV/AIDS

Teachers have influential role	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Strongly agree	30	62.50	23	53.49	53	58.24
Agree	17	35.42	20	46.51	37	40.66
Not agree	1	2.08	-	-	1	1.10
Total	48	100.00	43	100.00	91	100.00

Source: Field Survey, 2009.

The respondents were also asked that they have ever worked to spread the knowledge about HIV/AIDS and STIs or not. Majority of males (58.33%) said that they have worked and majority of females (55.81%) said that they have not worked. The distribution of respondents is shown in Table 5.13.

Table 5.13 : Distribution of respondents by sex with regarding their role to spread knowledge of HIV/AIDS and STIs.

Response	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Yes	28	58.33	19	44.19	47	51.65
No	20	46.67	24	55.81	44	48.35
Total	48	100.00	43	100.00	91	100.00

Source: Field Survey, 2009.

The respondents who have worked to spread knowledge are involved in street drama, awareness programmes, seminar and rally. The respondents were asked to give their opinion about special condition. The condition is a teacher has AIDS virus but not sick, should she/he be allowed to continue teaching. Most of the respondents said that should be allowed them to teach (89.01%) The data in Table 5.14 shows that 4.65 percent females said should not be allowed. There are 8.33 percent males said should not be allowed. There are 8.33 percent males and 9.30 percent females saying it depends upon the behavior of infected person.

Table 5.14: Distribution of respondents with respect to the opinion about infected teachers job

Response	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Should be allowed	44	91.67	37	86.05	81	89.01
Should not be allowed	0	0.00	2	4.65	2	2.20
Don't know/depends	4	8.33	4	9.30	8	8.79
Total	48	100.00	43	100.00	91	100.00

Source: Field Survey, 2009.

5.9 Pre-marital Sex

A majority of the respondents have denied the pre-marital sex. Out of total males 68.75 percent respondents denied premarital sex while 79.07 percent female respondents denied pre-marital sex (Table 5. 15). They were also asked to mention their opinion about it. The respondents who are in favor of premarital sex said that it is the biological need and issue of individual freedom. So it needs to aware about safe sex. The respondents who are against the pre-marital sex said that it destroys social and cultural value norms. It causes various STIs.

Table 5.15: Distribution of respondents with respect to their opinion about premarital sex

Pre-marital Sex	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Yes	15	31.25	9	20.93	24	26.37
No	33	68.75	34	79.07	64	73.63
Total	48	100.00	43	100.00	91	100.00

Source: Field Survey, 2009.

5.10 Knowledge about HIV Test

In the study area it is found that all the respondents have knowledge about at least one place where AIDS virus can be tested. Among males 97.92 percent and among females 97.67 percent respondents said that hospital is the place to test AIDS virus. There are 54.17 percent males and 55.81 percent females who pointed out the PHC as the place to test for HIV. Among total respondents 50.55 percent knows that HIV can be tested in private clinic. Comparatively lower proportion of respondents, 30.77 and 20.88 percent said that AIDS virus can be tested in red cross and FPAN respectively (Table, 5.16)

Table 5.15: Distribution of respondents with respect to their knowledge about HIV test

Place to test HIV	Respondents				Total	Percentage
	Male		Female			
	Frequency	Percentage	Frequency	Percentage		
Hospital	47	97.92	42	97.67	89	97.80
PHC	26	54.17	24	55.81	50	54.95
FPAN	9	18.75	10	23.26	19	20.88
Red cross	13	27.08	15	34.88	28	30.77
Private Clinic	29	60.42	17	39.53	46	50.55

Source: Field Survey, 2009.

CHAPTER-SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary

The present study is initiated to access the level of knowledge and attitude on STIs and HIV/AIDS among primary school teachers in Tamsariya VDC of Nawalparasi district. The study is based on the primary data collected from the 91 respondents of study area. Among the total respondents 52.57 percent are males and 47.25 percent are females. The collected data are subjected to statistical analysis and presented according to the objective of the study. Major findings of the study are summarized here in points.

- ❖ Majority of primary teachers (50.55%) belong to young age group (20-30 years).
- ❖ Majority of respondents in study area are Brahmin (54.95%) and most of them are Hind (97.8%).
- ❖ Most of the respondents (48.35%) have passed intermediate level of education followed by SLC (32.97%) and Bachelor (17.58%).
- ❖ There are only 26.37 percent permanent teachers where the proportion among females is 6.98 percent.
- ❖ A majority of respondents (62.64%) are married and among them 61.40 percent respondents get married between the age interval 20-24.
- ❖ Mean CEB of the respondents is 2.4 and mean CEB is in decreasing order with increase in level of education.
- ❖ Majority of male respondents are satisfied with their job (77.08%) but majority of female respondents (53.49%) are not satisfied.
- ❖ All the respondents have heard about contraceptive means. Condom is familiar among 100 percent respondents and 100 percent females are known about pills.
- ❖ Radio, television and magazine are the major sources of information for the contraceptive means. Highest proportion of respondents (98.90%) reported radio as the source of information.

- ❖ The major locations for getting condom are PHC, health post and pharmacy. Highest proportion of respondents (86.81%) reported pharmacy as the easily accessible location.
- ❖ All the respondents are known about STIs and majority of them (98.90%) have heard about STIs from radio followed by television (93.41%).
- ❖ Majority of respondents (93.41%) have knowledge about gonorrhoea followed by syphilis (81.32%).
- ❖ Most of the respondents (93.41%) said that the unprotected sexual intercourse is the major way of transmission of STIs.
- ❖ Majority of both male (93.75%) and female (86.05%) respondents reported using condom as the primary measures for the prevention of STIs.
- ❖ All the respondents have heard about AIDS, Radio, Television and Newspaper are the major sources for getting knowledge.
- ❖ Among total respondents 85.71 percent replied that seemingly a healthy person may have the AIDS virus.
- ❖ All the respondents said that AIDS virus can be transmitted. Unprotected sexual intercourse is reported as the major cause of transmission of HIV.
- ❖ The prime measure to prevent from HIV infection as reported by 100 percent respondents is avoiding multiple sex partner.
- ❖ Using condom and sex as reported by 92.31 and 89.01 percent respondents respectively.
- ❖ Majority of respondents (58.24%) are strongly agree with the statement 'Teachers have influential role to spread the knowledge about HIV/AIDS.'
- ❖ Among total respondents 51.65 percent have worked to spread the knowledge where females involvement is lower (44.19%) in comparison with males (58.33%).
- ❖ All the respondents have knowledge about the place to get test for HIV. Most of the respondents (97.8%) said that it is hospital.
- ❖ Majority of respondents (73.63%) denied pre-marital sex. They said that it is against the social and cultural value, and may causes STIs.
- ❖ Majority of respondents (89.01%) said that a HIV infected but not sick teacher should be allowed to teach.

6.2 Conclusion

The present study explores the knowledge and attitude of primary school teachers of Tamsariya VDC Nawalparasi on STIs and HIV/AIDS. The participation of females in teaching profession is lower since there are only three permanent female teachers out of twenty four. The age at marriage among the teachers is satisfactory however it is quite lower in females. The level of education has the positive role in decreasing the number of CEB. All the respondents have heard about contraceptive means, STIs and HIV/AIDS. The role of mass media is found vital to spread the knowledge about STIs and HIV/AIDS than the health workers. Most of the respondents advise to be faithful with sex partner and use condom for the prevention of STIs and HIV/AIDS. Majority of the school teachers said that they can play influential role to spread the knowledge about STIs and HIV/AIDS. But only about half of them are involved in disseminating the knowledge. There is no significant difference between the males and females in acquiring the knowledge. Majority of the respondents denied the pre-marital sex and opined that it is against the socio-cultural value and norm. The respondents have acquired the general knowledge about STIs and HIV/AIDS but yet not getting training or package programme for special knowledge so that they can aware the local people who are at high risk.

6.3 Recommendation

This study entitled "Knowledge and Attitude on STIs and HIV/AIDS : A case study of Primary School Teachers in Tamsariya VDC, Nawalparasi" has the coverage only in a VDC. It is a small effort to the research work with in STIs and HIV/AIDS. On the basis of the this work some recommendations are given. It is necessary to create opportunities for females in teaching sector. Teachers can play important role to control the increasing problem of STIs and HIV/AIDS. So the project to mobilize them in social awareness are needed. The partnership between the health workers and the teachers may be fruitful to achieve the targets in controlling the HIV/AIDS. The NGOs/INGOs are recommended to use the knowledge of teachers for effective implementation of programmes in the field of HIV/AIDS. The schools, VDC and local organizations should also organize the awareness programmes, interactions between risk group, teachers and experts about STIs and HIV/AIDS. It is also recommend to provide the rigorous health education and campaign to strengthen the knowledge of HIV/AIDS and STIs among the school teachers in the rural area so that they can inculcate knowledge to the community. Finally it is recommended for further study in this sector.

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APPENDIX

**Tribhuvan University
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Questionnaire Schedule**

Knowledge and Attitude on STIs and HIV/AIDS: A Case Study of

Primary School Teachers in Tamasariya VDC, Nawalparasi.

Personal Information:

Name of respondent: Sex: 1. Male
 School's name: 2. Female
 Permanent address: Age:
 Caste: 1. Brahmin Religion: 1. Hindu
 2. Chhetri 2. Buddha
 3. Tharu 3. Islam
 4. Kumal 4. Christian
 5. Others 5. Others

Level of education:
 Nature of job: 1. Permanent 2. Temporary

Respondent's Background:

S.N.	Questions	Response categories	Code	Skip
1	Where is your place of origin?	Rural Urban	1 2	
2	What is your marital status?	Married Unmarried Divorced Widow Separated Others	1 2 3 4 5 6	5
3	What is your age at marriage?		
4	No. of children?	Son (s) ___ Daughter (s) ____ Total ____		
5	How many family members do you have?		
6	How do you feel after taking job?	Easy Difficult Its ok	1 2 3	
7	Are you satisfied with your present job?	Yes No	1 2	

8	Do you have land in your ownership?	Yes No	1 2	10
9	How much land do you have?		
10	If you find better job, will you leave this profession?	Yes No	1 2	
11	Are you doing other job for extra income?	Yes No	1 2	13
12	What is the job?		
13	Do you have the following housing facilities?	Radio Television Vehicle Telephone Internet Others	1 2 3 4 5 6	

Knowledge and perception on contraceptive methods:

S.N.	Questions	Response categories	Code	Skip
14	Have you known about contraception?	Yes No	1 2	20
15	What means of contraceptive do you know?	Condom IUD Pills Norplant Depo-Provera Others	1 2 3 4 5 6	
16	What are the sources of gaining knowledge about contraception?	Radio TV Magazine Health workers Friends Others	1 2 3 4 5 6	
17	Which is the contraceptive method to prevent HIV?	Condom Pills Inject able Don't know	1 2 3 4	
18	Can you tell me the locations where condoms are available?	PHC Health post Shop Pharmacy FCHW Others	1 2 3 4 5 6	

19	Do you easily get condoms from these sources when you need?	Yes No	1 2	
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STIs and HIV/AIDS

S.N.	Questions	Response categories	Code	Skip
20	Have you ever heard about sexually transmitted diseases (STDs) ?	Yes No	1 2	26
21	From which of the following sources, you have heard about STDs. ?	Radio TV Newspaper Health workers Friends Others	1 2 3 4 5 6	
22	Have you heard about the following diseases?	Gonorrhoea Syphilis Trichomoniasis Others	1 2 3 4	
23	Can these diseases be transmitted?	Yes No	1 2	26
24	How they are transmitted?	Unprotected sexual intercourse..... Living together..... Sharing infected persons belongings... Blood transfusion..... Mosquito bite Others	1 2 3 4 5 6	
25	How we can prevent from STD's infection?	Avoiding sexual contact with multiple sex partners Using condoms Avoiding transfusion of un-screened blood Others	1 2 3 4	
26	Have you ever heard about AIDs?	Yes No	1 2	
27	From which of the following sources you have heard?	Radio TV Newspaper Health workers Friends Others	1 2 3 4 5 6	

28	In your opinion what is AIDs?			
29	Is it possible for seemingly a healthy person to have the AIDS virus?	Yes No Don't know	1 2 3	
30	Do you know the name of virus which causes AIDs?			
31	Is there anything a person can do to avoid getting AIDS?	Yes No Don't know	1 2 3	
32	Can AIDS virus be transmitted?	Yes No	1 2	34
33	How are they transmitted?	By shaking hands, hugging and kissing Sharing belongings and toilet Mosquito bites Unprotected sexual ntercourse From infected pregnant mother to her baby Sharing syringe Others	1 2 3 4 5 6 7	
34	How can we prevent ourselves from HIV infection?	Avoiding multiple sex partners Avoiding transfusion of infected blood ... Avoiding being pregnant by any infected mother Using condoms Others	1 2 3 4 5	
35	What does safe sex means?	Abstain from sex Use condom Have only one sex partner Avoid sex with homosexuals Don't know Others	1 2 3 4 5 6	
36	'Teachers have influential role to spread the knowledge about HIV/AIDS' do you agree?	Strongly agree Agree Not agree Don't know	1 2 3 4	
37	Have you ever worked to spread the knowledge in the community?	Yes No	1 2	39
38	What role have you played?		

39	As you have understood, what is the main effect of HIV/AIDS?		
40	Are you aware about transmission of HIV/AIDS?	Yes No	1 2	
41	In your opinion, how the increasing problem of HIV/AIDS can be controlled in Nepalese context?		
42	Have you ever infected from STDs?	Yes No	1 2	
43	What type of STDs?	Gonorrhea Syphilis Trichomonasis Others	1 2 3 4	
44	Did you go for treatment?	Yes No	1 2	
45	Do you know the place where people can go to get tested for the AIDS virus?	Yes No	1 2	47
46	Where is that?	Hospital PHC FPAN Redcross Private clinic Others	1 2 3 4 5 6	
47	Prevalence of pre-marital sex?	Yes No	1 2	
48	Please mention your opinion about premarital sex.		
49	In your opinion, if a teacher has the AIDS virus but not sick, should she/he be allowed to continue teaching in school?	Should be allowed Should not be allowed Don't know/depends	1 2 3	

Thank you for your kind response