

CHAPTER - ONE

INTRODUCTION

1.1 General Background of the Study

Population of the present world is facing a serious problem created by the pandemic called Acquired Immune Deficiencies Syndrome (AIDS). AIDS has emerged as a burning issue all over the world and many attempts have been made to control the problems. It has become a global phenomenon, which is considered to be known by all health conscious and general people today.

AIDS is an Acquired Immune Deficiency Syndrome caused by the Human Immune Deficiency Virus (HIV), which is spread through blood, semen, vaginal secretions and breast milk. The most common method of transmission is unprotected sexual intercourse with an HIV-positive partner. Other routes include transfusions of HIV infected blood or blood products; tissue or organ transplants; use of contaminated needles and syringes and mother to child transmission during pregnancy, birth or breast feeding (PRB, 200).

HIV is extremely fragile and can not survive long outside the body's fluids or tissue and it can not penetrate unbroken skin. Therefore, HIV is not transmitted by casual physical contact such as kissing, holding hands, sneezing or coughing, sharing toilets, using the same cutting utensil, of consuming food and beverages handled by some one with HIV. It is not spread by mosquitoes or other insects and can be killed with bleach strong detergents, and hot water.

There are two types of HIV Virus. HIV-1 and HIV-2. HIV-1 account and for the majority of infections in the world and has of at least 10 genetic such types. HIV-2, which is found primarily in West Africa, appears to be less easily transmitted and progresses more slowly to disease than type 1. HIV kills as by weakening the body's immune system until it can not longer fight infection. As the immune system becomes compromised by HIV, opportunistic infections such as pneumonia, meningitis, cancers and Tuberculosis (TB) easily attack the body. TB is the most common

opportunistic infection in AIDS patients and accounts for about one third of AIDS deaths in Sub Saharan Africa (PRB, 2002).

The first cases of AIDS were recognized in the United States of America in 1981. The causative organism of AIDS Human Immune Deficiency Virus (HIV) was identified in 1983. The pandemic nature and the magnitude of the public health problem associated with HIV infection were recognized much later when the proportion of persons infected with HIV rose very rapidly (Adhikari and Adhikari, 2002/03).

The HIV infected persons were found in 1988 July for the first time in Nepal, whose number was four. There after the figures are increasing gradually each year. Surveillance data is scarce in Nepal, however, estimates based on the limited data indicate that HIV prevalence is currently around 0.5 percent in the general population. As of June 2004, the Ministry of Health (MoH) has reported 766 cases of AIDS and 3,909 HIV infection cases. According to National Center for AIDS and STD Control there may be 6128 person who are HIV positive in the country. New cases on February 2006 were 1400 persons HIV positive and 9 were AIDS in Nepal.

Adolescence is the period of physical, psychological and social maturing from childhood to adulthood. These are the formative years. When the maximum physical, psychological and behavioural change take place. These years are also time of preparation for undertaking greater responsibilities, a time of exploration widening horizons and a time of ensure healthy, all round development. Adolescent is a large and growing segment of the population (WHO/UNFPA/UNICEF, 1999).

Although adolescence is generally a healthy period of life many young people suffer from inadequate family planning and reproductive health care. Each complication of pregnancies, childbirth and unsafe abortion are the major cases of death for women of ages 14 to 19. Each year more than 2 million have unsafe abortions. Adolescents are especially at risk of infection with STDs including HIV are found among young people ages 20-24. Teen's ages 14-19 have the next highest rate of STDs infections. WHO estimates that half of all people infected with HIV and younger than age 25 and in developing countries upto 80 percent of all new infections are among 15-24 years old. Adolescents are at risk of STD, HIV and AIDS because they often have short

terms sexual relationship and do not consistently use condoms to protect themselves (Shane 1997).

Most STIs are caused by micro-organisms such as bacteria and viruses. These infections can be passed from one person to another intimate physical contact. Sexual intercourse, non-penetrative genital contact, and oral sex can all transmit an infection. There are different types of STIs some of them are mainly, Syphilis, Gonorrhoea, Genital herpes, Chancroids, Chlamydia, HIV and AIDS (NCASC, Kathmandu). Sexually Transmitted Infections (STIs) is one of the main causes of HIV transmission.

The Common STIs

Details follow of the most common STIs but there are around 25 in total, having one infection can make it easier to catch another, more serious one.

Chlamydia

Chlamydia is the commonest STI, especially in sexually active young people. It's common to have only minor symptoms, or none at all with the infection. Women can also get lower abdominal pain, bleeding after intercourse or between periods, vaginal discharge or cystitis-type symptoms. Men may have a discharge, pain on passing urine or painful testicles.

Genital Warts

Genital warts look like fleshy growths of skin and are found on or around the genitals and areas. Warts are caused by the Human Papilloma Virus (HPV). They can itch and may bleed, or cause discomfort on intercourse.

Gonorrhoea

Gonorrhoea is a bacterial STI passed easily between people. Women may notice a yellow/green-ish vaginal discharge, pain on passing urine, lower abdominal pain or, more rarely, bleeding between periods or heavier periods.

Men tend to have yellow/green-ish urethral discharge and pain on passing urine. The rectum and throat can also be affected, depending on sexual activity.

Genital Herpes

Genital herpes is a viral infection. The first episode usually painful ulcers in the genital area. There may also be pain on passing urine and a discharge-vaginal in women, urethral in men. There are often generalized symptoms such as fever, headaches, tiredness and enlarged lymph nodes (glands) in the groin. Some people experience repeated episodes of genital herpes infection but there do not found to be as severe as the first. This happens because the virus lies dormant in local nerves until reactivated by factors such as stress or menstruation.

Syphilis

Syphilis is a bacterial STI that had been declining. However, in recent years it has become much more common again. It is essential to treat syphilis because of the major health problems, including nerves and brain damage, that it can cause. Pregnant women are routinely tested for Syphilis because of the high risk that babies of mothers with untreated Syphilis could be stillborn, or born with Syphilis. The first sign of Syphilis is a raised lump usually found near the genitals or anus, which then a painless ulcer. This phase of the illness can last for around six weeks and may be followed by a general feeling of being unwell with symptoms such as fever, headache, sore throat, rash and raised lymph nodes. Wart-like growths may be seen in the genital and anal areas.

Symptoms

The following symptoms could indicate a sexually transmitted infection. However, some infections, while still spreadable may have no symptoms:

- On unusual vaginal discharge in women or a discharge from the urethra (the tube that runs from the bladder to the tip of the penis) in men.
- In women bleeding after intercourse or between periods.
- Sores, blisters, warts, rashes, irritation or itching near the genitals or anus.

- Pain on passing urine, or needing to pass urine more often.
- Pain on intercourse.
- Pelvic or lower abdominal pains.

Prevention of STIs

Simple measures can reduce the risk of catching STIs "Safer Sex" methods involve using condoms for vaginal, anal and oral intercourse. This can help prevent the spread of HIV and reduce the risk of most other STIs for men and women. Reducing the number of partners also reduces overall risk. Condoms is the only one safe method of preventing STIs. Now people have started to use it more less everywhere. It has been being used since 1976, mainly as a protective device against STIs, in Nepal. A study conducted among commercial sex workers, reported that they rarely or never use condom every time. Clients' pleasure and dissatisfaction were cited as them ain reason for not using condom.

1.2 Statement of the Problem

Nepal is a developing country with poor socio-economic status. Most people are uneducated. They get marry at early age. They start sexual activities without basic sex education. Most of them do not use condom during intercourse due to lack prevention knowledge of STIs, HIV and AIDS. Such type of sexual activity is the main cause of spreading of STIs, HIV and AIDS.

In Nepal, due to poor economic condition and unemployment, thousands of people of abroad each year for their livelihood and trafficking of Nepalese girl is the major social problem and they are compelled to prostitution in many cities of India, when they have HIV positive they are returned to home with their return in Nepalese society, naturally, the emergence of STIs including HIV and AIDS. In another side, prostitution is increasing in the cities and highway centers of Nepal due to socio-economic reasons which results wide spread of STIs, HIV and AIDS.

According to the 2001 National Population Census of Nepal out of the total population of 23,1514,23 in 2001, more than one fifth was constituted of adolescent's population. It is estimated that this will remain more or less constant till 2021

(MOPV, 2003). Adolescents are especially the risk of infections with STIs including HIV and AIDS. Similarly the highest rate of infections found among young people ages 20 to 24. Teenage 15 to 19 have the next highest rate of STIs infections. They are at risk since they often have short terms sexual relation ship and do not use condoms consistently to protect themselves.

HIV and AIDS evidence are increasing among the adolescents in Nepal. It is widely believed that adolescents' sexual activities are increasing over time. Out of 6128 reported HIV and AIDS cases in Nepal in February, 2006, 375 were from 15-19 years age group which is about 6 percent of the total reported cases (NCASC, 2005). Nepal is also entering in the globalization process, so it can not be isolated form this problem. Although the HIV and AIDS cases are found low in Nepal than in other countries, if effective preventive measures are not developed and implemented HIV will spread fast. Just over one-fourth of the reproductive age women know about HIV and AIDS in Nepal. Then also seems difference between knowledge and practices among the adolescents.

Adolescents are especially at risk of infection with STIs including HIV and AIDS. In developing countries like Nepal have high risk of STIs, HIV and AIDS because there are problems of early marriage, unwanted pregnancies, spreading HIV and AIDS and other STIs. Adoption of truthful information about sexuality. STIs, HIV and AIDS is one of the problematic jobs because Hindu religion prohibits them to talk about their adolescent behaviour openly. Religion predominately prohibited two different sexes to be exposed before marriage. A problem of un informed and unprotected adolescent sexual activity is the increased exposure to sexually transmitted diseases including STIs with HIV and AIDS. Adolescents of rural areas are les informed about sexuality, STIs, HIV and AIDS and also they couldn't talk openly about it. Less number of adolescents participates in such activities because most of them hesitate to talk about sex and sexuality. The effect of social barriers such as religion, culture, tradition etc. is more in rural areas of Nepal and also varies in the ethnic communities. That is why, to identify the real knowledge, attitude and behaviour of adolescents about STIs, HIV and AIDS is one of the problematic jobs.

Particularly, Gauradaha and Maharanihjoda are the villages of Jhapa district which are situated eastern part of the district. As of the case of country the adolescent's students

of government school of Jhapa are deprived from reproductive rights due to the lack of communication services and other many causes. The source of knowledge for STIs, HIV and AIDS is the course book only however most of the teacher are not trained and hesitate to talk openly in such areas. The situation of STIs, HIV and AIDS can affect the secondary school students also. It is difficult to identify their reality about it. Without identifying their reality it is difficult to bring change on then from negative attitudes, bad behaviors into appropriate behaviors and attitude. In adequate knowledge may become the cause of STIs, HIV and AIDS infection, which ultimately harm their future, and overall development of their life that such effects of individuals affect the development as well as other aspects of the country. Therefore, this study attempts to examine knowledge, attitude and behaviors of secondary school students with regard to STIs, HIV and AIDS.

1.3 Objectives of the Study

The main objective of the study is to reflect the picture of knowledge attitudes and behaviour of secondary school students, regarding STIs, HIV and AIDS in some selected schools of Jhapa district. The following are the specific objectives of this study:

- (a) To examine the socio-economic and demographic background of respondents and parents.
- (b) To assess secondary school students knowledge of STIs, HIV and AIDS.
- (c) To examine the knowledge on the mode of transmission and preventive measures of STIs, HIV and AIDS.
- (d) To identify secondary school students attitude and behaviour on STIs, HIV and AIDS.

1.4 Significance of the Study

In Nepal adolescents constitute on fifth of the total population. They are the backbone of society and parents of tomorrow. They have great responsibility to make the society developed in coming future. They are vulnerable to the rising incidence of

STIs, HIV and AIDS. Knowledge is the key to prevention of such diseases. Examination and assessment of their knowledge, attitude and behaviour on sexuality, STIs, HIV and AIDS plays a crucial role. Innovative programmes help to inform counsel and provide facilities that sexuality, STIs, HIV and AIDS services would be accessible to adolescents which ultimately prevent them to become a victim of STIs, HIV and AIDS.

HIV and AIDS may create disharmony in community relationship. People may lose faith and trust in each other. Individual with HIV and AIDS may be isolated from the society and even from the family members. This situation is psychologically and emotionally traumatic to the HIV infected person. They may lose their job or be forced to discontinue education and training opportunities. This situation may lead to frustration stress, fear and guilt and might result in extreme conditions like suicide. Some people may be aggressive to the extent of taking revenge with other people by spreading the infection.

Previous studies about adolescents' knowledge, attitude and behaviour on STIs, HIV and AIDS are limited which can not provide sufficient information and the changed structure of the previous studies. Again such studies are rare in Gauradaha and Maharanijhoda VDC. So it is expected that this study would provide specific information of secondary school student's sexual behaviour and attitude on STIs, HIV and AIDS. The study will also provide valuable information regarding level of knowledge of students on STIs, HIV and AIDS. So, it would be helpful to formulate further policy and program in the related field in Nepal.

The Ministry of Education (MOE) has adopted sex and HIV and AIDS education in secondary level. This research also makes attempts to play an important role to find out necessary of the sex, sexuality and HIV and AIDS prevention education programme at high school and above level. The significance of the present study are as follows:

- The finding of this study would be helpful on the degree of knowledge about transmission of HIV and AIDS and its preventive method of secondary school students.

- The present study would have equal importance to measure the effectiveness of media and to assess the degree of misconception persisting among school adolescents. Even though the focal point of the study is to measure the level of knowledge, attitude and behaviour of secondary school adolescents to STIs, HIV and AIDS.
- This study will be beneficial for organizations interested to pursue such types of research work in future.
- This study is also equally significant for the students of social science because this issue is not only related with health but also associated with the society. It is hoped that this research would open the door for the social science students for further research and study over such issues.
- The recommendation of the research will be beneficial for development of long term strategy on STIs, HIV and AIDS prevention by MOH.

1.5 Limitations of the Study

This study aims to analyze the knowledge, attitude and behaviour on STIs, HIV and AIDS among the secondary school students in the Jhapa district. No study can be free from limitations and this study is not an exception. The following are the limitation of this study.

- This study was carried out only among the students studying at grade 9 and 10.
- This study has been conducted in selected school of Jhapa district. Therefore, the findings of the results can be generalized only for the areas having similar characteristics and not for whole country.

1.6 Organization of the Study

This report is divided in to seven chapters. The first chapter discusses the introduction of the study including the statement of the problem, objective of the study,

significance of the study and limitation of the study. In the second chapter, review of literature is presented including global overview on HIV and AIDS, HIV and AIDS in Nepal, global situation of STIs, the situation of STIs in Nepal, sexual behaviour and STIs, HIV and AIDS, situation of adolescents in Nepal and conceptual framework of the study has been included.

The research methodology used including the methods of data collection, the study area, sample selection, questionnaire design, techniques of data analysis, have discussed in the third chapter. The fourth chapter presents the basic socio-economic and demographic characteristics of the sample population. The fifth chapter discusses the knowledge of respondents on STIs, HIV and AIDS. The sixth chapter discusses the respondents' attitude and behaviour on STIs, HIV and AIDS. In the last chapter i.e. seventh chapter, the summary of research, findings, conclusion and recommendation are presented.

CHAPTER - TWO

REVIEW OF LITERATURE

Focusing the adolescent issues, this chapter discusses the major literature available on different aspect of Sexually Transmitted Infection, HIV and AIDS.

2.1 Global Overview on HIV and AIDS

The Human Immune Deficiency Virus (HIV) that causes AIDS has brought about a global epidemic for more extensive than what was predicated every a decade ago. UNAIDS and WHO now estimate that the number of people living with HIV or AIDS at end of the year 2004 stands at 39.4 million. This is more than 50 percent higher than what WHO's, Global program on AIDS projected in 1991 on the basis of the data then available (UNAIDS, 2000).

Today, it is estimated that 34.6 - 42.3 are living with HIV and AIDS. Already more than 20 million people have died from AIDS, 3 million in 2003 alone since the virus first appeared. Of the 5 million people who became infected with the virus in 2003, 7,00,000 were children, almost entirely as the result of transmission during pregnancy and child birth or from breastfeeding (WHO, 2004).

Acquired Immune Deficiency Syndrome (AIDS) was first reported in 1981 in United States of America. The causative organism of AIDS, Human Immune Deficiency Virus (HIV) was identified in 1983. The pandemic nature and the magnitude of public health problem associated with HIV, infection were recognized much later when the proportion of person infected with HIV rose very rapidly. As the impact of HIV and AIDS seems to be very serious in a long term aspect, the HIV virus doesn't respect geographical boundaries so on country of the global is immune to HIV and AIDS (Aryal, 2000).

The egalitarian system of land ownership with community based landholding in Sub-Saharan Africa gives emphasis on fertility and reproduction with less control of female sexuality that promotes sexual networking. Such a networking leads towards promiscuity, and spread of SIDs including HIV and AIDS. including HIV and AIDS.

The social system economic structure of the household and community along with the norms and values related to the purity of women, determines the knowledge and attitude of STDs in country (Ogbuagu et al. 1993: 108)

Studies have found a connection between higher AIDS incidence and lower income. For instance, 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 partner; have a lifetime history of genital herpes infection; have used crack or cocaine; or have traded sex for drugs, money or shelter.

One-fifth of the people infected with HIV live in Asia. Globally, unprotected sexual intercourse between men and women is the predominant mode of transmission of the virus. In Sub-Sahara Africa and the Caribbean women are at least as likely or men to become infected other important modes of transmission include unprotected penetrative sex between men injecting drug use and unsafe injections and blood transfusions. In many countries, including most countries in the America, Asia and Europe, HIV infection is mainly concentrated in populations engaging in high-risk behaviours, such as unprotected sex and sharing of drug injection equipment (WHO, 2004).

An estimated 7.4 million people (range: 5.0-10.5 million) in Asia are living with HIV. Around half a million (range 330000-740000) are believed to have died of AIDS in 2003, and about twice as many. 1.1 million- (range: 610000-2.2 million) are thought to have become newly infected with HIV. Among young people 15-24 years of ages, 0.3% of women (range: 1.2-0.3%) and 0.4% of men (range:0.3-0.5%) were living with HIV by the end of 2003. Epidemics in this region remain largely concentrated among injecting drug users, men who have sex with men, sex workers, clients of sex workers and their sexual partners. (UNAIDS, 2004).

In most countries in Asia the epidemics tend to be concentrated in drug injecting and commercial sex networks although Cambodia, Myanmar, Thailand and Six states in India have on estimates HIV prevalence among adults of more than 1%. The course of the epidemics in the two most popular countries in the world, China and India will have a decisive influence on the global pandemic. In 2003 it was estimated that

840,000 people in China were living with HIV and AIDS. About 70% of these infections are thought to have resulted from injecting drug use. Over 80% of all those infected are men. Official estimates in India for 2003 put the number of people infected at 3.8-4.6 million there has been a modest increase in recent years. (WHO, 2004)

2.2 HIV and AIDS in Nepal

The first HIV infection in Nepal was identified in July, 1988. Only three male and one female were detected as HIV infected for the year of first detection. Then after, the figures are increasing gradually each year.

The major mode of transmission of HIV in the country is heterosexual. It has been estimated that there are 58,000 people living with HIV and AIDS in Nepal at the end of 2001. There were on estimated 24000 AIDS deaths in 2001 in Nepal. There estimated figures are higher than the reported variety of reasons, mainly the lack of on adequate surveillance system (MoH, 2004). However, the recent estimation as per the prevalence rate could reach more than thousand infected cases.

As of march 2004 the Ministry of Health has reported 715 cases of Aids and 4529 HIV infections. It is very likely that the actual number of case is many times higher. Yet compared with other countries in Asia and the world, available epidemiological data suggests that Nepal has low prevalence of HIV in the general population. However, the current low prevalence seen in the general population mass on increasing in several groups, and new epidemiological data suggests that HIV may be increasing more rapidly than expected in certain sub-groups. In fact, it is now apparent that Nepal has entered the stage of a "Concentrated epidemic". The HIV and AIDS prevalence consistently exceeds 5% in one or more sub-groups. These include IDUs nationwide, FSWs in urban areas. Returning females sex worker from India, but also returning labour migrants from India, especially from Maharastra state (Mumbai) (NCASC, 2004).

Heteros sexual is the primary mode of HIV transmission, which correlated 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 ago group. Sex workers-

their clients, seeking care for, STIs and injecting drugs (IDUs) were reported having high rate of HIV. Remarkable, the number of housewives with HIV infections is increasing. It is thought that HIV might have passed to them through their husbands who might have exposed to high-risk behaviours of HIV transmission. (NCASC, 2005).

A study of knowledge, attitude and behaviour concerning STD and AIDS in selected population. The study indicated that 84 percent male and 76 percent female students of high school responded correctly about sexual transmission of HIV and AIDS. Likewise, 93.6 percent male and 76.3 percent female students of campus responded positively about transmission of HIV and AIDS and 59.5 percent male and 44 percent female students of high school has responded correctly about non-sexual transmission (Bista, 1997).

With the foresight of socio-economic consequences of AIDS, His Majesty's Government of Nepal (HMG/N) organized a national sexually transmitted disease control committee in 1986 under the chairmanship of the health secretary. The first short term plan for AIDS prevention and control was implemented in 1987/88 for one year period. Some of the major activities of the STD programmes were training of the health workers, strengthening of services for diagnostic and care of HIV infected persons and creating awareness among the general population.

The STD control committee functioned into 1989, after which it was upgraded to a national AIDS policy committee (NAPC), the first medium term plan (MTP-I) covering 3 years period for AIDS prevention and control was implemented in 1990. This plan included all the globally recognized strategies with long term and short term objectives. An external review of the MTP was carried out in December 1992 (NCASC, 2001).

His Majesty's Government of Nepal realization that STD and AIDS prevention activities and multi-sectoral approach HMG/N upgraded that above mentioned committee to a national AIDS co-ordination committee (NACC) in June 1992 under the chairmanship of Minister of Health with high level representation from different ministries, organizations and agencies Nepal entered into the phase of second multi-sectoral medium term plan for AIDS prevention and control in 1993 which was to be

implemented over a period of five years (1993-1997). It encompasses all the globally recognized strategies and targeted interventions.

In 1995 HMG/N brought out a national policy on AIDS and STD prevention. This policy expanded the NACC to include non governmental organization and has altogether 40 members from the different sectors. At present national center for AIDS and STD control (NCASC) is the government body under DOH/MOH which is responsible for the prevention and control of STIs, HIV and AIDS in the country (Jamarkattel, 2005).

2.3 Global Situation of STIs

The term sexually transmitted disease remains in common use. This can be confusing and not always accurate so it helps first to understand the difference between infection and disease. Infection simply means that a germ virus, bacteria, or parasite-that can cause disease or sickness is present inside a person's body. An infected person does not necessarily have only symptoms or signs that the virus or bacteria is actually hurting their body. A disease means that the infection is actually causing the infected person to feel sick, or to notice something is wrong. For this reason, the term STI which refers to infection with any germ that can cause and STD, even if the infected person has no symptoms is a much broader term than STDs.

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 incidence of 340 million curable STIs in 1999. The epidemic of STIs in the developing countries is characterized by high incidence and prevalence, high rate of complication, increasing problem of antimicrobial resistance due to inadequate treatment on increasing risk of transmission and acquiring HIV infection (UNAIDS and WHO, 2001).

The four most common curable STIs in the world which can be cured easily to adequate antimicrobials are Syphilis (12 million), Gonorrhoea (62 million), Chlamydial infection (92 million) and Trichomoniasis (173 million) in the world (WHO, 1999). The increasing mobility of population across the world urbanization, poverty, socio-demographic changes especially in developing countries sexual exploitation of women and changes in sexual behaviour are some of the factors which placed on ever increasing proportion of population at risk for STIs (Ban et al. 1998, WHO, 1999).

There are a number of pressing sexually related public health and social policy issues facing countries around the world today. According to the United States Centers for Disease Control and Prevention, in the United States a teen becomes pregnant every 30 seconds, and every 13 seconds a teen contract a STIs. For most people in United States engaging in hetero sexual intercourse without the use of condom is behaviours that put them at greatest risk for infection with HIV, which can lead to AIDS and is often ultimately total. Although there is currently no cure for AIDS, there are medication that can help delay the onset of symptoms. Another serious STI is Syphilis, which if left untreated for many years, can lead to paralysis psychiatric illness, and death. Gonorrhea and Chlamydia may produce no obvious symptoms in women, but they can lead to sterility if she is not treated. STIs should be diagnosed and treated by qualified medical practitioners, and all sexual partners must be treated in order to avoid reinfection (Parajuli, 2005).

2.4 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.

STDs 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 has been carried out for the last two years, the surveillance done in 2001 showed an average syphilis rate of 3.4%. 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 STDs namely vaginal discharge, pelvic inflammatory diseases, ulcerative disease, and urethritis. Furthermore, the blood sample of the 341 CSWs were tested for VDRS (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 should 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:

- (i) The modes of transmission of HIV and other STDs are similar.
- (ii) The important role of STDs 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 STDs 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 followed by 19 district where the 50-99 such cases were recorded. Similarly, 20-50 RTI/STD/HIV new cases in 13 districts (Pant, 2000).

2.5 Sexual Behaviour and STIs, HIV and 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 STDs are contracted and spread (Anarfi, 1997:5). 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 premarital 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 Viet Nam, 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. Ambu, 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 STDs 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 and others, 2001).

2.6 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, UNICEF 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 percent 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 occurring outside of marriage. More and more young people are suffering form 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 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 pandemic. Nearly one third of those currently living with 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 adolescents 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 scarce, 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).

While adolescents, in general, are especially vulnerable to HIV and AIDS, certain groups of adolescents are more at risk of HIV infections than others. For example, adolescents in need of special protection, including street children, sexually exploited prostitution, and migrant children face additional risk. A limited nations study suggest that young migrants are susceptible to HIV infection: on the one hand, young male migrants tend to engage in unsafe sexual practices when they are away from the family, and young women migrants, on the other hand, may be forced to work as sexual workers as means of survival.

2.7 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% among female sex workers and injecting drug users respectively, and a prevalence ranging from 4-10% 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 strengthen the skills of young people in decision making communication with their partners, negotiation of safe health behaviour, 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 knowledge and encourage group norms for safe healthy behaviour. 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 Behaviour of Adolescents in Nepal" was conducted by UNFPA. In this study, only 30 percent of the adolescents had heard of reproductive tract infections (RTI), 77 percent of STIs, HIV and AIDS. Radio, Television and Friends were the major source of information for family planning, RTI, HIV and AIDS. Mothers were the main source of information on menstruation (UNAIDS, 2000).

A study among high school students of Jhapa district found that all of the respondents had heard about AIDS. The students who heard about AIDS pandemic were asked further to name the agent of causing AIDS. Among them 10 percent of the respondents identifies that HIV virus causes it. Remaining 90 percent of students were unknown about it (Acharya, 2000).

Many demographic studies have shown that education of women has multidimensional effect. This analysis also came up with the finding that if women are educated at least up to secondary level, they are with very high chances of acquiring the knowledge on AIDS. Similarly husband's education also has strong association with knowledge on AIDS. Many women seem to acquire knowledge of AIDS from family planning clinic. Women who are living Terai seem to have lower knowledge of AIDS. Similarly women living together with their husband also are less likely to have the knowledge of AIDS, (Acharya, 1999).

According to Nepal Living Standard Survey report 60 questions were asked to all person aged 10 years and older person and at the interview they were weather they had heard about HIV and AIDS. In response to this, 0 percent of population aged 10 years and older reported "yes" about 65 percent of males reported to have heard of HIV and AIDS compared to 51 percent of females. As expected, this percentage is higher in urban (73%) compared to rural areas (53%) (NLSS, 2003/2004).

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 the 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/ while fluid discharge, burning while 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 awareness of HIV risk but that this awareness does not necessarily translate into safe sexual behaviour. Although an overwhelming majority (92%) of teenagers had heard on HIV and AIDS, only 74% 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 days and nearly one in ten girls interviewed have had a sexual experience. 65 percent of boys said that they had used condom. While 74% of girls said that their partners used a condom during sexual intercourse. The protected sex lead to a 14 percent pregnancy rate and a 22 percent STI infection rate in boys and 13 percent girls. Pregnancy rate were high in districts where girls were pressured in to having sex. The number of boys who had sex was for higher than the number of girls. Further more, the survey should that 13 percent had taken drugs, however only 5.4% injected drugs, (UNICEF 2001). According to the NCASC cumulative HIV and AIDS situation of Nepal is given in table below.

Table 1: Cumulative HIV and AIDS Situation of Nepal

Condition	Male	Female	Total	New Cases February 2006
HIV Positive (Including AIDS)	4448	1680	6128	140
AIDS (Out of total HIV)	714	267	981 [*]	9

Source: NCASC, February 28, 2006.

Table 2: Cumulative HIV Infection by Subgroup and Sex

Subgroup	Male	Female	Total	New Cases February 2006
Sex workers (SWs)		616	616	1
Clients of SWs/STD	3078	103	3181	65
House wives		879	879	35
Blood or organ recipients	7	2	9	
Injecting drug use	1266	21	1287**	37
Children	97	59	156	2
Total	4448	1680	6128	140

Source: NCASC, February, 2006

Table 3: Cumulative HIV Infection by Age Group

Age group (in year)	Male	Female	Total	New Cases February 2006
0 -4	45	26	71	1
5-9	40	29	69	
10-14	24	11	35	
15-19	187	188	375	6
20-24	798	378	1176	15
25-29	1108	439	1547	25
39-39	1726	463	2189	62
40-49	438	126	564	25
50+	82	20	102	6
Total	4448	1680	6128	140

Source: NCASC, February, 2006

* Death - 298 (New death cases in February 2006-6)

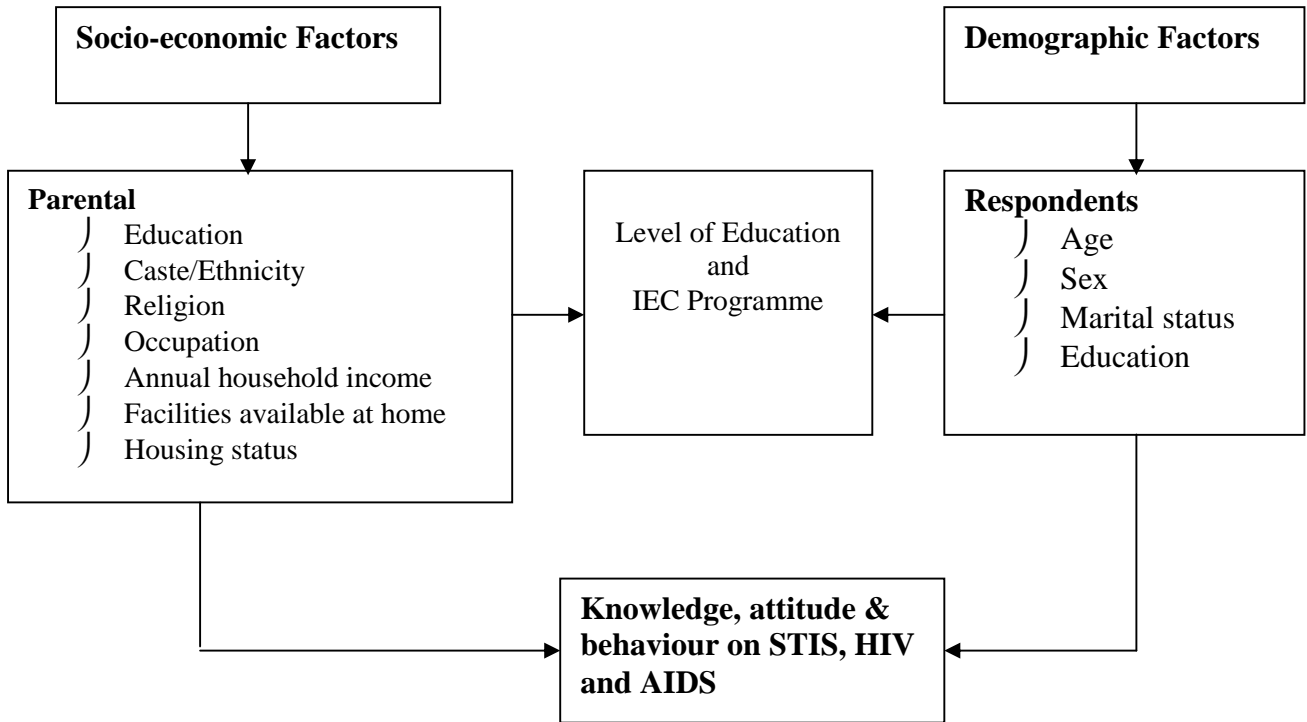
** Mode of Transmission IDU or sexual (data include reports from sentinel surveillance sites and voluntary confidential testing centers.)

2.8 Conceptual Framework

On the basis of the literature review relationship between the different variables were established. In general knowledge, attitude and behaviour of STIs, HIV and AIDS is influenced by socio-economic and demographic factors. Here, socio-economic factors affect demographic factors and level of education. The level of IEC ultimately affects the knowledge, attitude and behaviour on STIs, HIV and AIDS. Sufficient

information, fact on conception, better level of knowledge, positive attitude and good behaviours are the cause of achievement of high level of IEC.

Conceptual Framework



CHAPTER - THREE

METHODOLOGY

This study is based on field survey. The study's main aims are to find out the level of knowledge on STDs and HIV/AIDS among schooling adolescents. This study is carried out fully on the basis of primary data and consist of selection of study area, nature and sources of data, questionnaire design, sample selection, data collection, data management and data analysis and interpretation.

3.1 Study Area

The research study is the case study of early adolescents of secondary school in Jhapa district. Jhapa is the district of Nepal where more facilities are available. It lies in the eastern part of the country. Adolescents who are often considered at vulnerable condition, come here especially for the purpose of study. Even though the sex education is compulsory in the study, all of them are not aware of it. They are mostly unknown to sexually transmitted disease, its causes, consequences and prevention. Therefore, this study area has been selected in order to find the knowledge and attitude towards sexually transmitted disease and HIV/AIDS.

3.2 Nature and Sources of Data

This study is based on primary data, as main source of information. The primary data were collected from field conducting a survey in May, 2008. The nature of data are mostly quantitative, because of few open-ended questions in the questionnaire, qualitative aspects are also considered.

3.3 Questionnaire Preparation

Questionnaire preparation is the essential factor for field study. A structured questionnaire was developed for the study. The structures as well as language of the questions were mainly collected from the different literatures covering the subjective and objectives of the study. Necessary modification in the questionnaire was made to match the present context.

3.4 Sample Selection

To carry out the study, a purposive sampling was done. Four secondary schools were purposively selected. The selected schools are:

- (a) Shree Janata Secondary School
- (b) Shree Schoolchown Secondary School
- (c) Shree Pragati Secondary School
- (d) Shee Mangalmaya Secondary School

There were 600 total number of adolescent students of class 9 and 10 from the selected four schools. Out of 600 students nearly 33 percent or 200 students were selected as the sample size of the study, which is chosen by using purposive sampling method.

The sample selection was drawn as follows:

Table 4: Distribution of Sample Size by School

S.N.	Name of School	Total Population			Sample Population		
		Class		Total	Class		Total
		9	10		9	10	
1	Shree Janata Secondary School	75	59	134	29	16	45
2	Shree School chown Secondary School	100	75	174	35	22	57
3	Shree Pragati Secondary School	139	85	224	46	30	76
4	Shree Mangalmaya Secondary School	39	29	68	13	9	22
	Total	353	247	600	123	77	200

3.5 Questionnaire

For this study, the semi-structured questionnaire was developed which was constructed on the basis of knowledge, attitude and behaviour of students towards STIs, HIV and AIDS. Also pretest was conducted to make the questionnaire more appropriate before making final print for field study.

The questionnaire was divided into following four parts:

- (a) General information
- (b) Household characteristics
- (c) Knowledge and attitude on STIs, HIV and AIDS.
- (d) Behaviour on STIs, HIV and AIDS

In household questionnaire, there is provision for collecting information about respondents parents' education, occupation, caste, ethnicity, etc.

3.4 Data Collection Method

During the time of data collection, respondents were planned in such environment that they were sitting for an examination, so that, they could not talk with each other and unable to copy one's answer by other. Then the questionnaire were distributed to the respondents. The respondents were carefully supervised during the distribution of questionnaire to minimize data error. At last time of data collection, necessary help was taken from the school staff.

3.7 Data Processing/ Management

In this study pre-coded questionnaire were used. At last beginning of the data processing, all the filled questionnaire were manually reviewed and checked and data were manages in excel spread sheet there after by editing entry errors and required table were produced by using different computer package.

3.8 Methods of data Analysis and Interpretation

The collected data were analyzed in descriptive as well as statistical way by using very simple method such as total number of frequency table percentage and cross tables with the help of different computer package i.e. Excel and Windows Programme and result and conclusion were drawn.

CHAPTER – IV

SOCIO ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE POPULATION

This chapter presents the socio-economic and demographic characteristics of the secondary school adolescents in the selected schools of Jhapa districts. This includes distribution of the respondents by their age-sex structure, marital status, caste/ethnicity, religion, parent's education, parents occupation, income, facilities at the home and housing status are described.

4.1 Demographic Characteristics

This sector presents the demographic characteristics of the respondents. In the demographic characteristics, age-sex composition and marital status have been included.

4.1.1 Age-Sex Composition

Age-sex composition plays an important role in determining the population distribution of the study area. Thus, an attempt was made to obtain information on the age structure of the school adolescents. During the interview the respondents were asked to state their completed age.

Table 5 indicates that the age of the respondents ranges from 13 years to 19 years. The largest percentage of respondents is found in the age group 15-17 years 46.5%. Among them 46.3 percent are male and 46.7 percent are female. Similarly, the lowest number 16.5 percent of respondents are from the age group of 17-19 years. Among them 16.9 percent are male and 16.5 percent are female.

Table 5: Percentage Distribution of Respondents by Age and Sex

Age in years	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
13-15	35	36.8	39	37.1	74	37
15-17	44	46.3	49	46.7	93	46.5
17-19	16	16.9	17	16.2	33	16.5
Total	95	100.0	105	100.0	200	100.0

Source: Field survey, 2008

4.1.2 Marital Status by Sex

Table 6 presents the marital status of sample population. Out of the total respondents, all were unmarried i.e. 100 percent.

Among the total males and females, no one were found to be married. It shows that there is no early marriage practices among males and females.

Table 6: Percentage Distribution of Respondents by Marital Status and Sex

Marital Status	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Married	-	-	-	-	-	-
Unmarried	95	100	105	100	200	100
Total	95	100.0	105	100.0	200	100.0

Source: Field survey, 2008

4.2 Socio-economic Characteristics

This subsection presents the description of the adolescents by their caste/ethnicity, religion, parents education, father's occupation, mother's occupation, annual household income, facilities available at home and housing status.

4.2.1 Caste/Ethnicity

Seven caste/ethnicity groups are represented in the sample area. They are Brahmin, Chhetri, Gurung, Tamang, Newar and Dalit which represent all major caste/ethnic groups of this study area.

Table 6 shows caste/ethnicity and religious status of the sample population. Among the total respondent 200, majority of them were found to be Brahmin (53%) followed by Chhetri (22%), Dalit (9.5%), Gurung (5%), Newar (4%), Tamang (3.5%) and the lowest percentage (3.0%) of the respondents are from Magar caste group.

4.2.2 Religion

In this study, among the total respondents only two religious groups were found. Majority of them were found to be Hindu, i.e. 92% followed by Buddhist 10%.

Table 7: Percentage Distribution of Respondents by Caste/ethnicity and Religion

Characteristics	Number	Percent
Caste/ethnicity		
Brahmin	106	53
Chhetri	44	22
Gurung	10	5
Newar	8	4
Tamang	7	3.5
Magar	6	3
Dalit	19	9.5
Total	200	100.0
Religion		
Hindu	184	92
Buddhist	16	8
Total	200	100

Source: Field Survey, 2008

4.2.3 Parent's Education

Table 8 shows the number percentage distribution of adolescents who had responded about their parent's education. From the table, the percentage of literate father (95%) was higher than the percentage of literate mother (90%). Among literate father 14.7 percent had attained primary level, 11.6% percent had lower secondary level, 33.7 percent had secondary level and rest 40 percent had S.L.C. or above i.e. Higher education level. Similarly among literate mothers, 42.2 percent had primary level, 25.6 percent had lower secondary level, 18.3 percent had secondary level and rest 13.9 percent had S.L.C. or above level.

This study shows that fathers are more educated than mothers. If the parents are educated their children are found active on each and every fields. So, education plays an important role to make bright future. Educated person can teach and learn how to behave others and to get much more knowledge from further studies. Educated person can get more knowledge from various factors and subject matters like STIs, HIV and AIDS, different diseases and other important events.

Table 8: Percentage Distribution of Respondents by their Parent's Education

Characteristics	Number	Percentage
Father's education		
Illiterate	10	5
Literate	190	95
Completed Level of education		
Primary	28	14.7
Lower Secondary	22	11.6
Secondary	64	33.7
S.L.C. and above	76	40
Total	190	100.0
Mother's education		
Illiterate	20	10
Literate	180	90
Completed Level of education		
Primary	76	42.2
Lower Secondary	46	25.6
Secondary	33	18.3
S.L.C. and above	25	13.9
Total	180	100.0

Source: Field Survey, 2008

4.2.4 Father's Occupation

In this study six types of occupation were recorded as the major occupation. Table (8) shows that, among the total respondents majority of their father were found to be engaged in Agriculture (35%), those involved in service (23.5%), Business (23%), Daily ways (11%), Teaching (4.5%) and politics (3%).

4.2.5 Mother's Occupation

Similarly Table 9 shows that most of their mother's were engaged in Agriculture (61.5%) and then in household work (27.5%), service (4%), Business (3.5%), Teaching (3%) and politics (0.5%).

Table 9: Percentage Distribution of Respondents by their Parents Occupation

Characteristics	Number	Percentage
-----------------	--------	------------

Father's Occupation		
Agriculture	70	35
Service	47	23.5
Business	46	23
Daily wage	22	11
Teaching	9	4.5
Politics	6	3
Total	200	100.0
Mother's Occupation		
Agriculture	123	61.5
House wife	55	27.5
Service	8	4
Business	7	3.5
Teaching	6	3
Politics	1	0.5
Total	200	100.0

Source: Field Survey, 2008

4.2.6 Annual Household Income

Income is the variable which is most important to find out the economic status of the respondents and it is also very difficult to determine their economic status during this period, because most of the respondents don't like to open their parent's income and they are not also come to know the parent's income. This study has tried to find their economic status by convincing them.

Table 10 shows that the majority of the respondents parent's income are from Rs.2001-5000, i.e. 33.5 percent. Similarly, the second majority of the respondents parent's income are from 9001 or more, i.e. 25.5 percent. It shows that the economic status of the respondents parent's are low and few of them have sound economic status.

Table 10: Percentage Distribution of Respondents by their Parents Annual Household Income

Annual household income (NRs)	Number	Percent
500-2000	47	23.5
2001-5000	67	33.5
5001-9000	35	17.5
9001 or more	51	25.5
Total	200	100.0

Source: Field Survey, 2008

4.2.7 Facilities available at home

The following questions were asked to the respondents to fulfill this analysis. Do you have following facilities at home? The optimums are given only for five items. Electricity, Television, Telephone, Computer and other facilities.

Table 11: Percentage Distribution of Respondents Types of Facilities at Home

Home facilities	Number	Percent	Total
Electricity	195	97.5	200
Television	171	85.5	200
Telephone	89	44.5	200
Computer	25	12.5	200
Others*	35	17.5	200

Source: Field Survey, 2008

*Motorbike, Cycle, Daily, Cable, Daily News paper.

NOTE: Total percentage may exceed 100 due to multiple responses.

The results show that out of total 200 respondents, 97.5 percent have electricity and 85.5 percent have television in their house. Similarly, 44.5 percent have telephone in their house. And 17.5 percent of the respondents who have facilities of electricity, T.V. and telephone, those respondents have good knowledge towards SITS, HIV and AIDS.

4.2.8 Housing Status

The table below shows that the highest 86 percent of respondents live at own house, 8 percent live at rented room and 6 percent live with relatives.

Table 12: Percentage Distribution of Respondents by Living Place and Sex

Living place	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Own house	80	84.2	92	87.6	172	86
Rented room	10	10.5	6	5.7	16	8
Relative	5	5.3	7	6.7	12	6
Total	95	100.0	105	100.0	200	100.0

Source: Field survey, 2008

The table further shows that majority of female respondents that are 87.6 percent live at own house and followed by relatives house and rented room 6.7 and 5.7 percent respectively. Similarly the highest 84.2 percent of male respondents live at own house and followed by rented room is 10.5 percent and relatives house is 5.3 percent respectively.

CHAPTER -V

LEVEL OF KNOWLEDGE ON STIs, HIV AND AIDS

This chapter deals about the knowledge on STIs, HIV and AIDS among the secondary level school students. The differential of knowledge and attitude on STIs, HIV and AIDS according to socio-economic and demographic characteristics are discussed below.

5.1 Knowledge on STIs

In this section the knowledge on STIs with regard to whether the respondents have heard of STIs or not, the knowledge on major types of STIs, the sources of information on them, mode of transmission and preventive measures against the STIs have been examined.

5.1.1 Heard of STIs

In order to obtain information on the knowledge about STIs, the respondents were asked the following question have you ever heard about STIs? Table 13 presents the distribution of respondents by their knowledge on STIs. Table 13 shows that the frequency and percentage distribution of respondents who have heard or do not heard the name of different STIs. It was found that 94 percent had heard of STIs and 6 percent didn't heard of it. Among 188 respondents who have heard of STIs, only 86.2 percent have heard of gonorrhoea. Similarly, only 76.1 percent of them have heard of Hepatitis B. Moreover, the number of respondents who have heard of trichomoniasis was only 6.4 percent. It is very surprising to note that 7.4 percent and 6.4 percent of them have ever heard of the STIs like Chlamydia and Trichomoniasis respectively. The data indicates that the level of knowledge differs with the type of STIs. Gonorrhoea, Hepatitis-B and syphilis appears to be the most common STIs heard by the respondents.

Table 13: Percentage Distribution of Respondents by Heard of STIs and Heard of Names of different STIs

Heard of STIs	Number	Percent
Yes	188	94
No	12	6
Total	200	100
Heard of the name of STIs Gonorrhoea		
Yes	162	86.2
No	26	13.8
Total	188	100.0
Syphilis		
Yes	111	59
No	77	41
Total	188	100.0
Hepatitis-B		
Yes	143	76.1
No	45	23.9
Total	188	100.0
Chlamydia		
Yes	14	7.4
No	174	92.6
Total	188	100.0
Trichomoniasis		
Yes	12	6.4
No	176	93.6
Total	188	100.0

Source: Field Survey, 2008

5.1.2 Heard of STIs by Sex

In the analysis of STIs by sex this study indicates that female 99% have more knowledge of STIs than male 88.4% respondents. After analyzing the data obtained from the field survey, it is clear that the knowledge of STIs of students are different

for particular STIs. Table 14 show that 86.9 percent and 60.7 percent male respondents have knowledge about Gonorrhoea and syphilis respectively and 80.9 percent male respondents have knowledge about Hepatitis-B whereas 85.6 percent and 57.7 percent female respondents have knowledge about Gonorrhoea and syphilis respectively.

Very few respondents are familiar with other types of STIs like chlamydia and Trichomoniasis. About 10.7 percent male respondents and 2.9 percent female respondents have knowledge about Trichomoniasis. The reason for variation on knowledge of different types of STIs among them may be due to lack of proper knowledge on various types of STIs.

Table 14: Percentage Distribution of Respondents about Heard of STIs, Name of different STIs, by Sex

Sex Heard of STIs	Male		Female		Total
	Number	Percent	Number	Percent	Percent
Yes	84	88.4	104	99	93.5
No	11	11.6	1	1	6.5
Total	95	100.0	105	100.0	100.0
Heard of Gonorrhoea					
Yes	73	86.9	89	85.6	86.2
No	11	13.1	15	14.4	13.8
Total	84	100.0	104	100.0	100.0
Heard of Syphilis					
Yes	51	60.7	60	57.7	59.1
No	33	39.3	44	42.3	40.9
Total	84	100.0	104	100.0	100.0
Heard of Hepatitis-B					
Yes	68	80.9	75	72.1	76.1
No	16	19.1	29	27.9	23.9
Total	84	100.0	104	100.0	100.0
Heard of Chlamydia					
Yes	9	10.7	5	4.8	7.4
No	75	89.3	99	95.2	92.6
Total	84	100.0	104	100.0	100.0
Heard of Trichomoniasis					
Yes	9	10.7	5	4.8	7.4
No	75	89.3	99	95.2	92.6
Total	84	100.0	104	100.0	100.0

Source: Field Survey 2008

5.1.3 Heard of STIs by education

Education of the respondents is an important social factor to determine their level of knowledge on STIs. The information education and communication may differ from grade to grade. That is why, an attempt has been made to present the heard of STIs by education.

Table 15: Percentage Distribution of Respondents about Heard of STIs and Name of STIs by Education

Heard of STIs	Class 9		Class 10	
	Number	percent	Number	percent
Yes	112	91.1	76	98.7
No	11	8.9	1	1.3
Total	123	100.0	77	100.0
Heard of Gonorrhoea				
Yes	88	78.6	74	97.3
No	24	21.4	2	2.7
Total	112	100.0	76	100.0
Heard of Syphilis				
Yes	63	56.3	48	63.2
No	49	43.7	28	36.8
Total	112	100.0	76	100.0
Heard of Hepatitis-B				
Yes	84	75	59	77.6
No	28	25	17	22.4
Total	112	100	76	100.0
Heard of Chlamydia				
Yes	4	3.6	8	10.5
No	108	96.4	68	89.5
Total	112	100.0	76	100.0
Heard of Trichomoniasis				
Yes	4	3.6	8	10.5
No	108	96.4	68	89.5
Total	112	100.0	76	100.0

Source: Field Survey 2008

Out of total respondents, their percent from class nine and ten who had heard of STIs was 91.1% and 98.7% respectively. Among those who had heard of different types of

STIs, 78.6 percent from class nine and 97.3 percent from class ten have heard the name of Gohorrhoea. Similarly, 75 percent from class nine and 77.6 percent from class ten have heard the name of Hepatitis-B. In class nine 56.3 percent and in class ten 63.2 percent have heard the name of syphilis. From the table 15, it seems that the number of respondents of class 9 who have knowledge of chlamydia and Trichomoniasis are 3.6 percent while it is 13.2 percent and 10.5 percent for respondents of class ten.

Thus, it shows that level of knowledge on STIs has found to increase in the level of education.

5.2 Knowledge of STIs by Sources of Information

Communication media plays a vital role in dissemination of STIs message to the people. The role of channels in different media of communication is providing message to the students and community people can not be neglected. The respondents were asked to mention the main sources of information for STIs from which they heard about it. Table 16 shows the distribution of the respondents who have heard of STIs by types of sources of information.

Table 16: Percentage Distribution of Respondents about Sources of Knowledge on STIs by Sex

Sex Sources of information	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Radio	66	78.6	98	94.2	164	87.2
Television	58	69	88	84.6	146	77.7
News paper	60	71.4	71	68.3	131	69.7
Parents	24	28.6	45	43.3	69	36.7
Teacher	66	78.6	85	81.7	151	80.3
Friends	47	55.9	78	75	125	66.5
Text books	70	83.3	81	77.9	151	80.3

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

Out of total respondents of 188 who have heard of STIs, only 87.2 percent have heard of STIs from the radio programmes. Similarly 80.3 percent of the respondents heard STIs through textbooks. Only 77.7 percent heard STIs from television. Significantly 69.7 percent heard from Newspaper, 36.7 percent by parents, 80.3 percent by teacher and 66.5 percent by friends.

Table 16 shows that 83.3 percent and 78.6 percent of the male respondents have got information from both textbooks and radio whereas 94.2 percent and 84.6 percent female have got information from both radio and television.

On the basis of this data, it can be said that radio is the most popular and text book is the second important source of the information as shown in the table.

5.2.1 Knowledge on Transmission Modes on STIs

In order to obtain the knowledge about mode of transmission of STIs, the respondents who reported that STIs are transmitted from one person to another were asked the following question: How are STIs transmitted?

Table 17: Distribution of Respondents by Knowledge on Transmission Modes of STIs

Mode of Transmission	Number	Percent
Unprotected sexual intercourse	157	78.5
Living together with infected person	46	23
Infected blood transmission	142	71
From infected mother to foetus	103	51.5

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

From the table 17, out of 200 respondents, 87.5 percent reported to have knowledge on modes of transmission of STIs, by unprotected sexual intercourse between infected person and healthy person. But Living together with infected person and infected blood transmission were reported as modes of transmission of STIs, by unprotected sexual intercourse between infected person and healthy person. But living together with infected person and infected blood transmission were reported as modes of

transmission of STIs by 23 percent and 71 percent respondents respectively. Only 51.5 percent respondent reported STIs are transmitted from infected mother to fetus.

5.2.2 Knowledge on Preventive Measures of STIs

After analyzing the data, it is found that the preventive measures of STIs are higher among the students.

Table 18: Percentage Distribution of Respondents about Knowledge on Preventive Measures of STIs by Sex

Methods of prevention \ Sex	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Use condom during sexual intercourse	76	90.5	90	86.5	166	88.3
Avoid sex with multiple	55	65.5	71	68.3	126	68.1
Avoid sex with prostitute	58	69.1	82	78.8	140	74.5
Use sterilized syringe only	31	36.9	45	43.3	76	40.4

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

Out of the 188 respondents who had heard of STIs majority of them, 90.5 percent male and 86.5 percent female had knowledge to use condom during sexual intercourse for the preventive measures of STIs. Similarly 65.5 percent of male respondents and 68.3 of female respondents reported avoid sex with multiple partners is the true method of prevention of STIs. Only 69.1 percent of male and 78.8 percent are female respondents told that avoid sex with prostitute is the true method of preventive of STIs. At last, 36.9 percent of male and 43.3 percent of female respondents reported use of sterilized syringe is the true method of preventing STIs from one infected person to another.

5.2.3 Knowledge on Symptoms of STIs by Sex

Table 19 shows that 27.7 percent had noted lower abdominal pain during sexual intercourse as a symptom of STIs where as 31.9 percent of the respondents said that swelling of limb is the symptom of STIs. Similarly 37.8 percent of the respondents said that the appearance of red spots around the genital is the symptoms of STIs infection, 34.6 percent of the respondents said that bleeding other than menstruation period, and 33.5 percent of the respondents said that yellowish pus-like discharge from the vagina and penis is the symptoms of STIs. Only 24.5 percent of the respondents said that they have no idea about it.

Table 19: Percentage Distribution of Respondents about Knowledge on Symptoms of STIs by Sex

Symptoms \ Sex	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Lower abdominal pain	21	25	31	29.8	52	27.7
Swelling of limbs	34	40.5	26	25	60	31.9
Appearance of red spots around the genitals	35	41.7	36	34.6	71	37.8
Bleeding in the menstruation period	31	36.9	34	32.7	65	34.6
Yellowish pus-like discharge from the vagina and penis	32	38.1	31	29.8	63	33.5
Don't know	15	17.9	31	29.8	46	24.5

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

5.3 Knowledge of HIV and AIDS

This sector present the respondents knowledge on HIV and AIDS,types of sources of information on HIV and AIDS, possibility of transmission of HIV from one infected person to another and modes of transmission and knowledge on prevention against the infection.

5.3.1 Heard of HIV and AIDS

Acquired Deficiency Syndrome was first recognized internationally in 1981. In Nepal, it was identified in 1988. AIDS has been emerging as one of the burning issue all over the world. In order to test the knowledge on HIV and AIDS following question was asked to the respondents. Have you heard about HIV and AIDS?

Table 20: Percentage Distribution of Respondents by Heard of HIV and AIDS

Heard of HIV and AIDS	Responses	Percent
Yes	200	100.0
No	-	-
Total	200	100.0

Source: Field Survey, 2008

The table 20 indicates that 100 percent respondents have heard about HIV and AIDS.

5.3.2 Source of Knowledge on HIV and AIDS by Sex

This study was also conducted to find out the different kind of source that have been identified through which the information on HIV and AIDS have reached the respondents.

Table 21: Percentage Distribution of Respondents about Sources of Knowledge on HIV and AIDS by Sex

Sex \ Source of knowledge	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Radio	74	77.9	91	86.7	165	82.5
Television	64	67.4	90	85.7	154	77
Newspaper	74	77.9	90	85.7	164	82
Parents	25	26.3	48	45.7	73	36.5
Teacher	77	81.1	91	86.7	168	84
Friends	49	51.6	83	79	132	66
Text books	61	64.2	80	76.2	141	70.5

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

Table 21 presents different sources of knowledge about HIV and AIDS, those who had heard of HIV and AIDS. Each respondents had reported that they had more than

one source of knowledge about HIV and AIDS. The result shows that total 200 respondents who had heard of HIV and AIDS, 84 percent responded teacher as the name of source of knowledge. Parents were the source of knowledge for only 26.3 percent male and 45.7 percent of female. Similarly 67.4 and 77.9 percent of the male respondents had got knowledge from television and newspaper respectively whereas 85.7 percent female had got knowledge from both television and newspaper. The percent of male respondents was lower than the percentage of female respondents. It means that male respondents had less number of source its comparison to the female respondents.

5.3.3 Knowledge on Transmission Modes of HIV and AIDS

It was the objectives of the study to know that the knowledge and attitude of transmission of HIV and AIDS. So, this question was put forward to those respondents who had knowledge on transmission of HIV and AIDS. Table 22 provides the ways of mode of transmission of HIV and AIDS.

Table 22: Percentage Distribution of Respondents about Knowledge on Trichomoniasis of HIV and AIDS

Knowledge on modes on HIV and AIDS transmission	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Sharing infected needles/ instrument	61	64.2	68	64.8	129	64.5
Infected blood transfusion	90	94.7	97	92.4	187	93.5
Sexual contact with infected person	81	85.3	94	89.2	175	87.5
Breast feeding from infected mother	37	38.9	46	43.8	83	41.5
From infected mother	44	46.3	65	61.9	109	54.5

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

From the table 22 nearly 94.0 percent respondents said that HIV and AIDS transmits from infected blood transfusion. Similarly, 87.5 percent respondents said that from sexual contact with infected persons, 64.5 percent respondents said that from sharing infected needle, 54.5 percent respondents said that from infected mother to foetus and 41.5 percent respondents said that from breast feeding.

The method of transmission knowledge on HIV and AIDS is high among female respondents. For instance, 64.8 percent of female and 64.2 percent of male respondents reported sharing infected needles is the mode of transmission of HIV infection. Similarly, 92.4 percent of female and 94.7 percent of male respondents stands for the favors for infected blood transfusion is the mode of transmission of HIV infection 89.2 percent of female respondents and 85.3 percent of male respondents told sexual contact with infected persons is the mode of transmission of HIV infection. For instance, 43.8 percent of female respondents 38.9 percent of male respondents are reported breast feeding from infected mothers is the mode of transmission of HIV infection. At last, 61.9 percent of female respondents and 46.3 percent of male respondents reported themselves infected mother to fetus during child birth is the mode of transmission of HIV infection.

5.3.4 Knowledge on Preventive Measures of HIV and AIDS

Prevention knowledge on HIV and AIDS among respondents is high. In this study 90 percent respondents said use of condom is the true method for preventing HIV and AIDS transmission. Similarly, 79.5 percent respondents said use lab tested blood, 63.5 percent respondents said avoid sharing needle and drug use and 51 percent respondents said don't have sex at all is the true method for preventing HIV and AIDS transmission.

Table 23: Percentage Distribution of Respondents about Knowledge on Preventive Measures of HIV and AIDS by Sex

Method of prevention	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Don't have sex at all	40	42.1	62	59	102	51
Don't have sex with multiple partner	54	56.8	77	73.3	131	65.5
Use of condoms	84	88.4	96	91.4	180	90
Use lab tested blood	76	80	83	79.1	159	79.5
Avoid sharing needles and drug use	61	64.2	66	62.9	127	63.5

Source: Field Survey, 2008

Note: This table is based on the multiple responses from those respondents who had heard of HIV and AIDS (95 male and 105 female)

Table 23 shows that majority of respondents, 91.4 percent female had knowledge of condom use during sexual intercourse as a preventive measure of HIV and AIDS. The percentage of female is higher than the percentage of male in more measures. It indicated that more number of respondents have knowledge about the preventive measures of HIV and AIDS than male respondents.

5.3.5 Knowledge on Symptoms of HIV and AIDS

Table 24 shows that the knowledge about the symptoms of HIV and AIDS among respondents. From the table 67.4 percent male and 64.8 percent female had noticed loss of weight by 10% as a symptom of HIV and AIDS. Similarly diarrhea for more than one month and fever for more than one month were respondent as p symptoms of HIV and AIDS by 22 percent and 18.9 percent of the male and 21.9 percent and 14.3 percent of the female respondents respectively. Only 26.3 percent male and 27.6 percent of the female respondents said that they have no idea about it. Although, all of the three are major symptoms of HIV and AIDS but due to lack of knowledge, majority of them didn't know those symptoms as major symptoms of HIV and AIDS.

Table 24: Percentage Distribution of Respondents about Knowledge on Symptoms of HIV and AIDS by Sex

Sex Major Symptoms of HIV and AIDS	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Loss of body weight by 10%	64	67.4	68	64.8	132	66
Diarrhoea for more than 1 month	21	22.1	23	21.9	44	22
Fever more than 1 month	18	18.9	15	14.3	33	16.5
Don't know	25	26.3	29	27.6	54	27

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses (95 male and 105 female)

5.4 High Risk behaviour of People Getting HIV Infection

The study also aimed to find out the knowledge of respondents on the high risk behaviour of people for getting HIV infection.

Table 25: Percentage Distribution of Respondents about Knowledge on High Risk Behaviour of People for Getting HIV Infection

Sex High risk people	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Sex with multiple partner	77	81.1	74	70.5	151	75.5
Commercial sex worker	81	85.3	96	91.4	177	88.5
Drug users	75	79	68	64.8	143	71.5
Homosexual	21	22.1	25	23.8	46	23
More mobile person	29	30.5	28	26.7	57	28.5
Adolescent and youths	26	27.4	32	30.5	58	29

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

The result shows that out of total respondents 75.5 percent of them reported that sex with multiple partners is the high risk behaviour for catching HIV infection. Similarly, 88.5 percent of the respondents reported that commercial sex is the high group of people for HIV infection. About 71.5 percent of the respondents said that those people who take drugs and 23 percent of the respondents thought that homosexual are in the high risk category of getting HIV infection.

CHAPTER - VI

ATTITUDE AND BEHAVIOUR ON STIS, HIV AND AIDS

This chapter examines the attitude and behaviour of adolescents on different aspects of STIs and HIV and AIDS. The attitude and behaviour depends upon the knowledge of adolescents on STIs, HIV and AIDS.

6.1 Attitude on curative measures of STIs by sex

The question "Are STIs curable?" was put forward to all 200 respondents, who have heard of at least one type of STIs. Out of the total respondents 58.3 percent male, 54.8 percent female reported to be curable while 20.3 percent male and 19.3 percent female reported not curable. It shows that majority of them had positive attitude about the curative measures of STIs.

Table 26: Percentage Distribution of Respondents about Attitude on Curative Measures of STIs by Sex

Are STIs curable?						
Response	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Yes	49	58.3	57	54.8	106	56.4
No	17	20.3	20	19.3	37	19.7
Don't know	18	21.4	27	25.9	45	23.4
Total	84	100.0	104	100.0	188	100.0

Source: Field Survey, 2008

6.2 Attitude on Curative Measures of HIV and AIDS

If we know that HIV and AIDS is fatal disease, So appropriate curative measures are rare. An additional question was put forward to know their attitude about the curative measures of HIV and AIDS. Table 27 shows that out of total respondents of 200, majority of them 54 percent believed that HIV and AIDS is not curable however only 9.5 percent male and 13.3 percent female responded can be cured. The confusion was found among more number of female than male.

Table 27: Percentage Distribution of Respondents about Curative Measures of HIV and AIDS by Sex

Is HIV and AIDS Curable?						
Response	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Can't be cured	52	54.7	56	53.3	108	54
Can be cured	9	9.5	14	13.3	23	11.5
Don't know	34	35.8	35	33.4	69	34.5
Total	95	100.0	105	100.0	200	100.0

Source: Field Survey, 2008

6.3 Opinion Regarding STIs, HIV and AIDS

To know the opinion regarding STIs, HIV and AIDS "Is it essential to give knowledge about STIs, HIV and AIDS to the students?" was asked Among them, 66.3 percent male and 66 percent female reported it to be too much essential. Only 33.7 percent male and 34.3 percent female responded "essential". It means that all of them had necessity feeling of sex education including STIs, HIV and AIDS.

Table 28: Percentage Distribution of Respondents about Opinion Regarding STIs, HIV and AIDS by Sex

Sex Response	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Essential	32	33.7	36	34.3	68	34
To much essential	63	66.3	69	65.7	132	66
Total	95	100.0	105	100.0	200	100.0

Source: Field Survey, 2008

From the table 29 out of the total respondents 200, only 9.5 percent male and 4.8 percent female reported their views positively answer of the question "Can one generally identify a person, if he/she infected just by looking at? Majority of them, 70.5 percent male and 76.2 percent female reported negatively. It shows that in their opinion healthy looking person can not have HIV and AIDS.

Table 29: Percentage Distribution of Respondents by Identification of Infected Person by Looking At

Sex Response	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Yes	9	9.5	5	4.8	14	7
No	67	70.5	80	76.2	147	37.5
Don't know	19	20	20	19	39	19.5
Total	95	100.0	105	100.0	200	100.0

Source: Field Survey, 2008

6.4 Behave on STIs, HIV and AIDS infected person.

To know their behave to infected person a question "how should behave to infected person?" was asked to all the respondents. Majority of the respondents 81.1 percent male and 85.7 percent female said that we should love and respect them. But 18.9 percent male and 14.3 percent female said that they have no idea about it. The main reason behind the above result may be the lack of proper knowledge on STIs, HIV and AIDS.

Table 30: Percentage Distribution of Respondents about behaviour on Infected Person

Sex Response	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Love/respect them	77	81.1	90	85.7	167	83.5
Don't know	18	18.9	15	14.3	33	16.5
Total	95	100.0	105	100.0	200	100.0

Source: Field Survey, 2008

6.5 Behaviour on STIs

To know their behaviour on STIs a question "what will you do when you will be suffered from STIs?" was asked to all the respondents who have heard of STIs. Hundred percent respondents reported to consult a doctor. It means that they want treatment rather to keep secret.

Table 31: Percentage Distribution of Respondents about Behaviour on STIs by Sex

Sex Response	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Keep secret	-	-	-	-	-	-
Consult to doctor	84	100.0	104	100.0	188	100.0

Source: Field Survey, 2008

Another question "Listening to the words HIV and AIDS or STIs, what do you feel?" was put forward to all the respondents. In response of the question majority of them, 46.3 percent male and 48.6 percent female reported to have feeling shyness and 25.3 percent male and 25.7 percent female reported to have feeling of fear. Remaining was reported to have feeling normal and nothing from this response. It can be concluded that those who had feeling 'normal' and 'nothing' can talk openly about STIs, HIV and AIDS, but those who had feeling of 'shyness' and 'fear' can't talk openly about it.

Table 32: Percentage Distribution of Respondents about Behaviour on STIs, HIV and AIDS by Sex

Response \ Sex	Male		Female		Total	
	No	Percent	No	Percent	No	Percent
Normal	18	18.9	22	20.9	40	20
Shyness	44	46.3	51	48.6	95	47.5
Fear	24	25.3	27	25.7	51	25.5
Nothing	9	9.5	5	4.8	14	7.0
Total	95	100.0	105	100.0	200	100.0

Source: Field Survey, 2008

CHAPTER - VII

SUMMARY, CONCLUSION AND RECOMMENDATION

This study analyzed the knowledge, attitude and behaviour on STIs, HIV and AIDS among the selected secondary school students of Jhapa district. The specific objectives of the study were, to examine the socio-economic and demographic background of respondents and parents; to assess their level of knowledge on STIs and HIV and AIDS; to examine the knowledge on the mode of transmission and preventive measures of STIs, HIV and AIDS; and to identify their attitude and behaviour on STIs, HIV and AIDS.

Total 200 respondents were interviewed from purposively selected three schools. Among them 95 are male and 105 are female and within the age range 13 to 19 years. The field survey was conducted during the month of May and June 2008. The major findings, conclusion and recommendation of the study are as follows:

7.1 Summary of the Findings

The socio-economic and demographic characteristics of respondent were different. The knowledge, attitude and behaviour on STIs, HIV and AIDS possess by them was different. Major findings are summarized in each of the following topics:

7.1.1 Socio-Economic and Demographic Characteristics of the Respondents

-) The majority of the respondent are Brahmin (53%) followed by Chhetri (22%), Dalit (9.5%), Gurung (5%), Newar (4%), Tamang (3.5%) and 3 % of respondents are Magar.
-) Out of the total respondents, 92 percent reported their religion is Hindu and 8 percent reported their religion is Buddhist.
-) Most of the respondents fathers are educated than respondents mothers very few i.e. 5% percent fathers are illiterate but 10 percent mothers are illiterate. It is vast difference in education. Parent's education plays an important role to

give knowledge attitude and behaviour towards STIs, HIV and AIDS.

-) The main occupation of their parents was agriculture.
-) 35 percent and 23.5 percent respondent's fathers are engaged in agriculture and service respectively and 61.5 percent of the respondents state that their mothers are housewives.
-) Majority of the respondent's parent's income are between Rs 2001-5000 i.e. 33.5 percent 25.5 percent respondent's parents have above Rs.9000.
-) Parent's income depends upon their children education because if they have good income, they put their children on private school, if they have not good income, they force to put on government school so that, it is different.
-) Out of total respondents, the largest number had electricity in their house (97.5%) and 85.5 percent of them have television in their house.
-) About 86.0 percent of the respondents are living in their own house, 8.0 percent living in rented house and 6.0 percent are living with relatives.
-) About 46.5 percent of the students are from the age group 15-17 and least 16.5 percent form the age group 17-19 years.
-) All of the respondents 100 percent were unmarried.

7.1.2 Knowledge on STIs, HIV and AIDS

-) Out of the total 200 respondents only 188 (94.0%) of them have heard of STIs. The remaining 6 percent of them have never heard of STIs.
-) The percentage of respondents who had heard of STIs was higher among females (99.0%) as opposed to their male counterparts (88.4%).
-) Majority of the respondents (86.2%) have heard of "Gonorrhoea".
-) The respondent's percent of class nine and ten who had heard of STIs was 96.9 percent and 98.7 percent respectively.

-) Radio, textbooks, television and teachers are the main source of information about STIs, HIV and AIDS.
-) 78.5 percent of the respondent believes that STIs is transmitted through unprotected sexual intercourse followed by 71 percent respondents that have knowledge about STIs transmission through infected blood transfusion.
-) Out of the 200 respondents who had heard of STIs, majority of them, 90.9 percent male and 86.5 percent female had knowledge to use condom during sexual intercourse as a preventive measure of STIs.
-) The study shows that 27.7 percent had noted lower abdominal pain during intercourse as a symptom of STIs infections where as 37.8 percent of the respondents said that appearance of red spots around the genitals is the symptom of STIs Infection.
-) Some of the respondents had misconception about the symptoms of STIs.
-) All of the respondents have knowledge about HIV and AIDS. All respondents mean 200 respondents get knowledge from the sources like Radio, T.V., Newspaper, Parents, Teacher, Friends and Textbooks.
-) The method of transmission knowledge on HIV and AIDS is high among female respondents.
-) Knowledge on the transmission of HIV and AIDS most of the respondents reported that infected blood transfusion (93.5%) is the way of transmission of HIV infection. Only 41.5 percent of them reported that breast feeding Form infected mothers is the way of transmission of HIV infection. Similarly 87.5 percent of respondents reported sexual contact with infected persons is the mode of transmission of HIV and AIDS.
-) Majority of 90.0 percent respondents reported that, use of condoms during sexual intercourse is the method of prevention of HIV infection. 80 percent reported only use lab tested blood as the method of HIV prevention.
-) Knowledge about the symptoms of HIV and AIDS, most of the respondents

(66.0%) reported that loss of body weight by 10% as a symptom of HIV infection.

-) Due to the lack of knowledge majority of them didn't know those symptoms as major symptoms of HIV and AIDS.
-) The study shows that out of the total respondents, 88.5 percent of them reported that commercial sex worker is the high risk behaviour for catching HIV infection.
-) 75.5 percent of the respondents reported that sex with multiple partner is the high risk behaviour for catching HIV infection.

7.1.3 Attitude and Behaviour on STIs, HIV and AIDS

-) Out of the total respondent of 200, 58.3 percent male but only 54.8 percent female responded STIs as a curable disease.
-) Only 19.7 percent respondents were confidence that STIs is not Curable while remaining (23.9%) were in confusion.
-) Only 54 percent respondents were confidence that HIV and AIDS is not curable while remaining was in confusion.
-) Majority of the respondents,(66%) were in want of sex-education including STIs, HIV and AIDS.
-) The majority of the respondents, (83.5%) have positive behave towards infected person.
-) Out of the total respondents, 81.1 percent male and 83.5 percent female reported love/respect them.
-) Majority of the respondents, 46.3 percent male and 48.6 percent female had feeling of shyness while listening to the words STIs, HIV and AIDS.

7.2 Conclusion

This study is based on knowledge attitude and behaviour on STIs, HIV and AIDS among secondary level school adolescents. It is based on primary data. This study summarizes the information of 200 school adolescents. STIs, HIV and AIDS is a burning issue of the world most of the adolescents are affected. So, they have need of knowledge about it.

After analyzing the data, it has found that majority of the respondents have heard STIs, HIV and AIDS. But some respondents have misconception about STIs, HIV and AIDS. The percentage of adolescents (100.0%) who had heard of HIV and AIDS was higher than other areas. Knowledge on transmission symptoms and preventive measures was also higher. It may be the course of frequent advertisement of HIV and AIDS through media and involvement of HIV and AIDS related articles in their course book.

The study shows that education is the most important aspects which changes knowledge, attitude and behaviour of not only school adolescents but also the common people. The study also found that higher grade respondents are more aware about mode of transmission of STIs, HIV and AIDS. Similarly, female respondents are more aware about STIs, HIV and AIDS about the mode of transmission than that of the male respondents. Thus, the study clearly indicates the importance role of education increasing awareness about STIs, HIV and AIDS.

7.3 Recommendation

On the basis of the information obtained form the field visit and with respect to the major findings of this study following recommendations are made.

-) Social and cultural norms are obstacles in the society to discuss about STIs, HIV and AIDS. Therefore, AIDS education should provide according to the cultural and social background of the society.
-) Information, Education and Communication are very important to increase awareness of STIs, HIV, and AIDS. Such programmes should be provided through formal as well as informal education.

-) Utilization of mass media should be promoted.
-) As radio is strongly associated with high knowledge of STIs, HIV and AIDS more effort should be made to produce and broadcast STIs, HIV and AIDS related message in simple language. The awareness raising and behaviour changing messages to STIs, HIV and AIDS related should be broadcast more frequently of suitable time through the radios.
-) Love, care, affection and opportunity are equally important to infected person and should be provided for their longevity.
-) Safer sexual behaviour should be promoted.
-) HIV, AIDS and STIs prevention activities should be implemented on the basis of decentralization of the village, district and regional level.
-) School education should be the key focus to arouse curiosity of adolescents regarding AIDS.
-) Health, population, environment and sex education is incorporate in secondary level schools because of lack of expert teachers. It seems necessary to manage the qualified and trained teachers of this course.
-) Through GOs, INGOs, NGOs the government should integrate the AIDS related programmes to the nook and corner of the country.
-) Programmes must be designed to the sustained over the long term.

7.4 Further Research Issues

-) This study is based on a small sized sample of secondary school adolescents. In rural areas of Nepal the number of adolescents who are out of school is high. Thus further studies can be carried out on adolescents who are out of school.
-) In this study socio-economic variables are not diverse because the sample was selected purposively. Thus Further studies may include diverse socio economic variables to explore the knowledge, attitude and behaviour of study population on STIs, HIV and AIDS.
-) Future studies may include more comprehensive statistical analysis of the association between different variable at the multivariate level.

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QUESTIONNAIRE

Knowledge, Attitude and Behaviour of Secondary School Students on STIs
HIV and AIDs

Section A: General Information

Student's Name:

School's Name:

VDC:

Class:

Sex: Male.....1 Female.....2

Age (Completed)

Respondent Number

Q.No.	Questions	Coding Categories	Skip
1.	What is Caste/Ethnicity?	Brahmin.....1 Chhetri.....2 Tamang.....3 Gurung.....4 Newar.....5 Others (specify).....9	
2.	What is your religion?	Hindu.....1 Buddhist.....2 Muslim3 Others (specify).....9	
3.	Are you married?	Yes.....1 No.....2 → Q.No.5	
4.	If yes, of which age did you get married?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
5.	If no, at which age is appropriate to get married?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
6.	Where do you live?	Own house.....1 Hostel.....2	

		Rented room.....3 Relatives.....4 Others (specity)...9	
7.	Can your father read and write?	Yes.....1 No.....2 —————→	Q.No. 9
8.	If yes, what is your father education level?	Primary (1-5)..... 1 Lower secondary (6-8)..... 2 Secondary (9-10)3 SLC and above 4	
9.	Can your mother read and write?	Yes1 No.....2 —————→	Q.No. 11
10.	If yes, what is your mother education level?	Primary (1-5)..... 1 Lower secondary (6-8)2 Secondary (9-10)3 SLC and above 4	
11.	What is your father's occupation?	Agriculture 1 Service2 Business3 Daily wages4 Politics5 Others (specify) 9	
12.	What is your mother's occupation?	House wife1 Agriculture 2 Service3 Business4 Daily wages 5 Politics 6 Others (specify) 9	
13.	Do you have following facility at home? (Multiple response)	Electricity 1 Television2 Telephone3 Computer4	

		Others (Specify) 9	
14.	How much monthly income does your family have?	Rs.500-2000..... 1 Rs. 2001-5000..... ..2 Rs. 5001-9000 3 Rs. 9001+ above4	
15.	How many members are there in your family?		

Section C: Knowledge and Attitude on STIs, HIV and AIDS

16.	Have you heard about STIs?	Yes 1 No..... 2	→ Q.No. 29
17.	If yes, which STIs have you heard? (Multiple response)	Syphilis1 Gonorrhoea 2 Chlamydia3 Trichomoniasis 4 Hepatitis - B5 Others (Specify) 9	
18.	From which source have you heard about STIs ? (Multiple response)	Radio1 Television 2 Newspapers 3 Parents4 Teachers 5 Friends..... 6 Textbooks 7 Others (Specify) 9	
19.	Do you know about the ways of transmission of STIs?	Yes1 No.....2	→ Q.No.24
20.	If yes, how are STIs transmitted? (Multiple response)	Unprotected sexual intercourse ... Living together with infected Person2 Infected blood transmission	

		From infected mother to fetus Others (Specify)9	
21.	What are the methods of preventive measure of STIs (Multiple response)	Use of condom during sexual intercourse ,....1 Avoid sex with multiple partners ...2 Use sterilized syringe only 3 Avoid sex with prostitute 4 Others (Specify)9	
22.	What are the symptoms of STIs? (Multiple response)	Lower abdominal pain during intercourse 1 Swelling of limbs..... 2 Appearance of red spots around the genitals.....3 Bleeding other than menstruation period4 Yellowish pus-like discharge from the vagina and Penis. Itching5 Don't know9	
23.	Inour opinion are STIs curable?	Yes1 No2	
24.	What will you do when you will be suffered from STIs?	keep secret1 consult doctor.....2	
25.	What do you suggest for STIs infected person in your opinion?	

		
26.	Have you heard about HIV/AIDS?	Yes.....1 No.....2	Q.No. 41
27.	You know the full form of AIDS?	Yes.....1 No.....2	Q.No. 32
28.	If yes, specify	
29.	Do you know the name of virus which causes AIDS?	Yes.....1 No.....2	
30.	If yes, specify the name of such virus?	
31.	From which source have you heard about HIV/AIDS? (Multiple response)	Radio.....1 Television.....2 Newspapers.....3 Parents.....4 Friends.....6 Textbooks.....7 Others (Specify).....9	
32.	Can one generally identify a person, if he/she infected just by looking at?	Yes.....1 No.....2 Don't know9	
33.	In your opinion, how can be HIV/AIDS transmitted? (Multiple response)	Sharing infected needles/ instruments.....1 Infected blood transfusion....2 sexual contact with infected persons.....3 Breast feeding from infected mothers.....4 from infected mother to fetus.....5 Others (specify).....9	
34.	What are the major symptoms of HIV/AIDS?	Loss of body weight by 10%...1	

		Diarrhea for more than 1 month.....2 Fever from more than 1 month.....3 Don't know.....9	
35.	Do you know the preventing method of HIV/AIDS?	Yes.....1 No.....2	Q.No. 40
36.	If yes, what are the preventing methods of HIV/AIDS? (Multiple response)	Don't have sex at all.....1 Don't have sex with multiple partner.....2 Use of condoms.....3 Only use lab tested blood.....4 Avoid sharing needles and drug use.....5 Others (Specify).....9	
37.	Is AIDS curable?	AIDS can't be cured.....1 AIDS can be cured2 Don't know.....9	
38.	Are you involved sexual intercourse?	Yes.....1 No.....2	
39.	In your opinion who are the people at very high risk of getting HIV/AIDSs? (Multiple response)	Person who sex with multiple partners.....1 Commercial sex workers.....2 Person who are drugs users....3 Homosexual.....4 More mobile person.....5	

		Adolescents and youths.....6 Others (Specify).....9	
40.	How should we behave to infected person?	Love/Respect them.....1 Hate them.....2 Don't know.....9	
41.	Is it essential to give knowledge about STIs and HIV/AIDS to the students?	Essential.....1 Too much essential.....2 Not necessary.....3	

Section D: Behaviour on STIs, HIV and AIDS

42.	Is there any friend in your school to have STIs?	Yes.....1 No.....2	
43.	What is the sex of that friend?	boy.....1 girl.....2	
44.	Have you suffered from STIs recently?	Yes.....1 No.....2	
45.	When?	Recently.....1 One year ago.....2 Five years ago.....3	
46.	What will you do, when you will be suffered from STIs?	Keep secret.....1 Consult to a doctor.....2	
47.	Listening to the words STIs and HIV/AIDS what do you feel?	Normal.....1 Shyness.....2 Fear.....3 Nothing.....9	

