

CHAPTER - I

INTRODUCTION

1.1 Background

Sexually transmitted Infections (STIs) and Human Immune-deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) are the emerging issues and threatening the world in 21st century. It has seen a dramatic spread of HIV/AIDS. Even though the effect of HIV/AIDS has been serious in every country through-out the world, it continuous to be critical public health issue, particularly in Africa facing the worst effects of the epidemic. HIV/AIDS is now the leading cause of death worldwide. Although efforts for its prevention and control have been made continuously far wide by United Nations Organization (UNO), World Health Organization (WHO), Governments national and International Non-Governmental organizations (NGOs & INGOs) to minimize the spread of HIV infection. It is still beyond the capacity of the medical world and is categorized incurable disease.

The first cause of AIDS was reported in 1981 in USA since than AIDS become the most divesting treating disease of he human beings. More then 60 million people are already infected and about 40 million people are estimated to be living with HIV. Among which one forth are reproductive age group (15-49 years) married women, (UNAIDS, 2005).

AIDS is fatal illnesses caused by a Retro-Virus know as HIV, which break down the body of life threading opportunistic infection, neurological disorder or usual negligence's. Among the special feature of HIV infections are that once infected, it is problem that a person will be infected from the life. Strictly speaking, the term can be called our modern pandemic affecting both industrial and developing country (Park, 2005:271).

As in many other developing countries, both STIs and HIV/AIDS are emerging as major looming threat in Nepal. Even since in Nepal in 1988, the number of

cases of HIV/AIDS has increasing rapidly. The latest statistics of December 30, 2006 shows that there are 8509 cases of HIV positive out of which 2337 women of reproductive age group (NCASC, 2006).

It has been estimated that at the end of 2005, approximately 40.3 million people worldwide were living with HIV/AIDS, of which, a total of 8.3 million people belonged to the Asian region (Kaiser, Family Foundation 2005). Young people bear a special burden in the HIV/AIDS pandemic. Nearly one-third of these currently living with are aged 15-24. Adolescents are more vulnerable than adults to unplanned pregnancies, STIs and HIV/AIDS. It has been documented that, although premarital sex is less common in the Asia region, it is clearly on the rise. It has been observed that when adolescents become sexually active, they tend to have multiple partners and use condoms and other contraceptive inconsistently. Furthermore, younger women are more vulnerable to forced sex and exchange for gifts and money, with increasing risk of contracting STIs, including HIV/AIDS (Ashford, 2001). In the context of Nepal, the number of adults and children living with HIV/AIDS is estimated at 62,000 by the end of 2003 (UNAIDS, 2005).

The risk of HIV infection increases for people who have other sexually transmitted infections (STIs). Research shows that some untreated STIs increase the risk of HIV transmission as much as tenfold. This is especially significant for women because many STIs caused in women go untreated. Women's symptoms are often latent or difficult to see and many women who have been diagnosed with STIs do not receive medical treatment. (Lamprey et al., 2006)

AIDS is a medical diagnosis of illness which results from a specific weakness of the immune system. HIV/AIDS is transmitted by sexual intercourse (semen/vaginal secretion of infected person passing through injured skin or mucous membrane of the healthy person), using unsterilized medical instruments, from an infected mother to her child and infected blood transfusion (blood of infected person passes through injured skin).

Prevention of HIV/AIDS

- ❖ adopt safe and clean sex
- ❖ Avoid needless used by drug addict and infected people
- ❖ Use condom
- ❖ Avoid multiple sex partner and stick to one partner only
- ❖ Avoid blood transfusion unless absolutely necessary
- ❖ In case of doubt get, blood test done

1.2 Statement of Problem

Already close to bottom of the global scale in terms social, economic and health indicators, Nepal would find a secure HIV/AIDS epidemic devastating and yet the conditions that facilitate the spread of HIV/AIDS, poverty and organization are all widespread in the country.

First case of HIV/AIDS in Nepal was reported in July 1988, then after the figure has been increasing gradually in each year. In 1988 the number of people infected by HIV was 4 but the end of the 2007, the number has estimated 72,000. The number of adult and children living with HIV/AIDS is estimated at 62,000 by the end of 2003 (UNAIDS/Nepal, 2004). In Nepal, the highest number of HIV infected age groups are 30-39 year followed by 25-29 and 20-24 years which is 3203, 2103 and 1448 respectively (NCASC, 2006).

It is found that various types of people live in the community. They come from various marginalized socio-economic and cultural background. Most of them are illiterate and get married at early age. They start sexual activities without basic sex education. Most of them do not use condom during sexual activities. Such types of sexual activity are the major cause of spreading STIs and HIV/AIDS.

Some of the factors are consider for rapid transmission of HIV inside the country, (Aryal, 2000).

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

Adolescent and youth, who are the high risk groups among the population from the point of view of STIs, but at present, We don't know their level of knowledge regarding the various STIs including HIV/AIDS and how they can be transmitted, most importantly how they can be transmitted HIV/AIDS evidence are increasing among the adolescents and youth in Nepal. Hence the study is concerted to obtain the information on the knowledge and behavior with of Stone quarrying female youth defines as those aged 15-30 years who work in the stone. They are deprived from health, education i.e, sexual, reproductive health education and family life education. So most of stone quarrying female are at risk to HIV/AIDS infection because of the characteristics of stone quarrying female youth line. Vulnerability of sexual abuse, unprotected sex, early sexual initiation and injection drug user (IDU) are all factors which place female youth at risk. Successful HIV prevention depends on charging risk. Taking behaviors and promoting protective behavior. In brief, present study is expected to answer the following questions:

- What is demographic characteristics and socio-economic status of stone quarrying respondent?
- What is the level of knowledge and behavior on STIs and HIV/AIDS among the respondent?
- What are the major sources of information of STIs and HIV/AIDS among the respondent?
- What types of service utilization among the female youth respondent?

1.3 Objectives of the Study

The main objective of this study is to examine the knowledge and behavior of stone quarrying female youth age 15-30 years of STIs and HIV/AIDS among in Amarapuri VDC in Nawalparasi district.

The specific objectives of the study are given below:

- To identify the socio-economic and demographic characteristics of the stone quarrying female youth.
- To examine their level of knowledge and behaviour on sexuality, STIs and HIV/AIDS.
- To identify their sources of information.
- To identify their service utilization of STIs and HIV/AIDS.

1.4 Significance of the Study

In most of the societies, youths have to face pressure to engage in sexual activity. Sexually active youths of both sexes are increasingly at high risk of contracting and transmitting sexually transmitted diseases including HIV/AIDS and they are typically poorly informed about how to protect from them. Programme for youths have proven most effective when they secured the full involvement of stone quarrying female youth in identifying their reproductive and sexual health need and in designing programs that respond to their needs.

This research study are helped to know the sexual behavior of female youth age 15-30 years and helps to provide detailed information about the types of programs and policies that they are need to present the spreading of STIs and HIV/AIDS among youths female. It is also important to identify the health risks involved and the health condition of the study group since they have HIV/AIDS. They are exposing to various types condition and social problems that they have to face. Such type of innovative studies has been beneficial to improve the prevalent knowledge and behaviour of the female youth, and

infection rate among them. This study is also fruitful for policy makers, programmer, planner, program implementers and demographers.

1.5 Limitations of the Study

Every study has its own limitation. Moreover, this research work is an academic fulfillment for the requirement for Degree of Master Arts in Population studied under Tribhuvan University. As bounded by time and money, this study was limited to access the selected female youth of stone quarrying age group 15-30 years respondent's knowledge and behavior on STIs and HIV/AIDS among female youth of Amarapuri VDC of Nawalparasi. Although a high degree of caution and expertise was enhance in part of the research activities, so the findings of the study may not be generalized for other population and places and also the socio -cultural dimension involved in the study is taken among limited number of respondents They are only 120 respondents of Amarapuri VDC of Nawalparasi. The research carried out with limited resources and time which may not be generalized for national level scenario. However, other researchers and interested person are able to use it as the relevant literature.

1.6 Organization of the Study

This study consists of six chapters. The first chapter deals with the introduction, statement of problem, objectives, significant and limitation of the study and organization of the study. The second chapter includes literature review and conceptual framework of the study. Third chapter includes methodology of the study. The socio-economic and demographic characteristics of the respondent include in chapter four. The chapter five deals with knowledge and behavior on STIs and HIV/AIDS. Such as heard about STIs and HIV/AIDS or not, level of knowledge about STIs and HIV/AIDS, process of its transmission, preventive methods and practice of sexual activities etc. Summary Conclusion and recommendations are given in six chapter.

CHAPTER - II

LITERATURE REVIEW

2.1 Theoretical Literature

There were interesting hypothesis regarding the origin of the disease, man though that the diseases came from the forest of Africa and from monkey. Most peer communicators wanted to know if this was true and felt that their credibility depended on knowing the correct answer. In the absence of correct knowledge, there was a tendency to aromatize both the origin and effect of AIDS. Given the magnitude of the problem of AIDS and the rapidity with which it is believed to be spreading, it is essential that youth which is the most vulnerable groups, is given appropriate knowledge and rational attitude as quickly as possible. Mass education by a series of intervention and events at the school level, backed by effective interpersonal communicators, peer communication and model teacher is theoretically a sound approach. The strategy should, however, important to recognize the need to strength the interpersonal component of the information dissemination. It is also important to recognize that traditional attitude towards sex and the tendency to restrict the flow of information on human sex activities, reproduction, STIs and AIDS are the major impediment. If the school system, students and parents fail to recognize SITs/AIDS as integral components of sexual health, AIDS, presentation education programmes may not succeed in rising correct knowledge and rational attitude (Gurusamy, 1997).

AIDS is caused by the HIV which is spread through blood, semen, vaginal secretions and spread milk. The most common method of transmission is unprotected sexual intercourse with an HIV-positive partner. Other routs include transfusion of HIV-infected blood or blood products, tissue or organ transplant, use of contaminated needles, syringe or other skin-piercing equipment and mother to child transmissions during pregnancy, birth or breastfeeding. HIV is extremely fragile. It cannot survive long

outside the body's fluid or tissue and it cannot penetrate unbroken skin. (Lampthey et al., 2006).

A quarter century into the epidemic, the AIDS response stands at a crossroads. The AIDS response must become substantially stronger, strategic and better coordinated. If the world is to achieve the 2010 Deceleration of commitment target, the countries most affected by HIV and AIDS will fail to achieve millennium development goals (MDGs). To reduce poverty, hunger and childhood mortality and countries whose development is already flagging because of the HIV and AIDS will continue to weaken potentially threatening social stability and national security, if the response does not increase significantly (UNAIDS, 2006).

One of the most devastating epidemics in the human history, since it was first recognized in 1981 in USA seen in unusual infection between gays. It became known as AIDS between 1983 and 1984; researcher isolated a new virus HIV. The cause of AIDS, HIV was found to be infectious agent known as Retroviral. There is controversial concept of the origin of HIV/AIDS and developed four principle of origin of AIDS.

- Old human disease
- Generation leap of HIV from animals to human
- Man made virus and
- Mutation theories

(Chaudhary, 2006 and Lampthey et al., 2006)

AIDS is fatal illness caused by a Retro-Virus known as the HIV, which breaks down the body of life threatening opportunistic infection neurological disorder or usual negligence. Among the special features of HIV infection are that once infected, it is problem that a person will be infected from the life. Strictly speaking, the term can be called our modern pandemic affecting both industrialized and developing country (Park, 2005:271).

The most common mode of HIV transmission is sexual contact. Men and women with multiple sexual partners including sex workers and their client's men who have sex with men, and youth are the groups at highest risk of sexual transmission (Lampthey et al., 2006, 12).

The most effective prevention programs promote or include in interventions such as abstinence, delay in sexual debut and mutual fidelity, as well as limiting the number of sexual partners, consistent and correct condom use STIs treatment, counseling and testing and a supportive social and policy environment. A program that focuses only on a few components may not serve the entire population and will have minimal national impact. The most effective mix of these components depends on cultural contexts as well as specific prevention needs and characteristics of key groups. Effective programs also consider the economic, social and cultural factors that may affect individuals' behavior (Lampthey et al., 2006: 12).

2.2 Empirical Literature

Acquire Immune Deficiency Syndrome (AIDS) was first recognized internationally in 1981. As of 2006 on estimated 40 million adults and children around the world were living with Human Immune-Deficiency Virus (HIV) and AIDs (Lampthey et al. 2006). AIDS is caused by HIV and once infected with the virus, a large proportion of these infected die within 5-10 years (WHO, 1992). The HIV/AIDS pandemic is one of the most serious health concerns in the world today because of its high case fertility rate and the lack of a curative treatment or vaccines. Epidemiological studies have identified sexual intercourse, injections, blood transfusions and fetal transmission from infected mother as the main route of transmission of HIV. HIV cannot be transmitted through food, water, insect vectors or causal contact (NDHS, 2006).

The AIDS epidemic may be the most divesting health disaster in human history. The diseases continuous to ravage families and communities throughout the world. In addition to the 25 million people who had died of AIDS by the end of 2005, at least 40 million people are now living with HIV. An estimated 4.9 million people were newly infected within 2005- 95 percent of them in sub-Saharan Africa, Eastern Europe or Asia. While some areas have successfully slowed the epidemic, it is surging in others (Lampthey et al., 2006: 3).

HIV infection level is in Asian countries comparatively lower than other countries. Nevertheless, in some Asian countries are very much suffered by this disease. In the Asian countries, 8.2 million people were living with HIV at the end of 2004. Asian countries can be divided into several categories according to the epidemic prevalence. While some other countries such as: Comodia, Myanmar, and Thailand are just in starting phase and starting rapid experience of epidemic such as; Indonesia, Nepal, Viet Nam and several province of China. Moreover, some countries including Bangladesh, East Timor, Laos, Pakistan and Philippines are experiencing extremely low level of HIV prevalence (Khanal, 2007).

Later estimates show that 8.3 million people were living with HIV in Asia at the end of 2005. More than two-thirds of them were in single country, India. India is the country, which has the largest number of people suffering with this epidemic in the world. In Asia, about one in six people (16%) in need of antiretroviral treatment are now receiving it. While progress has been strong in Thailand, while the coverage of treatment still remains below 10 percent in India. China has expanded the HIV surveillance and improved in estimating of the AIDS pandemic disease. Approximately, 650,000 people were living with HIV in 2005 in china. Injection drug users (IDUs) account for almost half (44%) out of their total infected percents. IDUs and unprotected sex are the main cause of spreading of HIV in Asia. An example is Viet Nam, where HIV has spread into 59 provinces and all cities. In 2005, an estimated 360,000 adults and children were living with HIV in Myanmar and national adult prevalence stood at 1.3 percent. HIV epidemics remain relatively limited in Bangladesh, the Philippines, Indonesia and Pakistan, although each of these countries risk as more serious epidemic if prevention method are not improved (UNAIDS, 2006).

In Asia, HIV infected profile shows that 8.3 million [ranges from 5.7 million - 12.5 million] people were living with HIV in 2005. In 2006, the figure of HIV infected people has increased to 8.6 million [ranges from 6 million to 13 million]. The cumulative death of AIDS due to HIV infection including those who became newly infected is approximately 630000 [range from 430000-900000] (UNAIDS, 2006) by the last of 2006 in Asia. Mainly poverty related

factors such as separation of marital partners, sex for commercial gain, high prevalence of other sexually transmitted infection, unsafe sexual behavior plays the chief role in increasing the HIV infection rate. Customs, beliefs and practices like sexual partnership across age groups, use of intra vaginal desiccants, use of alcohol and drugs and so forth are the major risk factors in contributing to HIV transmission (Narain et al., 2004).

South-East Asia region has high number of HIV infected people. The main cause behind it is unprotected paid sex between men among with unsafe injecting drug use. Viet Nam is another host country in Asia. In 2005, 26000 [range from 15000-430000] were living with HIV and 4000 people became infected with HIV each year (UNAIDS, 2005). Injecting drug users and person who buy sex or sell are highly infected with HIV/AIDS. During 1996, nine percent of injecting drug was suffered by HIV which rise to 30 percent in 2003. Very low class injected drug user involved in sex market are infected with HIV. The use of condom is higher in brothel base sex (UNAIDS, 2005). Less than half of young people have comprehensive knowledge of HIV. Moreover, the health policy of this country has given emphasis to strengthen the knowledge and awareness on HIV/AIDS (UNAIDS, 2005).

The first case of AIDS in Nepal was reported in 1988. HIV infection were officially recorded cases of HIV/AIDS 9532, male 6600 and female 2932 HIV positive (including AIDS), 1020 male and 390 female are AIDS (out of total HIV) (NCASC, 2008).

Nepal's HIV epidemic is largely concentrated in high-risk groups, especially female sex workers (FSWs), IDUs, male sex with males (MSMs) and migrate. IDUs appear to extensive in Nepal and to significant overlap with commercial sex. Another important factor is the high number of sex workers who migrant or are trafficked to Mumbai, India to work, thereby increasing HIV prevalence in the sex worker, net work in Nepal more rapidly (World Bank, 2006). 75000 people were living with HIV at the end of 2005(UNAIDS, 2007).

In the context of Nepal, HIV/AIDS spread of this disease has become very large because of the extensive use of commercial sex-workers, high rate of sexually transmitted disease, low-level of using condom, lack of education

and increasing rate of drugs users. Nepal is facing increasing in HIV prevalence among high risk group such as sex workers, injecting in HIV drug users, men who have sex with men and migrate. There is an urgent need to scale up effective intervention, especially among IDUs, Nepal's poverty, political instability and gender inequality, combined with low level of education and literacy make a task even more challenging, as do the denial, surround HIV/AIDS. The NCASC of the Ministry of Health and Population has estimated an average of 70,000 adult HIV- positive people in Nepal (NCASC, 2006a).

There is three times more HIV infection cases reported among male compared to female in Nepal. However, given the limitation of Nepal's public health surveillance system, the actual number of infection is expected to be much higher (World Bank, 2006). In 1988 it was reported that 4 cases of HIV and 2 cases of AIDS. Further it was increased to 969 cumulated cases of HIV and of them 82 cases of AIDS as of 1997, which is reached 9,532 cumulated cases of HIV positive (including AIDS) and 1410 cases of AIDS (Out of total HIV) as of 2007 in Nepal (NCASC, 2007).

Nepal's epidemic will continue to grow if immediate and vigorous action is not taken and will be largely driven by injecting drug use and sex work (World Bank, 2006). Nepal has 0.55 percent of adult HIV prevalence rate (aged 15-49) which comprises 0.8 percent for male and 0.2 percent of female (UNFPA, 2006).

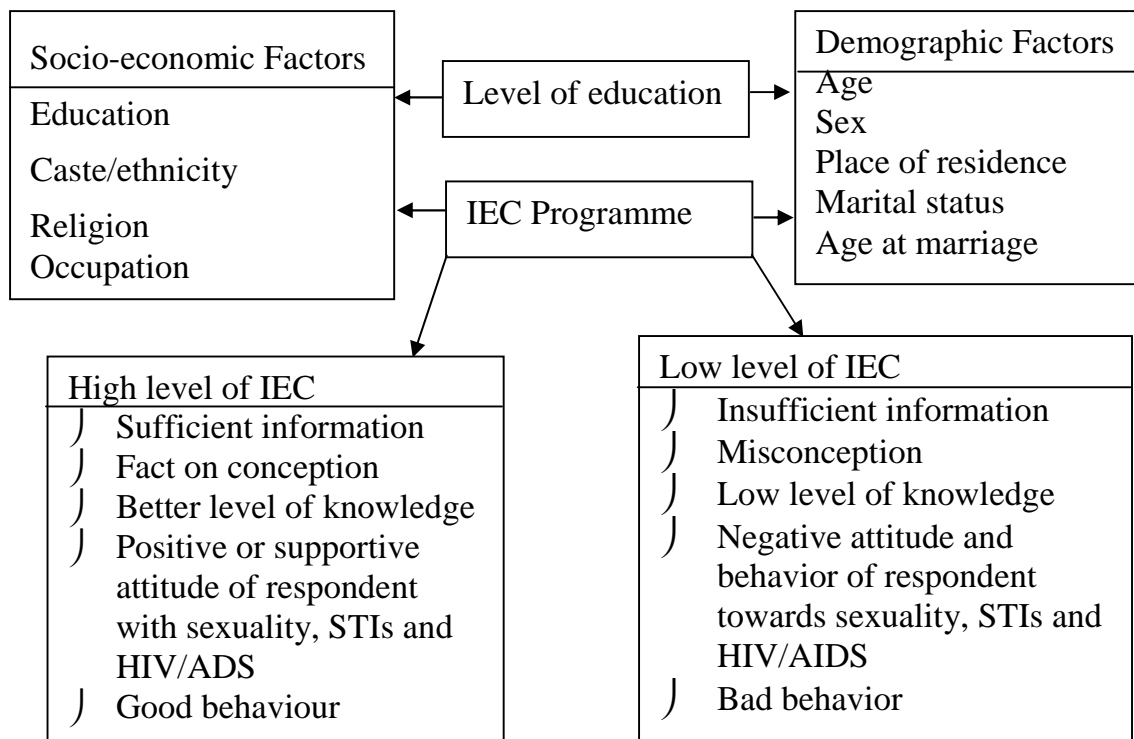
In Nepal HIV is not spread among general population but some proportion of population which are involved in risky behaviour are more vulnerable to HIV/AIDS. For example 17 percent commercial sex workers and 68 percent IDUs have been found HIV infected. It is also found that some of the emigrant those migrated for employment to abroad has been infected with HIV. Clients of FSWs and those persons, who have infected with sex disease, have also infected with HIV/AIDS in Nepal. In Nepal HIV/AIDS is mainly concentrated in these high risk behavior group (Chaudhary, 2006:30).

2.3 Conceptual Framework

The studies indicate that human sexual behaviour is influenced by socio-economic, cultural and demographic factors. The effective knowledge on STIs and HIV/AIDS plays vital role in the transmission of the diseases and hence their prevalence. In this research study, it has attempted to explain the effects of several actors on knowledge and behaviour of anyone about sexuality, STIs and HIV/AIDS.

Figure: 1

Conceptual Framework of the Study



Hence, socio-economic factors affect demographic factors and level of education, place of residence also affects the level of education. These three combine effect information, education and communication (IEC). The level of IEC ultimately affects to determine the knowledge and behaviour of the respondents but it depends upon the government's policy. If such policies are directly related to increase the knowledge and behaviour of female youth that is surely bring change on behaviour of the respondents.

CHAPTER - III

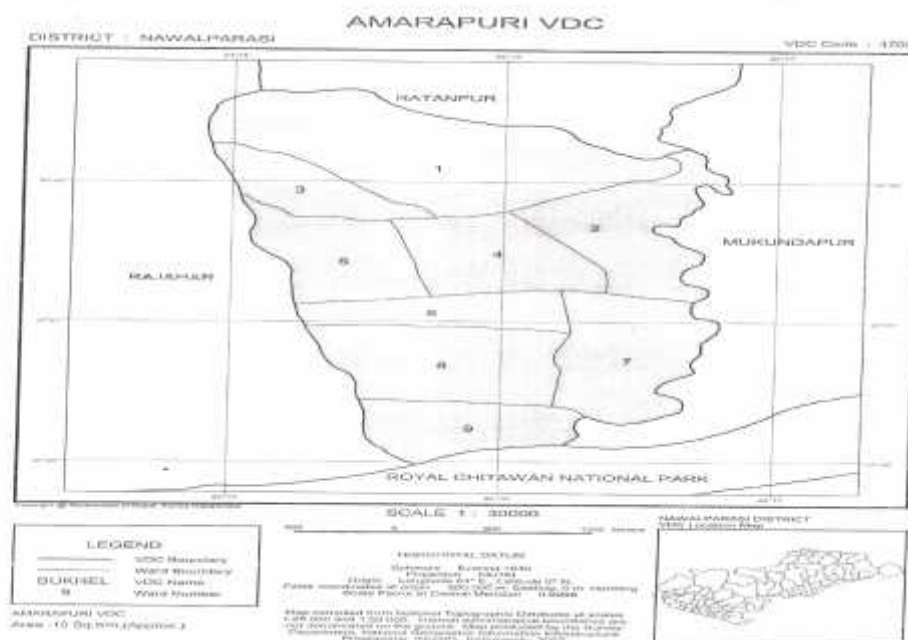
METHODOLOGY

3.1 Introduction to the Study Area

Nawalparasi district is one of the 75 districts, located in Western development region and Lumbini Zone. Amarapuri VDC is recognized as one of the rural area and backward VDC in Nawalparasi district. It is linked with east-west highway which divides the VDC in centre. Rajahar VDC lies in the western part of Amarapuri VDC and Mukundapur VDC lies in the eastern part of the VDC. Similarly, Ratanpur VDC and Royal Chitawan National Park lie in the northern and southern part of the VDC respectively.

There are number of stone quarrying people living in the side of Jharahi khola. Numerous truck and tractor drivers come in this area to take stone. So that most of the respondents had linked with them. Therefore, the respondents had been in high risk group of HIV/AIDS. This study is conducted in Amarapuri VDC where youth female aged 15-30 are involved in stone quarrying. This study covers data of the respondents from Ward number 5, 6, 8 and 9.

Map No. 1: Location Map of Study Area



3.2 Sample Design

The total number of households in Amarapuri VDC was 1500 (in 2001 census) where the total number of population was 11,200. The total number of males and females are 5,500 and 5,700 respectively. Out of 218 stone quarrying household only 120 household of stone quarrying youth females aged 15-30 years of ward number 5, 6, 8 and 9 due to populated ward taken as the sample size for the study by using purposive sampling method. For reliable and accurate answer only one respondent is taken for each household.

3.3 Questionnaire Design

The questionnaire has been the main instrument for all research study. The survey questionnaires are consisting of 54 questions to measure the knowledge and behavior regarding STIs and HIV/AIDS. Questions to be obtain data on social and demographic characteristics of the respondents as well as important factors that may have to become respondents on the knowledge and behavior about STIs and HIV/AIDS. The questionnaire is related to age, sex, caste, religion, literacy, marital status, and family size, media facilities, knowledge and behaviour on STIs and HIV/AIDS, sources of information suffering from any STIS or not, sexual experience etc. The type of questionnaire are both open ended and close ended.

3.4 Data Collection

The primary data obtained through purposive sampling method for the survey study. The total eligible respondents are stone quarrying youth female of aged 15-30 years. 120 respondents have been selected from four wards by one ward per 30 respondents.

3.5 Data Analysis and Interpretation Procedure

The complete questionnaire is entered into the computer immediately after a manual edit and validation. Questionnaires are pre-coded but in case of open-ended and semi-closed question, post coding are done. The data are computed in the tables. Both simple tabulations method are employed while tabulating the primary data. Collected data and information are presented in different tables and groups basically bar diagram, pie charts, some data are presented in the figures and percentage are used for processing, analyzing and interpreting the results.

CHAPTER - IV

SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

This chapter deals the socio-economic and demographic characteristics of the respondents of Amarapuri VDC's ward number 5, 6, 8 and 9 which includes caste/ethnicity, religion, literacy status, level of education, attained monthly income of the respondents. Similarly, demographic characteristics include age structure, age at marriage.

4.1 Social Characteristics of the Respondents

This section deals with the distribution of the respondent by their caste/ethnicity, religion, literacy stays and level of education attainment.

4.1.1 Caste/Ethnicity

Nepal is multi-ethnic country. There are various cast/ethnic groups. Each caste/ethnic groups has their own language and own culture. The cultural diversity has made rich to the Nepalese people in the world. The following table shows the distribution of cast/ethnic group of respondents.

Table 4.1: Percentage Distribution of the Respondent by their Caste/Ethnicity

Caste/Ethnicity	No. of Respondents	Percent
Brahmin/ Chhetri	26	21.7
Dalit	64	53.3
Janjati	13	10.8
Muslim	3	2.5
Tharu	9	7.5
Others	5	4.2
Total	120	100.00

Source: Field Survey, 2008.

Table 4.1 shows the distribution of the respondents by their caste/ethnicity. Out of the total respondents (120), More than half of them are belongs to Dalit (53.3%) followed by Brahmin/Chhetri (21.7%), Jangati (10.8%), Tharu (7.5%A), Muslim (3%) and others (Newar, Gurung, Yadav) groups (5%) are also found in the study area.

4.1.2 Religion

After the restoration of democracy in 1990, the issue of religion has become a sensitive topic in ethnical groups. At national level more than 80 percent people are Hindu according to census 2001. The proportion was more in previous census year which was 86.5 percent in 1991. This shows that the proportion of Hindu are decreasing to the total population. The proportion for other religion like Buddhist, Christian and Islam has been raised. Religion also people may have different believes which directly or indirectly affect the knowledge and behaviour to the individuals which shows in table 4.2.

Table 4.2: Percentage Distribution of the Respondent by their Religion

Religion	No. of Respondents	Percent
Hindu	82	68.3
Buddhist	15	12.5
Islam	5	4.1
Christian	14	11.7
Others	4	3.3
Total	120	100.00

Source: Field Survey, 2008.

Table 4.2 shows that the highest majority of the respondents are from Hindu religion (68.3%) followed by Buddhist (12.5%), Christian (11.7%), Islam (4.1%) and other (3.3%) respectively.

4.1.3 Educational status of respondents

Education is both the means and end of development. Youth females' education influences almost all the variables and is directly related to their health issue specially STIs and HIV/AIDS. Literate and illiterate is defined on the basis of national census. Literate is defined as ability to read and write with understanding and to do simple arithmetic calculation (CBS, 2002) otherwise illiterate.

Table 4.3: Percentage Distribution of Respondents by their Educational Status

Literacy status	No. of Respondents	Percent
Literate	76	63.3
Illiterate	44	36.7
Total	120	100.0
Educational status		
No schooling	12	15.8
Primary	36	47.4
Lower secondary	15	19.7
Secondary	7	9.2
SLC and above	6	7.9
Total	76	100.00

Source: Field Survey, 2008.

Table 4.3 shows that among the total of 120 youth female interviewed, 63.3 percent of them are literate and 36.7 percent of them are illiterate. The literate respondents are also classified into five groups on the basis of the optimum degree that they had acquired. Among literate respondents, 15.8 percent of them had no schooling. Similarly, half (47.4) of them completed primary level (classes 1-5) The percentage of the respondents for the corresponding education lower secondary, secondary and SLC and above were 19.7 percent, 9.2 percent and 7.9 percent respectively.

4.2 Economic Characteristics of Respondents

Economic characteristics are the key factor of knowledge and behaviour toward STIs and HIV/AIDS which includes involving the stone quarrying area, income distribution and availability of electronic mass media and facility in household.

4.2.1 Duration of the work in stone quarrying

Nepal is dominated by agrarian society. Majority of the people are engaging in agricultural works. However, in the study area, there are majority of the people engaged in stone quarrying.

Table 4.4: Percentage Distribution of the Respondents by Duration of the Occupation

Duration of the Occupation	Number of respondents	Percent
less than 1 year	12	10
1-5 years	57	47.5
6-10 years	28	23.3
more than 10 years	23	19.2
Total	120	100.00

Source: Field survey, 2008.

Table 4.4 shows that the majorities of the respondents (47.5%) have engaged in the stone quarrying and spend job 1-5 years. Similarly, 23.3 percent of the respondents are spend in the stone quarrying and about one fifth (19.2%) of the respondents are involve in that work 10 years and more.

4.2.2 Income distribution

Average monthly income is one of the important factors which determine the level of knowledge and behaviour of an individual towards STIs and HIV/AIDS.

Table 4.5: Percentage Distribution of the Respondents by their Monthly Income

Monthly income (in Rs.)	Number of respondents	Percent
Below Rs 1000	11	9.2
1001-2000	33	27.5
2001-3000	29	24.3
3001-4000	22	18.3
4001-5000	16	13.3
5001 and above	9	7.5
Total	120	100.00

Source: Field survey, 2008.

Table 4.5 shows that the distribution of the respondents by their monthly income. For the distribution of the respondents by their average monthly income, the results shows that 27.5 percent of the respondent's average monthly income is 1001-2000 followed by 24.2 percent. Similarly, 18.3 percent is 3001-4000, 13.3 percent is 4001-5000 and 7.5 percent is 5000 and above.

4.2.3 Availability of electricity, mass media and facilities in household

Radio, television, telephone and newspaper are the media, which gives the information about the people. Electricity is the base for using those types of facilities.

Table 4.6: Percentage Distribution of Respondents by Facility at Home

Media/Facility	No. of respondents	Percentage
Electricity	39	32.5
Radio	61	20.8
Television	17	14.2
Telephone	12	10
Newspaper	7	5.8
All of above	5	4.2
None of above	37	30.8

Note: Total percentage is more than 100 because of multiple response.

Source: Field Survey, 2008.

Above Table shows that the majority of the respondents (20.8%) have the radio, followed by electricity (32.5%). But 30.8 percent respondents have none of above facilities at home and 14.2 percent have television, 10 percent have phone, 5.8 percent have newspaper facilities and only 4.2 percent have all of above facility.

4.3 Demographic Characteristics

This section presents the demographic characteristic of the respondent Demographic characteristics include age structure, marital status and age at marriage.

4.3.1 Age structure

Age composition plays a vital role in determining the population distribution of the study area. Every individual as certain responsibilities towards their family and society according to their age. Development of a nation very much depends upon the age groups of population. So, age distribution plays an important role in planning economic and social development of the country. Youth's age is divided into three groups i.e. 15-19 age group, 20-24 age group and 25-29 age group. Table 4.7 shows the percentage distribution of respondents by age groups.

Table 4.7: Percentage Distribution of the Respondents by Age

Age groups of the respondent	No. of respondents	Percent
15-19	33	27.5
20-24	49	40.8
25-29	38	31.7
Total	120	100.00

Source: Field survey, 2008.

Table 4.7 shows that majority of the respondents (40.8%) are 20-24 age group followed by 24-29 age group 27.5 percentage are 15-19 age group.

4.3.2 Marital status

Marital status of the respondents can be considered as one of the key factors for determining knowledge and behavior on STIs and HIV/AIDS. Nepalese society is characterized early marriage is nearly universal. Early marriage rate is high in Nepal. Respondents are asked about their marital status, the response is presented in Table 4.8.

Table 4.8: Percentage Distribution of the Respondents by their Marital Status.

Marital status	No. of respondents	Percentage
Married	83	69.2
Unmarried	37	30.8
Total	120	100.00

Source: Field Survey, 2008.

Table 4.8 depicts that more than two third of the respondents (69.3%) are married and rest of the respondents are unmarried (30.8%).

4.3.3 Age at marriage

Marriage is universal and still early marriage practice can be observed in Nepal. Age at marriage is another important indicator which determines knowledge and behavior on STIs and HIV/AIDS.

Table 4.9: Percentage Distribution of the Respondents by their Age at Marriage

Age at marriage	No. of respondents	Percentage
<15	17	20.8
15-19	49	59.0
20-24	13	15.7
25 and above	4	4.8
Total	83	100.00
Mean Age at Marriage	17.2	

Source; Field survey, 2008.

According to the Table 4.9, the majority (59%) of the respondents are married at the age group 15-19 years followed by less than 15 years (20.8%). Similarly, 20.5 of the respondents are married at the age 20 years and above. In the context of Nepal according to 2001 census mean age at marriage is 19.5 year but in the study area respondents mean age at marriage is lower (17.2 years) than the national figure due to socio- economic and cultural background.

CHAPTER - V

KNOWLEDGE AND BEHAVIOR ON STIs AND HIV/AIDS

This chapter presents the sample population's knowledge and awareness about STIs and HIV/AIDS, before examining behavior surrounding HIV/AIDS which help to understand risk taking behaviour among target population. First of all it is examined whether the respondents have heard about STIs and HIV/AIDS or not. Then, level of knowledge about STIs and HIV/AIDS, process of its transmission, preventive methods, perception and practice of sexual activities and knowledge of prevention measures have been examined.

5.1 Knowledge on STIs

STIs are the infection which is transmitted through sexual contact during the unprotected sexual intercourse. The infections transmitted from one individual to another through sexual contact called sexually transmitted infections (STIs). Generally, they are related to unprotected sexual activity and transmitted through blood and mucus. Sometimes, they are transmitted through direct contact with infected person.

5.1.1 Heard of STIs

To get an idea of knowledge about STIs, respondents are asked whether they heard STIs or not.

Table 5.1: Percentage Distribution of the Respondents by Knowledge on STIs.

Know/heard o STIs	No. of respondents	Percentage
Yes	87	72.5
No	33	27.5
Total	120	100.00

Source: Field Survey, 2008.

Table 5.1 shows that the respondents by their knowledge on STIs, it is reported that out of 120 respondents, 87 (72.5%) of them have knowledge about the STIs and 33(27.5%) of them have no knowledge about the STIs.

5.1.2 Knowledge on STIs by Types

Different types of STIs are there in the world but some types are common among every society. In Nepalese context, some common STIs are existed from the time unknown. People curse and scold by taking this names of STIs like "Sujak" for Gonorrhoea, and "Viringee" for syphilis. The respondents are asked whether they have had of Gonornea, Syphilis, Chlamydia, Genital warts etc.

Table 5.2: Percentage Distribution of the Respondents by Know/Heard about Types of STIs.

Heard of Gonorrhoea	Number of respondents	Percentage
Yes	65	74.7
No	22	25.3
Total	87	100.00
Heard of Syphilis		
Yes	74	85.1
No	13	14.9
Total	87	100.00
Heard of Chlamydia		
Yes	54	62.1
No	33	37.9
Total	87	100.00
Heard of Genital warts		
Yes	61	70.1
No	26	29.9
Total	87	100.00

Source: Field survey, 2008.

Table 5.2 shows that out of the total 87 respondents, nearly three fourth (74.7%) of them have heard of Gonorrhoea, where as rest (25.3%) of them have never heard. Similarly, 85.1 percent of them have heard of Syphilis, 62.1 percent have heard Chlamydia, and 70.1 percent have heard of Genital warts. It

shows that most of them had knowledge about STIs and some of them have not knowledge about it.

5.1.3 Sources/Ways of information about STIs

IEC Materials are important means of information on any matters. These are rather important to develop knowledge and behaviour on STIs. The development of mass media has increased the level of awareness among youth but in the context of stone quarrying female youth are far from these facilities. The respondents who have heard about STIs are further asked the question like "From which ways/sources have you heard about STIs Radio, Television, Gov/NGOs/INGOs, health personal, parent, friends, newspaper etc. are found the main source of gain information on it. The details about the sources of information are given in the Table 5.3.

Table 5.3: Percentage Distribution of the Respondents by Sources of Information about STIs

Sources of information about STIs	Number of respondents	percent	Total cases (no.)
Radio	74	85.1	87
Television	61	70.1	87
Gov/NGO/INGOs	21	24.1	87
Health personnel	17	19.5	87
Parents	9	10.3	87
Friends/relations	52	59.8	87
Newspaper	13	14.9	87
Others	19	21.8	87

Note: Total Percentage is more than 100 because of multiple responses

Source: Field Survey, 2008.

Table 5.3 shows that the majority of respondents obtained information about STIs through radio (85.1%) followed by television (70.1%) friends/relatives (59.8%) GOV/NGO/INOgs (24.1%), health personnel (19.5%), Newspapers

(14.9%), parents (10.3%) and other sources (21.8%) (Teacher, doctor, textbook, street drama, training, pamphlets) In this study area there is lack of IEC materials and youth are deprived to gain adequate information on STIs.

5.1.4 Knowledge on transmission of STIs

A question was asked to those respondents, who reported that they have heard of STIs.

Table 5.4: Percentage Distribution of the Respondents by their Knowledge on Transmission of STIs.

Knowledge on transmission of STIs	Number of respondents	Percentage
Yes	76	87.4
No	11	12.6
Total	87	100.00

Source: Field survey, 2008.

The Table 5.4 shows that nine tenth (87%) of respondents known on transmission of STIs from one infected person to a new healthy person but one tenth (13%) respondents have misconception about the transmission of STIs.

5.1.5 Knowledge on made of transmission of STIs

Among the respondents who have heard about STIs are further asked about the knowledge on mode/ways of transmission of STIs. Respondents are response different wages of transmission. The detailed response is presented in Table. 5.5.

Table 5.5: Percentage Distribution of the Respondents by Mode/Ways of Transmission of STIs

Ways of transmission of STIs	Number of respondents	Percentage
Unprotected sexual contact	75	98.7
Blood transfusion	53	69.7
By mother to her child	37	48.7
Living together	16	21.1
Mosquito bite	11	14.5
Sharing razor	9	11.8
Kissing	8	10.5
Ear pierching	7	9.2
Others	5	6.6

Note: A total percent is more than 100 because of multiple responses.

Source: Field survey, 2008.

Table 5.5 shows that out of the total 76 respondents, 98.7 percent of them reported that STIs are transmitted through unprotect sexual contact. Similarly, 69.7 percent of them reported that STIs could be transmitted through the unsafe blood transfusion from the infected person to the healthy person, 48.7 percent of them reported that STIs could be transmitted from infected mother to her child, 21.1 percent of them reported that STIs can be transmitted by living together. Similarly, (14.5%) respondents reported that STIs are transmitted through mosquito bite followed by sharing razor (11.8%), kissing (10.5%), ear pierching (9.2%) and other (6.6%) respectively.

5.2 Knowledge on HIV/AIDS

HIV positive is causative agent for AIDS. HIV infection develops as AIDS therefore HIV and AIDS are taken as synonymous. Knowledge on HIV is most essential among stone quarrying female youth because they are highly vulnerable.

In this study, knowledge on HIV/AIDS has been assessed through various question related with STIs. First of all the knowledge with regard to whether the respondents have heard about HIV/AIDS, the types of sources to HIV/AIDS, transmission of HIV/AIDS from one infected person to another, sources of knowledge about modes of transmission of HIV/AIDS, knowledge and prevented measure of HIV/AIDS have analyzed in this section.

5.2.1 Heard about HIV/AIDS

The distributions of the respondents by knowledge on HIV/AIDS has been illustrate Table 5.6.

Table 5.6: Percentage Distribution of the Respondents by Heard about HIV/AIDS.

Heard about HIV/AIDS	Number of respondents	Percentage
Yes	99	82.5
No	21	17.5
Total	120	100.00

Source: Field survey, 2008.

Table 5.6 shows that out of the total (120) respondents, 82.5 percent have heard about HIV/AIDS while remaining 17.5% of have heard about HIV/AIDS. It shows that the majority of the respondents have heard about HIV/AIDS.

5.2.2 Sources of information about HIV/AIDS

IEC materials are important sources of knowledge on any matters. These are rather important to develop knowledge and behavior on HIV/AIDS. The development of mass media has increased the level of awareness among youth but the context on stone quarrying youth female are far from these facilities. The respondents who have heard about HIV/AIDS are further asked the question like "From which sources have you heard?" The radio, television, health personal, Gov/NGO/INGO etc. are found the main source of information which are given in the Table 5.7.

Table 5.7: Percentage Distribution of the Respondents by Sources of Information of HIV/AIDS

Sources of information to heard about HIV/AIDS	Number of respondents	Percentage
Radio	74	74.7
Television	37	37.4
Gov/NGO/INGOs	25	25.2
Health personal	12	26.7
Parents	8	8.1
Friends	57	57.6
Newspaper	13	13.1
Others*	17	17.2

* *Street drama, pamphlet, unknown person etc.*

Source: Field survey, 2008.

Table 5.7 shows that the majority of respondents obtained knowledge on HIV/AIDS through radio (74.7%) followed by friends (57.6%), Television (37.4%), Health personal (26.7%), GOV/NGO/INGO (25.2%), Newspaper (13.1%) and other sources (Street drama, pamphlets, unknown person) 17.2 percent. In the study area, there is lack of IEC material and youth female are deprived to gain adequate knowledge and information on HIV/AIDS.

5.2.3 Knowledge on transmission of HIV/AIDS

To those respondents 99 who reported that they have heard of HIV/AIDS are further asked "whether the HIV/AIDS can be transmitted?" Out of the 99 respondents (92%) of them reported that HIV/AIDS can be transmitted and remaining of them (8%) reported that HIV/AIDS can not be transmitted.

Table 5.8: Percentage Distribution of the Respondents by Their Knowledge on Transmission of HIV/AIDS.

Knowledge on transmission of HIV/AIDS	Number of respondents	Percentage
Yes	91	91.9
No	8	8.1
Total	99	100.00

Source: Field Survey, 2008.

5.2.4 Knowledge on modes of transmission of HIV/AIDS

Respondent are asked about the modes of transmission of HIV/AIDS in order to know about transmission of HIV/AIDS. Table 5.9 presents the responses on the modes of transmission of HIV/AIDS.

Table 5.9: Percentage Distribution of the Respondents by their Knowledge on Modes of Transmission of HIV/AIDS

Knowledge on modes of transmission of HIV/AIDS	Number of respondents	Percent	Total Cases
Unprotected sexual contact	66	72.5	91
Blood transfusion	51	56.0	91
Mosquito bite	35	38.5	91
By mother to her child	42	46.1	91
Shaking hand and kissing	27	29.7	91
Sharing razor	21	23.1	91
By food	17	18.7	91
Use the same clothes	15	16.5	91

Note: A total percent is more than 100 because of multiple responses.

Source: Field survey, 2008.

Table 5.9 shows that the majority of the respondents knowledge on modes of transmission at HIV/AIDS by unprotected sexual contact (72.5%) followed by blood transfusion (56%), by mother to child (46%), mosquito bite (38.5%),

shaking hand and kissing (29.7%), sharing razor (23%), by food (18.7%) and use the same clothes (16.5%). It shows that most of respondents have adequate knowledge on modes of transmission of HIV/ AIDS and some of respondents have not knowledge on mode of transmission of HIV/ AIDS.

5.2.5 Knowledge of HIV/AIDS prevention

In order to test the knowledge on the prevention of HIV infection, respondents are asked whether HIV/AIDS can be prevented or not. This question asked only to those respondents who reported that HIV/AIDS is transmissible in nature irrespective to the knowledge on the primary mode of transmission of HIV/AIDS.

5.2.6 Knowledge about the ways of preventive measure of HIV/AIDS

To the total of 85 respondents who reported that HIV/AIDS could be prevented, are asked to state the different preventive measures.

Table 5.10 Percentage Distribution of the Respondents by Knowledge on Preventative Method of HIV/AIDS

Knowledge on Preventive Method of AIDS/HIV	Number of respondents	Percent	Total Cases
Avoiding unsafe sexual contact	78	91.8	85
Avoiding untested blood	56	65.9	85
Using condom during sexual contact	73	85.9	85
Avoiding used blades and other skin piercing instruments	12	14.1	85
Sexual contact with single person	59	69.4	85
Others	22	25.9	85

Note: A total percent is more than 100 because of multiple responses.

Source: Field survey, 2008.

To the total of 85 respondents who reported that HIV/AIDS could be prevented are asked to state the different preventative measures. Out of the total 85 respondents, majority (91.8%) of them reported that HIV/AIDS could be

preventative by avoiding unsafe sexual contact followed by using condom during sexual contact (85.9%), sexual contact with single person (69.4%), avoiding untested blood (65.9%) avoiding used blades and other skin piercing instruments (14.1%) respectively.

5.2.7 Knowledge on symptoms of HIV/AIDS

Among the respondents who have heard/know 99 about HIV/AIDS are further asked knowledge on symptoms of HIV/AIDS.

Table 5.11: Percentage Distribution of Respondents by their Knowledge about HIV/AIDS Symptoms.

Reported symptoms of HIV/AIDS	Number of respondents	Percent	Total Cases
Headache	38	38.4	99
Swelling the limbs	42	42.4	99
Itching around body	28	28.3	99
Loss of body weight by ten percent	59	59.6	99
Diarrhea for more than one month	73	73.7	99

Source: Field Survey, 2008.

Table 5.11 show that out of the total respondents who (99) heard the HIV/AIDS. 38.4 percent reported that the symptom of HIV/AIDS is headache, followed by swelling the limbs, 42.4 percent, itching around body, (28.3%), loss of body weight by ten percent (59.6%) and 73.5 percent reported that diarrhea for more than one month.

5.3 Experience and Behavior on STIs and HIV/AIDS

This sub-chapter describes stone quarrying youths female sexual behavior, about the first sexual partner and behaviour with HIV/AIDS infected person.

5.3.1 Sexual experience

Respondents are asked whether they have sexual contact of or not. The most common mode of transmission of HIV is through unprotected sex with infected person. To prevent HIV/AIDS transmission, it is important that youth people practice safer sex though the much advocated ABC method (Abstinence, Being faithful to one uninfected partner and condom use) (NDHS, 2006). Table 5.12 presents data on the percentage of youth female engaging sexual activities.

Table 5.12: Percentage Distribution of the Respondents by Sexual Experience

Sexual contact with partner	Number of respondents	Percent
Yes	88	73.3
No	32	26.7
Total	120	100.00

Source: Field survey, 2008.

Above Table show that the majority of the respondents (73.3%) reported that they have sexual experience with any partner and the remaining 26.7% have no sexual experience.

5.3.2 Sexual partner

Among the respondents who said that they have experience of sexual intercourse are further asked about the partner whom they have sex.

Table 5.13: Percentage Distribution of the Respondents by Sexual Partner.

Besides your husband to whom with you have sexual intercourse	Number of respondents	Percent
Friends	5	19.2
Clients	8	30.8
Driver	9	34.6
Others	4	15.4
Total	26	100.00

Source: Field Survey, 2008.

Table 5.13 clearly shows that the majority (34.6%) of the respondent reported they had sexual contact besides, their husband, with driver followed by client (30.8%), friends (19.2%) and others (15.4%) percent respectively.

5.3.3 Occupation of sexual partner

Among the respondents who said to have sexual contact beside their husband are further asked about the occupation of sexual partner. The occupation of sexual partner is also one of the major variables that determines the socio economic status of population and also affect the knowledge and behaviour towards STIs and HIV/AIDS as well as other health behaviour.

Table 5.14: Percentage Distribution of Respondents by Occupation of their Sexual Partner

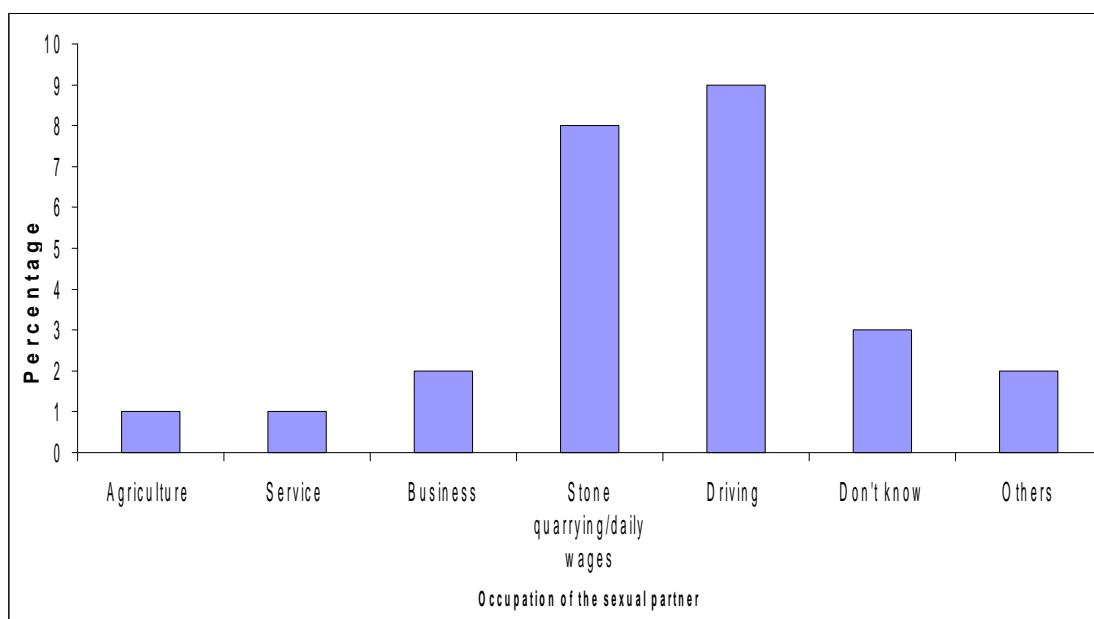
Occupation of sexual partner	Number of respondents	Percent
Agriculture	1	3.8
Service	1	3.8
Business	2	7.7
Stone quarrying/daily wages	8	30.8
Driving	9	34.6
Don't know	3	11.5
Others*	2	7.7
Total	26	100.00

* *Police, butcher*

Source: Field Survey, 2008.

Table 5.14 shows that the majority of the respondent's sexual partners are engage in driving which is accounted by 34.6 percent followed by stone quarrying/Daily wages (30.8%). The third majority (11.5) of respondent's sexual partners' occupation are don't identified. The proportion of respondent's sexual partners engaged in business, service and agriculture is very less which is also shown in Figure no. 2.

Figure no.2 Percentage Distribution of the Respondents by Occupation of their Sexual Partner.



5.3.4 Respondents having any STIs and HIV/AIDS

In this area the question is asked, "Are you suffering from any STIs?" For the identification of the STIs and HIV AIDS.

Table 5.15: Percentage Distribution of Respondents who have Suffering from any STIs.

Suffering from any STIs	Number of Respondents	Percent
yes	9	10.2
No	79	89.8
Total	88	100.00

Source: Field Survey, 2008.

Above Table 5.15 shows that the majority (89.8 %) of the respondents reported that they are not suffering from any STIs and the remaining 10.2 percent reported that they are have suffering from any STIs.

5.3.5: Name of the STIs

The respondents who are suffering from any STIs are further asked the name of diseases. Among the total 9 respondents, 44.4 percentages reported that they are suffering from syphilis, followed by Gonorrhoea (24.2%) and HIV/AIDS (22.2 %) and the least (11.1%) are suffering from Chlamydia. **Table: 5.16: Percentage Distribution of Respondents by Disease.**

Disease name	Number of Respondents	Percent	Total cases
Syphilis	4	44.4	9
Gonorrhoea	2	22.2	9
Chlamydia	1	11.1	9
HIV/AIDS	2	22.2	9

Source: Field survey, 2008.

5.3.6 Respondents view on STIs prevention

In order to test the behaviour on prevention of STIs, among the respondents are asked, what have you done for the prevention? **Table 5.17: Percentage Distribution of the Respondents view on STIs Prevention**

Done for prevention	Number of Respondents	Percent
Taking consult from doctor	5	55.6
Taking consult from health workers	2	22.2
Taking consult from friends	0	0
Nothing had been done	2	22.2
Total	9	100.00

Source Field survey, 2008.

Table 5.17 shows that the distribution of the respondent's who are suffering from STIs, out of nine respondent's, more than half (55.6%) reported that they are consultation from doctor, two person reported that they are consult from health worker and two person reported that they have been doing nothing.

5.3.7 Knowledge on Contraception

Contraception is the means which are used to make the desired number of children. The condom which is also prevent STIs and HIV/AIDS. The respondents are asked whether they have heard of any contraceptive method.

Table 5.18: Percentage Distribution of the Respondents by Knowledge on Contraception

Knowledge on contraception	Number of Respondents	percent
Yes	112	93.3
No	8	6.7
Total	120	100.00

Source: Field survey, 2008.

Above Table shows that 93.3 percent respondent are reported that they have heard about the contraception and 6.7 percent reported that they are not due to lack of IEC facilities.

5.3.8: Perception about HIV/AIDS infected person

Respondents are asked about the perception towards HIV/AIDS infected person in order to know the depth of their knowledge and attitude on it. The responses are shown in the following Table.

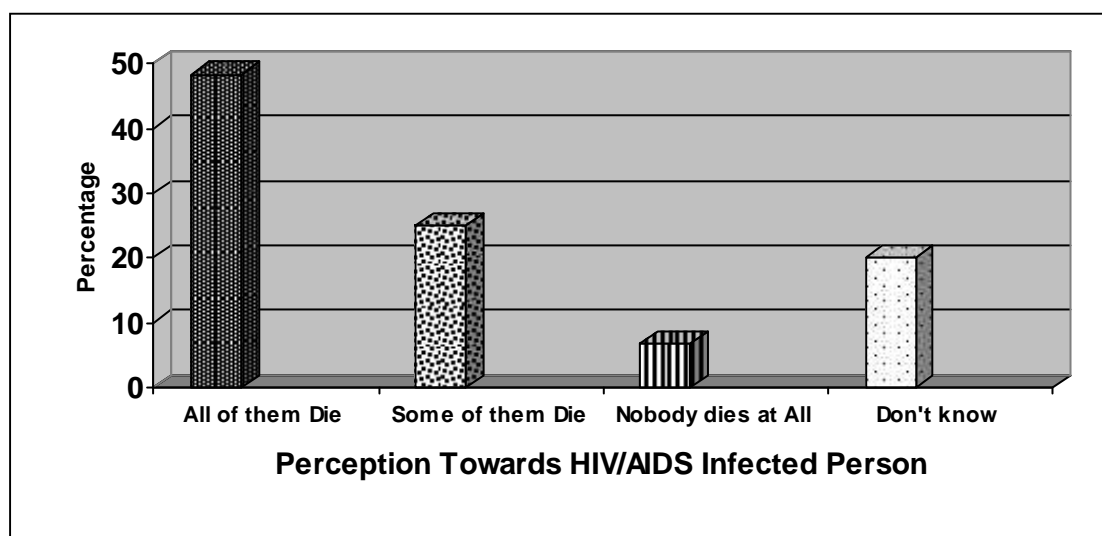
Table 5.19: Percentage Distribution of the Respondents by Perception towards about HIV/AIDS Infected Person

Perception towards HIV/AIDS infected person	Number of Respondents	Percent
All of them die	58	48.3
Some of them die	30	25
Nobody dies at all	8	6.7
Don't know	24	20
Total	120	100.00

Source: Field survey, 2008.

From the Table 5.19, it is observed that highest number (58) have reported that all of HIV/AIDS infected person die (48.3%) followed by some of them die (25%), the response don't know is reported by 24 (20%). The least number of respondents said nobody dies at all (6.7%). This description clearly shows that still in our society there does not exist adequate knowledge of HIV/AIDS which is also shown in Figure.

Figure No. 3: Percentage Distribution of the Respondents Perception Towards HIV/AIDS Infected Person.



5.3.9: Talk about sexual activities with friends

Talk on sexual activities with friends are very important subject to prevent STIs and HIV/AIDS.

Table 5.20: Percentage Distribution of Respondents Discussed on Sexual Activities with friends

Discussed on sexual activities with friend	Number of Respondents	Percent
Yes	62	51.7
No	58	48.3
Total	120	100.00

Source: Field survey, 2008.

Table 5.20 illustrates that only 51.7 percent of them talk about STIs or HIV/AIDS with their friends and 48.3 percent never talk about this issues because of shyness, hesitation and view of negative concept with friend.

5.3.10 Reason for discussion

An understanding of the reason that respondents do not discuss on STIs and HIV/AIDS is critical in designing programs that could improve the quality of service. Reason for discussion is further asked the respondents who are discuss about the sexual activities with friend.

Table 5.21: Percentage Distribution of Respondents Opinion on Discussing about the Sexual Activities with Friend.

Reason for discussion	Number of Respondents	percent	Total cases
To be safe from STIs	16	25.8	62
To be safe from other STIs infected person	22	35.5	62
To get knowledge about the STIs and HIV/AIDS	24	38.7	62

Source: Field survey, 2008.

Table 5.21 shows that 25.8 percent of the respondents discussed on sexual activities with friends because to be safe from sexually transmitted infection , 38.7 percent to get knowledge about STIs and HIV/ AIDS and 35.8 percent reported to be safe from other STIs infected persons.

5.3.11 Reason for not discussion

Some people never talk about the issues of sexual activities with friends because of hesitation, lack of knowledge, not important issues about discussion. Reason for not discussion is for the further asked the respondents who are not discuss about sexual activities with friends.

Table 5.22: Percentage Distribution of Respondents Opinion on not Discussion about the Sexual Activities with Friends

Reason for not discussion	Number of Respondents	Percent	Total cases
Not important issues	11	18.9	58
Don't like to discussion	10	17.2	58
Lack of knowledge	8	13.7	58
Hesitation	16	27.5	58
To see negative sense of friends	13	24.4	58

Source Field Survey, 2008.

Table 5.22 shows that 27.5 percent respondents are reported that they don't discussion about sexual activities with friends because of hesitation. Similarly 24.4 percent reported that to see the negative sense of friends, 18.9 percent reported that not being the issues important topic, 17.2 percent reported that don't like to discuss and the least (13.7 %) reported the reason of lack of knowledge about the issues.

CHAPTER - VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter includes main findings from the study population regarding various characteristics of respondents and their knowledge and behaviours in the context of STIs and HIV /AIDS. This study confirms that stone quarrying youths female are vulnerable of STIs and HIV/AIDS infection due to risky sexual behaviour, dangerous misconception and beliefs.

6.1 Summary

- Majority of the respondents are Dalit (53.3%) followed by Brahmin /chhetri (21.7%), Janajati (10.8%), Tharu (7.5%) according to caste and ethnicity .
- Highs proportion of respondents (40.8%) are 20-24 years of age group.
- Majority of the respondents are Hindu (68.3%) followed by Buddhist (12.5%)
- Majority of respondents are married (69.2%) and remaining (30.8%) are unmarried.
- Age at marriage of respondents is late adolescent (15-19) age (59%)
- Majority of the respondents are literate (63.3%) and illiterate are 36.7 percent. Moreover among the 76 literates, 15.8 percent are no schooling and majority of respondents are primary level schooling (50%).
- Majority of the respondents are involves their occupation from 1-5 years (47.5%) followed by 5-10 years (23.3%).
- Monthly income among the respondents, 27.5 percent have Rs. 1000-2000.
- Out of 120 respondents, 50.8 percent reported they have radio facility at home followed by electricity (32.5%).
- Out of 120 respondents of them, the majority of respondents are age group 20-24 (40.8%) followed by 25-29 age group (27.5%) respectively.

Knowledge and Behaviour on STIs and HIV/AIDS

- Out of 120 respondents, nearly 72.5 percent have heard about STIs.
- Out of 120 respondents, nearly three fourth (74.5%) of them heard Gonorrhoea, 85.1 percent of them heard syphilis, 62.1 percent heard chlamydia and 70% percent of them heard of Genital warts
- The highest proportions of respondents have knowledge on STIs and HIV/ AIDS through radio which is accounted 85.1 percent followed by television (70%).
- Out of 120 respondents, most of them have knowledge on transmission of STIs (87.4%).
- The majority of the respondents have knowledge on ways of transmission of STIs are 94.7 percent and least knowledge on ways of transmission of STIs are living together (21.1%).
- 82.5 percent respondents have heard about HIV/ AIDS.
- Most of the respondents have heard about HIV/AIDS from radio (74.7%) followed by friends (57.6%).
- Majority of the respondents (91.9%) have knowledge on transmission of HIV/AIDS.
- The proportion of respondents who reported HIV/AIDS can be transmitted by unprotected sexual contact is 72.5 percent followed by blood transfusion (56%).
- Among the respondents, 93.4 percent have knowledge of prevention of HIV/ AIDS while remaining (6.6%) of them have no knowledge of HIV/ AIDS prevention.
- The majority of the respondents, 91.8 percent have knowledge of method ways of preventive measure of HIV/ AIDS are avoiding unsafe sexual contact.

- 73.7 percent respondents have knowledge of main symptoms of HIV/AIDS was diarrhea for more than one month followed by 59.6 percent of them loss of body weight by ten percent.
- Majority of the respondents, 73.3 percent reported that they have sexual experience with only one partner.
- Out of 26 respondents reported that they have sexual contact other than their husband who are driver (38.5%) followed by client (30.8%).
- The majority of the respondents sexual partner occupation are driver (34.6%) followed by stone quarrying/ daily wages (30.8%).
- Only 10.2 percent respondents reported that they are suffering from any STIs.
- Among the total 9 respondents, 44.4 percent reported that they are suffering form syphilis followed by gonorrhea (22.2%) and HIV/AIDS(22.2%) respectively.
- Out of nine respondents, 55.6 percent reported that they are consult from doctors and 22.2 percent reported they are doing nothing.
- 93.3 percent respondents have knowledge on contraception and only 6.7 percent have not any knowledge on contraception.
- Most of the respondents support all of them die (48.3%) who is HIV/AIDS infected, followed by some of them die (25%) and don't know have 20 percent respectively.
- 51.7 percent respondents talk about sexual activity with friend and the remaining (48.3%) never talk about this topic.
- Reason for discuss about sexual activities with friends, most of them (38.7%) reported for the reason of to get knowledge about STIs and HIV/AIDS followed by (35.5%) to safe from other STIs and infected person.

- Reason for not discussion about sexual activities with friend, most of them give the reason reported because of hesitation (27.5%) followed by to see negative sense from friends (24.4%).

6.2 Conclusions

The study shows that inconsistencies within the knowledge and behaviour of stone quarrying youths female in the context of HIV/AIDS. Although respondents have basic knowledge regarding HIV/ AIDS, practical knowledge on the basic facts of transmission and prevention is more limited and unclear. Particularly, the study highlights inconsistencies between the knowledge, attitudes and practices between knowledge and behaviour.

The source of information regarding STIs and HIV/ AIDS is found to be radio. Friend is the second source of information. Parent and relatives is the main source of information of sexual health including STIs and HIV/ AIDS but in study population stone quarrying youths female are deprived from such IEC opportunity.

Premarital sexual practices, sex with multiple non regular partner, inconsistent condom use are the major behavioral challenges in preventing the spread of HIV/AIDS among stone quarrying youths female. A particular focus should be given to sexual risk behaviour.

The study shows that although increased awareness and education are important to prevent the spread of HIV/AIDS among stone quarrying youths female, the key is translation this knowledge into safer behaviour and practices. Youths need the skills to make decision, to deal with stress and to have positive relationships. The important of all life skills must be recognized, self awareness, coping with stress. empathy effective communication, interpersonal relationship critical thinking, creative thinking, decision making and problem solving, also practical skills, such as self- efficiency in condom use and negotiating condom use should be developed among youths female.

6.3. Recommendations for Further Research

This research work is an academic fulfillment for the requirement for Degree of Master Arts in Population studied under Tribhuvan University. As bounded by time and money, this study is limited to access the selected female youth of stone quarrying age group 15-30 years respondent's knowledge and behavior on STIs and HIV/AIDS among female youth of Amarapuri VDC of Nawalparasi. Although a high degree of caution and expertise is enhance in part of the research activities, so the findings of the study may not be generalized for other population and places and also the socio -cultural dimension involved in the study is taken among limited number of respondents They are only 120 respondents of Amarapuri VDC of Nawalparasi. The research carried out with limited resources and time which may not be generalized for national level scenario. However, other researchers and interested person are able to use it as the relevant literature.

This study covered stone quarrying youth female aged 15-30 years of Amarapuri VDC in Nawalparasi district only. Stone quarring youth females are found in other areas of Nepal. In some aspects they are similar to each others and in some aspects they are different from others. A detailed study on stone quarrying youth female with appropriate and nationally representative sample is required.

This study is restricted only 120 respondents but to get more reliable figures about this area, large number of sample size is required. It is required to compare with other occupational groups.

This study had objectives of fulfilling the requirement of a given curriculum and had limited scope, areas, sources and time. Detailed and large scale research on stone quarrying people's social, economic, psychological, cultural and IEC related variables is essential to reveal their exact knowledge and behaviour on STIs and HIV/AIDS.

REFERENCES CITED

- Acharya, S., 2005, "The HIV/AIDS Situation in Nepal", *Population Magazine* (Kathmandu: PSSN, CDPS) Vol. 3 (pp. 25-33).
- Aryal, R., 2000, " HIV/AIDS: An Emerging Issue in the Health Sector with Special Reference to Nepal", In Bal K. K.C.(ed.), *Population and Development in Nepal* (Kathmandu : CDPS, TU) Vol. 7.
- Ashford, Loris., 2006" How HIV/AIDS Affect Population",*Population Bulletin* (UN:Population Reference Bureau).
- Central Bureau of Statistics (CBS), 2003, *Population Monograph of Nepal*. (Kathmandu:CBS) Vol.1and 2.
- Chaudhary, P., 2006, *Detailed Information on STIs and HIV/AIDS* (Kathmandu: Family Planning Association of Nepal (FPAN)).
- Gurusamy, S., 1997, *Social Demography process and Perspectives* (New Delhi: Steriling Publisher Private Limited).
- Khanal, B. , 2007, " Knowledge and Behaviour on STIs and HIV/ AIDS Among Married Women of Reproductive Age: A Case Study of Gitanagar VDC, Chitwan, An Unpublished Dissertation Submitted to the CDPS (Kathmandu: CDPS).
- Khanal,P., 2002, Nepal's Childhood Mortality Falls by Half as Vaccination Rise Tenfold : *Bulletin World Health Organization* 80(12): 988-9.
- Lamprey, P.R., J.L. Johnson, and M. Khan, 2006," Global Challenges of HIVand AIDS" *Population Bulletin* (Washington, D.C.: Population Reference Bureau) Vol. 61 (PP1-13).
- Ministry of Health (MoH) 2002, *Nepal Demographic and Health Survey 2001* (Kathmandu: Family Health Division, MoH, New Era and Orc Macro).

- Naricia, J.D., 2004(ed.), *AIDS in Asia* (Regional Office for South East Asia: WHO).
- National Centre for AIDS and STDs Control (NCASC) 2006a, "*The National Estimates of Adult HIV Infection for Nepal 2005*" (Kathmandu: NCASC, Ministry of Health and Population).
- National Centre for AIDS and STDs Control (NCASC) 2006b, *Regular HIV and AIDS Case Reporting Sheets* (Kathmandu: NCASC, Ministry of Health and Population).
- National Centre for AIDS and STDs Control (NCASC), 2007, "*Year-wise Detection of HIV/AIDS in Nepal*" <http://www.ncase.gov.np/publication>.
- National Centre for AIDS and STDs Control (NCASC), 2008, *HIV/AIDS and Update* (Kathmandu: Department of Health, NCASC).
- Nepal Demographic and Health Survey (NDHS), 2006, *HIV/AIDS- Related Knowledge, Attitudes and Behaviour* (Kathmandu: Population Division, Ministry of Health and Population (MOHP), New Era, Macro International Incorporation Colverton, Marryland, USA)(Pp 200-222).
- Population Reference Bureau (PRB), 2006, *World Population Data Sheet, 2007* (USA: UN).
- United Nation Population Fund (UNFPA), 2006, "*State of World Population 2006*" *A Passage to Hope Women and International Migration* (New York: UNFPA).
- United Nations Programs on HIV/ADS (UNAIDS) and World Health Organization (WHO), 2005 *AIDS Epidemic Update: December 2006* (Geneva: UNAIDS and WHO).
- World Bank: 2006, *HIV/AIDS in Nepal*. (Kathmandu: World Bank).

APPENDIX-I

TRIBHUVAN UNIVERSITY
Central Department of Population Studies
Kirtipur, Kathmandu

Knowledge and Behavior on STIs and HIV/AIDS among Stone Quarriying Female
youth age 15-30 years
(A case study of Amarapuri VDC, Nawalparasi)
(This information will be secret, it will be used only for M.A. Thesis Purpose)

QUESTIONNAIRE

Name of the household head:

Date:

Name of respondent:

Word No:

Household No.:

Tole:

HOUSEHOLD QUESTION SCHEDULE

S. N	Name	Relatio n to househ old head (see code)	Is this person male or female? (see code)		How old is this person? (write compete d age)	Can this person read and write in any language (circle code)		What is the highest grade completed by this person (see code)	What is marital status of this person? (see code)	What is the principle occupation ? (see code)	Women aged 15 to 30 years
			M	F		Year	Yes				
	02	03	04	05	06	07	08	09	10		
01			1 2		1 2					01	
02			1 2		1 2					02	
03			1 2		1 2					03	
04			1 2		1 2					04	
05			1 2		1 2					05	
06			1 2		1 2					06	
07			1 2		1 2					07	
08			1 2		1 2					08	
09			1 2		1 2					09	
10			1 2		1 2					10	
11			1 2		1 2					11	
12			1 2		1 2					12	
13			1 2		1 2					13	
14			1 2		1 2					14	
15			1 2		1 2					15	

Code Note

Relation to the household head	Sex	Marital Status	Literacy / completed grade	Main occupation
Head 01	Male 01	Unmarried .. 01	Below grade 1 01	Agriculture 01
Husband/wife 02	Female .. 02	Married 02	Grade 1 completed... 02	Cottage industry ... 02
Father/mother 03		Widow 03	Grade 2 completed .. 03	Service 03
Son/daughter 04		Divorced ... 04	Daily wages (stone quarrying) 04
Brother/sister 05		Separated .. 05	Grade 9 completed... 09	Housewife/
Brother/sister-in-law 06		Not stated .. 09	SLC and above 10	housekeeping 05
Father/mother-in-law ... 07				Doing nothing 06
Nephew/Niece 08				Student 07
Grandchild 09				Other specify 11
Others 10				Don't know 98

Individual Questions

Q. No.	Questions and filters	Coding categories	C.C. No.	Skip
11	What is your cast/ethnicity?	Brahmin Chhetri Kami Damai Sarki Magar Thakuri Tharu Others (specify)	1 2 3 4 5 6 7 8	
12	What is your religion?	Hindu Buddhist Islam Christian Others (specify)	1 2 3 4	
13	What is your age (completed age)? years.		
14	Are you married?	Yes No	1 2	16
15	If yes, what is your age at marriage? years.		
16	Can you read and write?	Yes No	1 2	18
17	If yes, what is your level of education?	No schooling Primary (1 to 5 grade) Lower secondary Secondary SLC and above	1 2 3 4 5	
18	How long have you been involving this job? Years months	1 2	
19	How much income do you earn per month from stone quarrying? Rs.		
20	Are you currently studying informal education?	Yes No	1 2	
21	Have you the following facilities at home?	Electricity Radio Television Telephone Newspaper All of above None of above	1 2 3 4 5 6 7	

Knowledge and behavior on STIs and HIV/AIDS

Q. No.	Questions and filters	Coding categories	C.C. No.	Skip
22	Do you know /heard about SITs (Sexual Transmitted Infections)?	Yes No	1 2 →	27
23	Which STIs have you heard?	Gonorrhea Syphilis Chlamydia Genital Wards HIV/AIDS Others (specify)	1 2 3 4 5	
24	Do you know transmission of STIs?	Yes No	1 2 →	27
25	If yes, how can the STIs be transmitted?	Unprotected sexual contact Blood transfusion By mother to her child Living together Others (specify)	1 2 3 4	
26	From which sources/way have you heard about STIs?	Radio Television Gov/NGOs/INGOs Heath personal Parent Friends/relatives Newspaper Others (specify)	1 2 3 4 5 6 7	
27	Have you heard about HIV/AIDS?	Yes No	1 2 →	29
28	From which source have you heard about HIV/AIDS?	Radio Television Gov/NGO/INGO Health Personal Parents Friends Newspaper Other (specify) ...	1 2 3 4 5 6 7 2	
29	Can HIV/AIDS be transmitted?	Yes No	1 2 →	31
30	If yes, how is it transmitted?	unprotected sexual contact Blood transfusion Mosquito bite By mother to her child Shaking hands, kissing, Sharing Razor By food Use the same clothes	1 2 3 4 5 6 7 8	
31	What are the sources of knowledge about modes of transmission of HIV/AIDS?	Radio Television Newspaper Friends or relatives Heath personal Gov/NGO/INGO Others (specify)	1 2 3 4 5 6 98	

Q. No.	Questions and filters	Coding categories	C.C. No.	Skip
32	Do you know cause of AIDS?	Bacteria Virus Fungi Don't know	1 2 3 98	
33	Is AIDS curable disease?	Yes No Don't know	1 2 98	
34	Do you know the HIV/AIDS can be prevented?	Yes No Don't know	1 2 98	→ 37
35	If yes, how the HIV/AIDS can be prevented?	Avoid unsafe sexual contact Avoid untested blood Using condom during sexual contact Avoid used blades and other skin piercing instrument Sexual contact with single person Others	1 2 3 4 5 6	
36	What are the sources of knowledge about prevention of HIV/AIDS?	Radio Television Pamphlets/magazine Gov/NGO/INGO Health personal Parents Friends Others (Specify)	1 2 3 4 5 6 7	
37	What are the main symptoms of STIs?	Headache Swelling of limbs Itching around body Loss of body weight by 10 percent Diarrhea for more than one month Don't know	1 2 3 4 5 98	
38	Have you ever had sexual contact with any partners? (for both married and unmarried)	Yes No	1 2	→ 42
39	If yes, have you had sexual contact with anyone other than your husband? (only for married)	Yes No	1 2	→ 42
40	If yes, with whom?	Friends Clients Driver Others (specify).....	1 2 3	
41	What does your sexual partner do (occupation)?	Agriculture Service Business Stone quarrying Driving Don't know Other (specify) ...	1 2 3 4 5 98	
42	Imagine that you have met any HIV	Yes	1	

Q. No.	Questions and filters	Coding categories	C.C. No.	Skip
	infected person. Would you be afraid to do the following: To shake hands To eat together To sleep together To share the same clothes	No	2	
43	Are you suffering from any STIs?	Yes No	1 2	
44	What is the name of the disease?	Syphilis Gonorrhoea Chlamydia HIV/AIDS Others (specify).....	1 2 3 4	
45	What have you done for prevention?	Taking consult from doctor Talking consult from friend Taking consult from health workers Nothing have done	1 2 3 4	
46	Have you ever heard of contraception?	Yes No	1 2	
47	Where have you gone for prevention?	Health personal Doctor's Witch-doctors Nowhere	1 2 3 4	
48	Do you know which contraception prevents STIs or HIV/AIDS?	Pills Norplant Copper T Condom Don't know	1 2 3 4 98	
49	What is your perception about HIV/AIDS infected person?	All of them die Some of them die Nobody dies at all Don't know	1 2 3 98	
50	Can a person get infected by HIV/AIDS from mosquito bite?	Yes No Don't know	1 2 98	
51	Is HIV/AIDS curable in some case?	Yes No Don't know	1 2 98	
52	Do you even talk about sexual activities with your friend?	Yes No	1 2	→ 54
53	If yes, why do you talk about it?	Reason		
54	If no, why don't you talk about it?	Reason		