

CHAPTER-I

INTRODUCTION

1.1 Background of the Study

Adolescent has been defined by World Health Organization as the period of life spanning the ages between 10-19 years (WHO, 1997). Adolescent is the second decade of life and it is a period of rapid development. Moreover, it is a time when growth is accelerated, major physical changes take place and differences between boys and girls are accentuated (WHO, 1998).

Adolescence is the period of psychological development. Early adolescents are beginning to separate from childhood and their parents, they tend to child like as well as adult like behavior. In the search for a unique social identity for themselves, adolescents are frequently confused between right and wrong. So denoted this period, as one of the storm, stress and conflict at this development stage is normal and not usual. Mid to late adolescent is characterized by a need to establish sexual identity through becoming comfortable with one's own body and sexual feelings (UNFPA, 1988). Early adolescents may rediscover masturbation and other pleasurable self stimulation. They form close friendships with same sex peers and may experiment with them usually to satisfy curiosity. Middle adolescence, typically ages 14 to 18 years, and are found either continuing education or seeking employment (Kafle, 2006).

In the context of world, about one third of the world's population is between the ages of 10 to 24 with vast majority living in developing countries received global attention after the International Conference on Population and Development (1994). In Nepal, according to the census 2001 the total population of adolescents in age group 10-19 years is 23.63 percent, among them 23.94 percent are boys and 23.30 percent are girls. The proportion of adolescents in the total population is likely to increase in the coming years.

Mid to late adolescent is characterized by need to establish sexual identity through becoming comfortable with one's own body and sexual feeling, Through

friendships with members of the opposite sex, dating and experimentation, adolescent learn to express and receive intimate or sexual advances in a comfortable manner that is consistent with internalized values. There are grave risk associate with early sexual activity. This has expanded the period of time that young people face the risks associated with teenage sexual activity and increase the health risks with STDs including HIV/AIDS (UNFPA, 1998).

Sexually Transmitted Diseases (STDs) also called STIs (Sexually Transmitted Infections) are infections that can be transferred from one person to another through sexual contact. STD, and once called Venereal Disease or (VD) is infection disease that spread from person to person through intimate contact. STDs affect boys and girls of all ages and to all backgrounds that are having sex - it does not matter if they are rich or poor.

Adolescents of both sexes are at high risk of contacting and transmitting HIV/AIDS. Adolescents usually face peer pressure to take sexual risk. If they have good knowledge and attitude about STDs and HIV/AIDS they do not involve in such type of works. AIDS or Acquired Immunodeficiency Syndrome is caused by the human immunodeficiency 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. In heavily affected countries, HIV has overwhelmed public health systems and has stretched health care providers, infrastructure and budgets beyond capacity. However, AIDS is much more than a health crisis. Its effects extend to nearly every dimension of social and economic life, especially in the worst-affected countries (Population Bulletin, 2006).

1.2 Statement of the Problem

STIs and HIV/AIDS have everywhere become major public problem every nation nowadays. Adolescents are especially at the risk of infections with STIs including HIV/AIDS. Different factors place adolescent at the centre of STIs and HIV/AIDS vulnerability. Factors such as increasing urbanization, poverty, exposure to conflicting ideas about sexual values and behavior and the breakdown of traditional sexuality and reproduction information channels are encouraging premarital sexual activity among adolescents (UNAIDS, 2004).

HIV/AIDS has been increasing since the first case was detected in 1988 in Nepal. Since then incidence rate is increasing each year and new cases detected in the year 2008 was 232 (NCASC, 2008). So, it's global challenge to increase access to treatment and care, to aware and give information about the causes and consequences of these diseases. In the context of Kirtipur Municipality regarding health status, there are altogether 42 Health centers including governmental, non governmental, private and individual. Among them 11 are governmental, 7 are non-governmental and remaining private ones. People in this municipality are getting treatment of different diseases like tetanus, STDs, dysentery, measles, rabies, hepatitis and so on from these health centers (Bajracharya, 2005).

In the same way, the orientation and counseling program's regarding STIs and HIV/AIDS are being frequently conducted by Community Based Reproductive Health Counseling Center (CBRHCC). There is only one hospital in this municipality known as Kirtipur hospital previously known as Public Health Concern Trust (Phect, Nepal). But in emergency, most of the local people go to Kathmandu, Lalitpur (Municipal Level Poverty Profile, 2008). However, at present we do not know their level of knowledge regarding STIs and HIV/AIDS and how can they be transmitted. As a whole, this research study will help to know the adolescent knowledge and attitude towards STIs and HIV/AIDS.

1.3 Objectives of the Study

General objective of the study is:

- To examine the knowledge and attitude on STIs and HIV/AIDS among the school adolescents of Kirtipur Municipality.

Specific objectives of the study are as follows: -

- To analyze the socio-economic demographic characteristics of school adolescences.
- To examine knowledge on Symptom and ways of transmission and preventive measures of STIs among respondents.
- To examine difference of knowledge on STIs and HIV/AIDS among the adolescent students of private and government school.

- To analyze their perception towards the common device (condom) that is used in preventing STIs and HIV/AIDS.

1.4 Significance of the Study

This report examines the difference of knowledge on STIs and HIV/AIDS among adolescent students of private and government schools as well as it examines the demographic characteristics among school adolescents of Kirtipur Municipality to identify their perceptions towards common device (condom) that is used in preventing STIs and HIV/AIDS because they are vulnerable and they can be made alert with these infections and diseases. The available studies on adolescent regarding this subject matter are limited in number and are rarely studied from the view of demographic perspectives. Adolescent population has less access to information regarding reproductive health, STIs and HIV/AIDS infection. If adolescents are supported with proper information as mentioned above then their knowledge creates positive attitudes and helps maintain public health, lowering the frequency of unwanted pregnancy through condom use and protect from STIs and HIV/AIDS.

This study has greater significant since the truthful knowledge on STI and HIV/AIDS can make adolescent able to decide when and how to have sexual relation and to make it safer. This study will be fruitful for policy makers, program planners, program implementers and demographers. It will also provide guideline for similar type of the study.

CHAPTER-II

LITERATURE REVIEW

AIDS (Acquire Immunodeficiency Syndrome) is caused by the human immunodeficiency virus (HIV) which spreads through blood, semen, vaginal secretions and breast milk. The most common method of transmission is unprotected sexual intercourse with a HIV positive partner. Other routes include transfusions of HIV infected blood or blood products; tissue or organ transplants; use of contaminated needles, syringes, other skin piercing equipment, and mother to -child transmission during pregnancy, birth, or breast feeding.

In heavily affected countries, HIV has overwhelmed public health system and has stretched health care providers, infrastructure and budgets beyond capacity. When a virus enters in a body it becomes identifiable within three months and may last long for 15 years. Throughout that period it may destroy much lymphocyte enough to lead ones life to death (WHO, 2004).

The large epidemic of HIV infections are found to be transmitted through sexually and shaving hypodermic needle by drug users. And mostly adolescents are found to be infected rather than other age group so, the greater risk of transmitting HIV lies on the lack of education in adolescents and their dam care to the matter either they are sexual partners or the drug users. Two viruses that belong to group called retrovirus cause AIDS. HIV -1 occurs throughout the world. HIV commonly causes a server "wasting syndrome" resulting in substantial weight loss, a general decline in health and eventual death. In many patients, the virus infects the brain and nervous system. There HIV may cause dementia, a condition characterized by sensory, thinking, or memory disorders. HIV infections of the brain may also cause movement or coordination problems. Researchers have shown that HIV-1 and HIV-2 are more closely related to simian immune deficiency viruses, which infected in Africa and were somehow transmitted to people. Thus, it has been suggested that HIV evolved from viruses that originally infected monkeys in Africa and was some how transmitted to people (The World Book of Encyclopedia, 1996).

STIs are the diseases, which are transmitted through sexual contact during the unprotected intercourse. The infections transmitted from one individual to another through sexual contact are called sexually transmitted infection, sometimes; they are also transmitted from mother to child and through infected blood transfusion. Sexually transmitted infection is serious problem of both developed and developing countries. The diseases like syphilis; Gonorrhoea, Chlamydia, Chancroids, Trichomoniasis, Genital warts and AIDS are examples of STIs (Pokharel, 2004).

During the past two decades, STDs have undergone a dramatic transformation. First the change in name from venereal disease to sexually transmitted diseases indicates this transformation. Most of the recently recognized STDs are now referred to as second generation STDs. AIDS, Sabia virus, Nipha virus etc. are the most recently recognized diseases. The true incidence of STDs will never be known because of not only inadequate reporting but also the secrecy that surrounds them. Most of them are not even notable. Reliable data on worldwide incidence are not available. All available data however indicate prevalence of STDs (one to fourteen percent) in the vulnerable population groups. STIs/RTIs are major cause of maternal and infant morbidity and mortality. Serious complications of some common infections, included life threatening ectopic pregnancy, pelvic inflammatory disease, pregnancy loss (early or late miscarriage), congenital infection of the infant, infertility and cervical cancer. The presence of certain STIs/RTIs, also increase the risk of acquiring HIV from an infected partner (Kafle, 2005).

2.1 STIs and HIV/AIDS Situation in the World

AIDS was reported for the first time in USA in 1981. The causative organisms of HIV/AIDS were identified in 1983. The pandemic nature and magnitude of the public health problem associated with HIV infection were recognized much later when the proportion of person infected with HIV rose very rapidly. It was found to be more common among homosexuals, where at present, the disease has increased among heterosexual especially who have several sexual partners. The risk of HIV infection is especially high if the age difference among sexual partner is large and if individuals have multiple or risky partners or unprotected sex. Numerous studies in developing countries have shown that young people with lacking knowledge on contraception and disease prevention are at high risk. The risk of exposure to STD is

especially greater for young people who became sexually active early and are therefore more likely to change sexual partners; for the millions of adolescent living or working on the streets, many of whom turn to selling sex to make a living, and for married women whose husband engage in extramarital affairs (UNFPA, 1994).

At the highest levels, AIDS is taking the lives of national leaders including ministers, parliamentarians and cabinet members. AIDS related deaths among farm workers threaten agricultural production and food security, most notably in Sub-Saharan Africa where a large segment of society relies on agriculture. The Food and Agriculture Organization (FAO) estimates 7 million agricultural workers died of AIDS between 1985 and 2000 in the 25 hardest-hit countries in Sub-Saharan Africa. FAO projects that 16 million more agricultural labor force will range from 13 percent in Tanzania to 26 percent in Namibia by 2020. The loss of agricultural laborers in southern Africa will cause an estimated 3 percent loss in grain output (Population Bulletin, 2006).

The four most common curable STIs in the world can be cured easily by adequate antimicrobials are syphilis (12 millions), Gonorrhoea (62 millions), Chlamydia infection (92 millions) and Trichomoniasis (173 millions) 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 behavior are some of the factors which have placed an ever increasing proportion of population at risk for STIs (Ban et al, 1998, WHO, 1999).

2.2 HIV/AIDS Situation in South Asia

Most of the countries are basically agrarian in nature and economic status is low as well as the literacy rate, the health indicator is very much. Similarly, with high infant, child and maternal mortality rates are the characteristics that determine the country's health aspects.

The first HIV infection in south Asian region was reported in India in 1986. The infection rates in south Asia are lower than Africa but the spread of HIV is rapid. The epidemic in south Asia is new and many countries are yet to develop a proper

monitoring system. For this reason, the estimate of HIV in south Asia is often made on the basis of inadequate information (Aryal, 2000). UNAIDS, estimated that about 6 million south and south east Asia have HIV infected people, at the end of 2000. In south East Asia three countries, in particular Cambodia, Myanmar and Thailand are experiencing serious epidemic of HIV/AIDS. Cambodia's national HIV prevalence is around 3 percent the highest record in Asia. Infection among brothel based sex workers fell from 43 percent in 1998 to 29 percent in 2002 in Cambodia. In Thailand, the number of new infections has fallen from 130000 a year in 1991 to around 21000 in 2003. This remarkable achievement is because of the use of male condom (UNAIDS, 2004).

2.3 STIs and HIV/AIDS Situation in Nepal

In Nepal, the first case of HIV/AIDS observed in 1988. Surveillance data is source in Nepal, however limited data indicate that Nepal is in the crisis of HIV/AIDS; it is estimated that around 0.5 percent of general population are HIV infected. The National Center for AIDS and STD counted (NCASC) of the Ministry of Health and Population has estimated an average of 70,000 adult HIV positive people in Nepal (NCASC, 2006a). As of September 2006, a total of 1,171 AIDS cases among 7,894 cases of HIV infection were reported.

AIDS entered in Nepal through the prostitutes either women or girl who were involved in prostitution in Mumbai and other cities of India. They are generally supposed to come back home, which helps AIDS to spread in Nepal (Acharya, 1999).

According to the annual health report Ministry of Health, total of 9928 RTI/STI/HIV cases were reported out of 5667376 OPD cases, which was 0.19 percent of total OPD case in 1995-1996. The percentage of RTI/STI/HIV cases of total OPD cases was 0.22 in 1996-97, 0.22 in 1997-98 and 0.37 in 1998-99. STI prevalence among sex workers (SWs) is notably higher. Data from Pokhara, Kathmandu and Terai revealed that Syphilis prevalence among SWs was about 18.8 percent in Terai, 19 percent in Kathmandu and 13.8 percent in Pokhara. Clients of sex workers were found to have 5.3 percent syphilis. Among other STIs bacterial vaginosis was found in 21.6 percent, Trichomoniasis is 21.1 percent, Chlamydia in 2.8 percent, Gonorrhoea in 0.8 percent and HIV in 0.8 percent among SWs in Pokhara. Trichomoniasis infection

in female STI varied from 6 percent in family planning attendees, 9.3 percent female STI patients, 9 percent in female SWs of Terai and 21 percent in SWs of Pokhara (NCASC, 2004).

Under the HIV/AIDS surveillance plan, NCASC has been conducting integrated bio-behavioral surveys (IBBS) on a regular basis since 1999 among the most at risk populations, such as female sex workers (FSWs), injecting drug users (IDUs), men having sex with men (MSM), labor migrants and clients of FSWs, in selected geographical areas of Nepal.

The result of the IBBS conducted so far clearly indicate that the HIV epidemic in Nepal is in the early concentrated stage and is driven by injecting drug use, commercial sex, and migration. Findings from the last rounds of the IBBS conducted in 2005 among IDUs show that about 30 percent of male IUD's in Kathmandu (New ERA and SACTS, 2005a), Pokhara (New ERA and SACTS, 2005b), Eastern Terai (New ERA and SACTS, 2005c), and Western and far western Terai sub regions (New ERA and SACTS, 2005d) reported having sex with FSWs, and more than half do not use condoms when they have sex with FSWs. Similarly, migrants who have sexual intercourse with sex workers in India have a higher risk of HIV infection and only a few use condoms when they have sex with their spouses (New ERA and SACTS, 2006).

According to NCASC the Cumulative HIV and AIDS Situation of Nepal as of 13 April, 2008 is given below in Table 2.1.

Table 2.1 : Cumulative HIV and AIDS Situation of Nepal as of 13 April, 2008

Condition	Male	Female	Total	New cases in This month
HIV Positives (Including AIDS)	7510	3492	11002	134
AIDS(Out of total HIV)	1231	478	1709*	27

Source: NCASC, 2008

*Cumulative death: 475

The Table 2.1 shows that more male (7510) are HIV Positive including AIDS than female (3492). And the new cases in the month of April regarding HIV Positives

including AIDS (out of total HIV) are 134 and 27 respectively. The Cumulative HIV infection by sub group and sex has been presented in the Table 2.2.

Table 2.2 : Cumulative HIV Infection by Sub Group and Sex as of 13 April, 2008

Sub-groups	Male	Female	Total	New cases in This month
Sex workers(SW)	1	730	731	2
Clients of SWs/STD	5034	104	5138	93
Housewives		2455	2455	89
Blood or Organ recipients	20	8	28	1
Injecting Drug Use	2128	38	2166**	21
Men having Sex with Men (MSM)	43		43	0
Children	370	236	606	26
Sub-group NOT identified	50	17	67	0
Total	7646	3588	11234	232

Source: NCASC, 2008

**Mode of Transmission-IDU or Sexual

From the above Table 2.2, it is revealed that the majority of the HIV carrier are the clients of Sex Workers/STD consisting of 5034 male and 104 female. Moreover, the most of the male are seen carrying HIV infection in comparison to female.

The cumulative HIV infection by age group and sex is shown below:-

Table 2.3: Cumulative HIV Infection by Age Group and Sex as of 13 April, 2008

Age group	Male	Female	Total	New cases in This month
0-4	151	83	234	9
5-9	176	117	293	10
10-14	56	41	97	8
15-19	227	237	464	4
20-24	1082	668	1750	20
25-29	1789	868	2657	38
30-39	3122	1191	4313	90
40-49	861	316	1177	40
50-above	182	67	249	13
Total	7646	3588	11234	232

Source: NCASC, 2008

From the above Table 2.3 the most productive age group 30-39 is affected by HIV/AIDS sharing 3122 as male and 1191 as female. Then after that the age group 25-29 is affected with 1789 male and 869 female persons which is followed by the age group 20-24 consisting of 1750 persons, 1177 are from age group 40-49. The late adolescent (15-19) are seen more affected by HIV/AIDS sharing 227 male and 237 female than early adolescent sharing 56 as male and 41 as female.

2.4 Knowledge and Attitude on STIs and HIV/AIDS (in Nepal)

A study conducted to 777 adolescents and youth people in various district of FPAN operational area shows that over three-fourths of respondents (76.4%) reveal knowledge on STIs. By gender, males (79.3%) are more likely to have knowledge than females (73.5%). Respondents with higher level of education (98.4%) are more apparently to be knowledgeable about STI than respondents with primary and lower secondary level (78.3%). Similarly, the same study shows that 87 percent have heard of HIV/AIDS know about it (Pathak, 2005).

Findings from 2006 NDHS, Nepal show that 73 percent of women and 92 percent of men age 15-49 have heard of AIDS. Knowledge of AIDS varies by background characteristics and this is more evident among women than men. The level of awareness of AIDS is lower among older respondents, especially among respondents age 40-49, and among even-married women and men. Knowledge of AIDS among age group 15-19 for women is 81.8 percent and for male is 95.8 percent (NDHS, 2006).

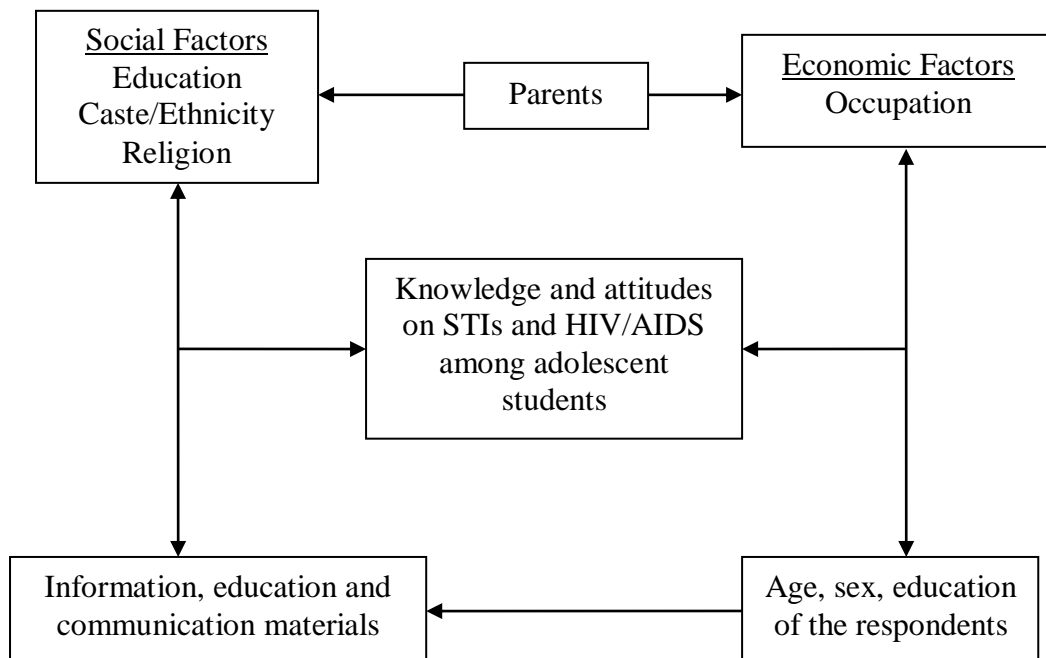
Similarly, findings from 2006 NDHS, Nepal show that nearly all women and men (94 percent and 96 percent, respectively) state that they would be willing to care for a family member with the AIDS virus in their home. Eighty percent of women and 84 percent of men say that they would not want to keep secret that a family member was infected with the AIDS virus, while 79 percent of women and 81 percent of men say that an HIV positive female teacher should be allowed to continue teaching. A relatively lower proportion of women and men (71 percent and 75 percent respectively) say they would buy fresh vegetables from a shopkeeper with AIDS. Furthermore, women and men with SLC and higher level of education, those living in the wealthiest households and women who have traveled away from home for six

months or longer are also likely to accept people living with HIV/AIDS (NDHS, 2006).

2.5 Conceptual Framework

The conceptual framework given below attempted to reveal parental background characteristics such as education, occupation, religion etc. could play key role to examine knowledge and attitude on STIs and HIV/AIDS of their children. Similarly, respondents own age, sex and education also may affect the knowledge and attitudes towards STIs and HIV/AIDS. Furthermore, government's policy on adolescent to bring changes on them regarding their sexuality and altering them on STIs and HIV/AIDS through IEC materials and orientation also plays a vital role in examining knowledge and altitude on STIs and HIV/AIDS of the adolescent students.

Conceptual Framework



CHAPTER-III

METHODOLOGY

3.1 Introduction of the Study Area

Kirtipur Municipality is one of the historical cities in which mostly Newari people dwell and has diverse socio cultural nature. It is also known as the city of glory, as it is one of the old and typical Newar settlements of the valley. The main occupation of the city people is agriculture followed by business, trade and service .On the basis of 2001 census, total of 40,835 citizens with 21686 males and 19149 females lived in 9487 household with average household size of 4.3 persons and male to female ratio of 1.13 with in the municipal area.(Poverty Profile Report, 2008)

Altogether there are 19 wards in Kirtipur Municipality and consists of fourteen secondary level private schools and nine secondary level government schools. The ward number and the name of the schools located in different wards of Kirtipur Municipality (Appendix I).

In Kirtipur Municipality in 2007, 34.64 percent of female and 49.40 percent of male are literate. This shows that there is more percentage of female illiterate as compare to male in the municipality, though there is existence of country's only one governmental university in the city. Female leads in Pre-primary and certificate level while male leads in other educational level (Poverty Profile Report, 2008). This study has been carried out to the secondary level adolescent student of Kirtipur Municipality.

3.2 Source of Data

Primary as well as secondary data are used in this study. Primary data have been collected conducting field study by distributing questionnaire to the respondents with self administered and literature review is based on secondary source for framing and structuring the whole study.

3.3 Sample Selection

The sample population is taken of adolescents from eight secondary level schools of Kirtipur Municipality. The eight secondary level schools of Municipality area were selected using simple random sampling for the study area including three private schools; one Guthi based school, three governmental schools and one community-based school. Similarly, the purposive method was applied in selecting grade because the study population primarily should have been an adolescent population. From these schools 230 adolescent students studying in grade nine and ten have been taken as sample population as respondents so that selected respondents would cover mostly adolescent. But in this study one community-based school has been considered as government school and one Guthi School as private school on the basis of pre-requisites. So, altogether four government schools and four private schools have been selected.

3.4 Selection of the Respondents

In this study adolescents aged (10-19) years age group were taken from class nine and ten. First of all, the researcher visited the schools and most of the adolescents were selected on the basis of simple random sampling and they were given questionnaire. The total of 230 respondents including 121 male and 109 female of ages 10 to 19 years were taken among them students from class nine were 123 and those from class ten were 107 were incorporated. The attempt has been made to include equal respondents of private and government school.

3.5 Questionnaire Design

The questionnaire was designed to fulfill the objectives with respect to school adolescents regarding knowledge and attitude on STIs and HIV/AIDS. The questionnaire includes socio economic characteristics, demographic characteristics of the adolescent and their parents. The major part of questionnaire focused the student's knowledge and attitude on STIs and HIV/AIDS, its transmission routes, preventive measure and some other attempt to identify the different source of information of sexually transmitted diseases and HIV/AIDS.

3.6 Data Collection

Respondents were distributed questionnaire to fill up answer or selecting possible answer during the time of data collection. They were requested to fill the questionnaire on their own knowledge. They were carefully supervised during the filling of questionnaire to minimize the error. Respondents were kept in the suitable environment as if they were carefully supervised to reduce error during questionnaire was distributed. The school administration and school's staffs assisted essential help at the time of data collection. The researcher himself had worked as a supervisor during the survey period.

3.7 Method of Data Processing and Analysis

After the collection of data, all filled up forms were scrutinized to check whether all the questions were filled correctly. Then data were entered into the computer. SPSS program was used to analyze data, frequency table, percentage distribution. The tables were generated with the help of SPSS program.

3.8 Selection of Dependent and Independent Variables

On the basis of literature review and suggestions the dependent and independent variables are identified.

Independent Variables

- Age of respondents
- Sex of respondents
- Caste of respondents
- Status of respondents
- Religion of respondents
- Occupation of parents
- Educational level of parents
- Facilities available at home
- Reading of newspaper

Dependent Variables

- Knowledge on STIs.
- Knowledge on ways of transmission of STIs.
- Knowledge on symptoms of STIs.
- Knowledge on prevention of STIs.
- Knowledge on HIV/AIDS.
- Knowledge on transmission of HIV/AIDS.
- Knowledge on preventive measures of HIV/AIDS.

CHAPTER IV

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTIC OF RESPONDENTS

4.1 Individual Information

This chapter includes the individual characteristics of the respondents. Background of the respondents includes age, sex, caste, ethnicity, religion and their living status.

4.1.1 Respondents and the School

The study is related with eight secondary level schools of Kirtipur Municipality and the samples that have been appeared from eight different schools (Appendix III).

4.1.2 Age of Respondents

The respondents' age affects the knowledge about STIs and HIV/AIDS. Therefore, respondents completed ages were collected in the survey and the result is given in Table 4.1.

Table 4.1 : Distribution of Respondent by Age Group and Sex

Age Group	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
10-14	24	19.83	28	25.69	52	22.61
15-19	97	80.17	81	74.31	178	77.39
Total	121	100.00	109	100.00	230	100.00

Source : Field Survey, 2008.

Table 4.1 shows the majority of respondents are selected from late adolescents than early adolescents. By sex male sample out numbered than female as well as more male respondents were seen in late adolescents than that of female respondents of late adolescents revealing 80.17 percent and 74.31 percent respectively.

4.1.3 Caste/Ethnicity

To represent the different caste and ethnicity in this study, all the respondents were asked to state their caste in their questionnaire and the result so obtained from the survey is presented below:

Table 4.2 : Distribution of Respondent by Caste/Ethnicity

Caste/Ethnicity	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Newar	56	46.28	53	48.62	109	47.39
Chhetri	27	22.31	28	25.69	55	23.91
Brahmin	16	13.22	10	9.17	26	11.30
Tamang	7	5.79	6	5.50	13	5.65
Rai	5	4.13	6	5.50	11	4.78
Magar	6	4.96	4	3.67	10	4.35
Dalit*	4	3.31	2	1.83	6	2.61
Total	121	100.00	109	100.00	230	100.00

Source : Field Survey, 2008.

Note : * Dalit includes Sewa, Sarki, Sunar and Bhusal.

It is seen from Table 4.2 that the students of various caste and ethnicity were appeared in the sample in which the highest proportion of respondents (47.39%) were Newar. Similarly, Dalit shares the least proportion (2.61%). By sex also, similar pattern holds true.

4.1.4 Religion

It is essential to access the religion of the respondents since religion can act as a determining factor for the knowledge on STIs and HIV/AIDS, the respondents were accessed through the survey tools and the information so obtained is presented in the Table 4.3.

Table 4.3 : Distribution of Respondent by Religion

Religion	Frequency	Percent
Hindu	204	88.69
Buddhist	19	8.26
Christian	7	3.05
Total	230	100.00

Source : Field Survey, 2008.

From Table 4.3, it is revealed the obvious result that of nationally representation, the Hindu respondent revealed the highest proportion (88.69%) followed by Buddhist (8.26%) and Christian (3.05%).

4.1.5 Respondents and their Living Status

The questions were asked to find out the current living status of respondents since it also helps in determining the knowledge of STIs and HIV/AIDS. The information collected from the survey has been given below:

Table 4.4 : Distribution of Respondent by their Living Status

Current living	Frequency	Percent
Own home	169	73.48
Rent	51	22.17
Relatives	9	3.91
Hostel	1	0.44
Total	230	100.00

Source : Field Survey, 2008.

The living status of the respondents was accessed in various closed alternatives such as own home, rented and relatives. From the above table it is seen that the large volume of the respondents (73.48%) were living in their own home followed by living in rent (22.17%) and those living with relatives (3.91%) and one respondent was living in hostel.

4.2 Household Information

For the purpose of household information several variables for obtaining the information about the households such as educational status of parents, occupational status of parents, household facilities were used in this study.

4.2.1 Educational Status of Parents

In making aware and playing the role of guidance regarding STIs and HIV/AIDS, parent's education is the feedback for their school going children since parents are the first person to make notice on physical and mental changes of their children. For this purpose two separate questions were put to each respondent as their parents' education, which have been shown in Table 4.5.

Table 4.5 : Distribution of Respondent by the Literacy Status of their Parents

Parent's Education	Father		Mother	
	Frequency	Percent	Frequency	Percent
Illiterate	25	10.87	82	35.65
Non formal	22	9.57	28	12.17
Primary (1-5)	45	19.57	61	26.52
Lower secondary (6-8)	25	10.87	20	8.69
Secondary (9-10)	48	20.87	10	4.35
S.L.C.	30	13.04	12	5.22
I.A.	23	10.00	12	5.22
B.A. and above	12	5.22	5	2.18
Total	230	100.00	230	100.00

Source : Field Survey, 2008.

It is obvious from Table 4.5 that more number of respondents mother were illiterate than that of respondents father. Similarly, it was also seen that the highest proportion of respondents' father (20.87%) had completed secondary level sharing Bachelor or higher-level education (5.21%) as the least. But in the case of mother's literacy status, primary level (26.52%) shared the highest proportion and the least share (2.18%) was same as that of father's literacy status.

4.2.2 Occupational Status of Parents

The occupational statuses of the respondent's parents were also included in the questionnaire. It's because the occupation adopted in household may also differ in the level of knowledge towards HIV/AIDS and STIs.

Table 4.6 : Distribution of Respondent by Occupational Status of their Parents

Occupational Status of parents	Father		Mother	
	Frequency	Percent	Frequency	Percent
House wife	-	-	77	33.48
Service	85	36.96	42	18.26
Business	71	30.87	30	13.04
Agriculture	34	14.78	43	18.69
Daily wage	30	13.04	26	11.30
Abroad/labor service	10	4.35	12	5.12
Total	230	100.00	230	100.00

Source: Field Survey, 2008.

Most of the respondent's father (36.96%) was involved in service, whereas most of the respondent's mother (33.48%) was engaged in household work. The shares of mother engaged in other works were less than that of father except in agricultural work (18.69%).

4.2.3 Household Facilities

Facilities like electricity, radio, television, land line phone, mobile phone etc. directly or indirectly impact on knowledge and attitude on STIs and HIV/AIDS. The result so obtained is presented below:

Table 4.7 : Distribution of Respondents by Household Facilities Available at Home

Facilities	Yes		No		Total
	No.	Percent	No.	Percent	
Electricity	222	96.52	8	3.48	230
Radio	217	94.35	13	5.65	230
Television	214	93.09	16	6.96	230
Mobile phone	194	84.35	36	15.65	230
Land line phone	159	69.13	71	30.87	230

Source: Field Survey, 2008.

Note : Percentage may exceed more than 100 due to multiple response.

From Table 4.7 it is seen that almost all (96.52%) of the respondents had electricity at their home whereas only nearly 4 percent respondents did not have this facility at their home. Similarly, 94.35 percent respondents were found to have radio, 93 percent respondents were found to have television. Likewise, around 84 percent respondents had mobile phone with their family member. However, only 69.13 percent respondents had landline phone at their home.

4.2.4 Access to Print Media

The most convenient way to get information regarding various fields is newspaper reading. Newspapers also provide information on STIs and HIV/AIDS. The distribution of respondents according to the newspaper reading and result so obtained is given below:

Table 4.8 : Distribution of Respondent According to the Newspaper Reading

Newspaper	Frequency	Percent
Sometimes	80	34.78
Daily	60	26.09
Never	55	23.91
Rarely	35	15.22
Total	230	100.00

Source : Field Survey, 2008.

On the basis of newspaper reading from the above table the largest share of respondents was seen of sometimes (34.78%) and the least share was seen of rarely (15.22%).

CHAPTER V

KNOWLEDGE AND ATTITUDE TOWARDS STIS AND HIV/AIDS

5.1 Knowledge on STIs

This entire chapter focuses on knowledge and attitude towards STIs and HIV/AIDS. First of all it was examined whether the respondents had heard about STIs or not and then knowledge on symptoms, modes of transmission, preventive measures had been examined.

5.1.1 Heard of STIs

The first and foremost variables to assess the knowledge on STIs can be taken as heard of STIs. The question was asked if the respondent had heard about STIs or not. The results are presented in Table 5.1.

Table 5.1: Distribution of Respondents by Heard about STIs

Heard	Private School				Government School				Total	
	Male		Female		Male		Female		No.	%
	No.	%	No.	%	No.	%	No.	%		
Yes	66	98.51	46	95.83	49	90.74	20	32.79	181	78.69
No	1	1.49	2	4.17	5	9.26	41	67.21	49	21.31
Total	67	100.00	48	100.00	54	100.00	61	100.00	230	100.00

Source: Field Survey, 2008.

From the above table, it is revealed that more male respondents of private school (98.51%) than the respondents of government school (90.74%) reported that they had heard about STIs. Similarly, less number of female respondents (32.79%) of government school reported that they had heard about STIs but this data was very high of female respondents' of private school (95.83%).

Table 5.2: Distribution of Respondents by Name of STIs Heard

STIs Heard	Private School		Government School		Total (%)
	Male (%)	Female (%)	Male (%)	Female (%)	
HIV/AIDS	95.75	65.22	71.43	55.00	83.42
Syphilis	52.46	43.48	40.82	32.00	37.02
Gonorrhoea	50.79	32.61	30.61	10.00	41.44
Genital warts	10.61	6.32	5.42	-	7.73
Others*	6.74	3.21	2.32	3.00	4.42
n*	66	46	49	20	181

Source: Field Survey, 2008.

Note : * Others include Chancroid, Trichomoniasis and Chlamydia.

n* implies those respondents who had heard about STIs.

It is revealed from the above table, HIV/AIDS was very common name of Sexually Transmitted Infection, which was heard by most of the respondents (83.42%) followed by Gonorrhoea (41.44%), Syphilis (37.02%), genital warts (7.73%) and others (4.42%). Further, the highest and the least proportion of male and female respondents of private school reported HIV/AIDS and others respectively as name of STIs heard. This data holds true for male and female respondents of government school.

5.1.2 Knowledge on Symptoms of STIs

The respondents were asked whether they knew about the symptoms of STIs or not. The table 5.3 gives the distribution of respondent by knowledge on symptoms of STIs.

Table 5.3 : Distribution of Respondents by Knowledge on Symptoms of STIs

Knowledge	Private School		Government School		Total	
	No.	%	No.	%	No.	%
Yes	81	72.32	44	63.77	125	69.06
No	31	27.68	25	36.23	56	30.92
Total	112	100.00	69	100.00	181	100.00

Source: Field Survey, 2008.

Table 5.3 revealed that around 70 percent respondents reported that they knew the symptoms of STIs, which was 72.32 percent of private school and 63.77 percent of government school.

Table 5.4 : Distribution of Respondents by Symptoms of STIs

Symptoms	Private School	Government School	Total
Weight loss	86.42	60.87	74.67
Itching around genital or mouth	46.91	33.33	40.67
Yellowish pus like discharge from vagina	45.68	7.25	28.00
Headache	40.74	7.25	25.33
Swelling limb	24.69	4.35	15.33
n*	81	44	125

Source: Field Survey, 2008.

Note: Percentage may exceed 100 due to multiple responses.

n* implies those respondents who had knowledge on symptoms of STIs.

The distribution of respondents by symptoms of STIs between private and government school shows that, 86.42 percent respondents of private school reported weight loss as major symptoms of STIs which was more than the respondents of government school (60.87%). Furthermore, swelling limb shares the least proportion of respondent of private school (24.69%) and government school (4.35%) respectively.

5.1.3 Knowledge on Transmission of STIs

To assess the knowledge on transmission of STIs, the questions were asked whether they knew the ways of transmission of STIs or not. Table 5.5 gives information about it.

Table 5.5: Distribution of Respondents by Knowledge on Ways of Transmission of STIs

Knowledge	Private School		Government School		Total	
	No.	%	No.	%	No.	%
Yes	110	98.21	65	94.20	175	96.69
No	2	1.79	4	5.80	6	3.31
Total	112	100.00	69	100.00	181	100.00

Source: Field Survey, 2008.

It is obvious from the above table that 96.69 percent respondents reported that they had knowledge on ways of transmission of STIs but 3.31 percent respondents reported that they did not have such knowledge. While comparing the respondents of private school with that of government school, 98.21 percent respondents of private school reported that they have knowledge on ways of transmission, only 1.79 percent respondents reported without such knowledge. In the same way, 94.20 percent respondents of government school reported of having knowledge of transmission of STIs however 5.80 percent respondents reported that they did not have such knowledge. It was seen that more respondents of government school did not have knowledge on ways of transmission of STIs.

Table 5.6 : Distribution of Respondents by Ways of Transmission of STIs

Ways of transmission	Private	Government	Total
Unsafe sexual contact	82.73	90.77	85.71
Use of syringe	73.64	58.46	68.00
Sharing comb clothes & towel	7.27	3.10	5.71
Contaminated blood	6.36	1.54	4.57
n*	110	65	175

Source: Field Survey, 2008.

Note : * implies respondents are those who have knowledge on ways of transmission of STIs.

From Table 5.6, it is seen that most of the respondents (85.71%) stated the unsafe sexual contact as the important ways of transmission. Likewise, 68 percent stated use of syringe as ways of transmission. The least respondents i.e. 4.57 percent respondent stated blood transmission as the ways of transmission of STIs.

Similarly, the respondents of private school (82.73%) and respondents of government school (90.77%) shared the highest proportion reporting unsafe sexual contact as major ways of transmission of STIs and others shares the least respondents of private school (6.36%) and government school (1.54%) stating blood transmission respectively.

5.1.4 Preventive Measures of STIs

For checking the respondents whether they have knowledge on preventive measures of sexually transmitted infection or not, the question was asked to the respondents and the result indicating this is shown in table 5.7.

Table 5.7: Distribution of Respondents by Knowledge on Preventive Measures of STIs

Knowledge	Private School				Government School				Total	
	Male		Female		Male		Female			
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	62	96.88	33	82.5	48	94.12	16	61.54	159	87.85
No	2	3.12	7	17.5	3	5.88	10	38.46	22	12.15
Total	64	100.00	40	100.00	51	100.00	26	100.00	181	100.00

Source: Field Survey, 2008.

In Table 5.7, 87.85 percent respondents had the knowledge on preventive measures of sexually transmitted infections. And the remaining respondents (12.15%) mentioned that they did not know the preventive measures of STIs. In the same way, more male respondents of private school (96.88%) than male respondents of government school (94.12%) reported knowledge on preventive measures of STIs. Similarly, the same pattern was seen for the female respondents of private and government school.

The respondents who reported having knowledge about the preventive measures of STIs were further asked to indicate the preventive measures. Table 5.8 gives the result of it.

Table 5.8: Distribution of Respondents by Preventive Measures of STIs by Sex

Preventive Measures	Private School		Government School		Total
	Male (%)	Female (%)	Male (%)	Female (%)	
Use of condom during sexual intercourse	96.77	75.76	62.50	75.00	84.28
Sex with only one partner	88.71	60.61	52.08	62.50	71.70
Avoiding contaminated syringe & blood	80.65	54.55	37.50	31.25	66.67
Always clean own sexual organs	48.39	21.21	20.83	18.75	23.27
Avoid having food, clothes & toilet with infected person	16.13	15.15	10.42	12.50	10.69
n*	62	33	48	16	159

Source: Field Survey, 2008.

Note : Percentage may exceed more than 100 due to multiple response.

n* Implies respondents are those who have knowledge on preventive measures of STIs.

From the above Table 5.8, around 85 percent respondents reported use of condom during sexual intercourse which was the highest and avoid having food, clothes and toilet with infected person (10.69%) as the least share on preventive measures of STIs.

Similarly, in comparison to the male respondents of private and government school, more male respondents of private school were seen than male respondents of government school stating use of condom during sexual intercourse and avoid having food, clothes and toilet with infected person as the highest and least preventive measures of STIs. Such type of pattern was same for the female respondents of private and government school.

5.2 Knowledge on HIV/AIDS

To assess the knowledge on HIV/AIDS in this study the very common question "Have you ever heard about HIV/AIDS?" is given in the questionnaire. First of all, it was examined whether respondents had heard about HIV/AIDS or not and then knowledge on transmission, preventive measures and their full form had been examined.

5.2.1 Heard of HIV/AIDS

To access the knowledge on HIV/AIDS, respondents were asked whether they had heard about HIV/AIDS or not. All respondents reported that they had heard about HIV/AIDS.

5.2.2 Source of Knowledge

The distribution of respondents by source of information by sex is given in Table 5.9.

Table 5.9 : Distribution of Respondents by Source of Information of HIV/AIDS by Sex

Source of Information	Private School		Government School		Total
	Male (%)	Female (%)	Male (%)	Female (%)	
GO/NGO/INGO	29.85	41.67	18.52	13.11	25.79
Magazine	44.78	31.25	27.78	16.39	30.05
Parents	26.87	52.08	33.33	31.15	35.85
Radio	59.70	62.50	55.56	52.46	57.57
Text books	74.63	70.83	74.07	68.85	72.09
Television	89.55	87.50	83.23	75.41	83.95
Teacher	86.57	91.67	90.74	81.97	87.73
Friends	71.64	83.33	88.89	83.61	81.87
Total	67	48	54	61	230

Source: Field Survey, 2008.

Note : Percentage may exceed more than 100 due to multiple response.

As shown in Table 5.9, it is obvious that majority of respondents reported teacher (87.73%) as the source of information of HIV/AIDS. While male respondents of private school gave the first and last priorities to the television and GO/NGO/INGO as the source of information of HIV/AIDS but male respondents of government school gave first priority to the teachers and then last priority to the GO/NGO/INGO. Teachers as main source of information were highest among female respondents (91.67%) of private school whereas friend as main source of information was highest among female respondents (83.61%) of government school.

5.2.3 Knowledge on Full form of HIV and AIDS

The respondents were asked the question whether they knew the full form of HIV and AIDS. The full form itself gives lots of knowledge on HIV. The table 5.10 gives the information about the respondents that whether they know the full form of HIV and AIDS.

Table 5.10 : Distribution of Respondents by Knowledge on Full Form

Knowledge	Private School		Government School		Total	
	No.	%	No.	%	No.	%
Yes	104	90.43	64	55.65	168	73.04
No	11	9.57	51	44.35	62	26.96
Total	115	100.00	115	100.00	230	100.00

Source: Field Survey, 2008.

Knowledge on full form of HIV and AIDS gives the essential understanding on AIDS. According to the table 5.10, 73.04 percent respondents reported that they knew the full form of HIV and AIDS with 90 percent respondents of private and only 55.65 percent respondents of government school.

Table 5.11 : Distribution of Respondents by Writing full form on HIV and AIDS

Knowledge	Private School		Government School		Total	
	No.	%	No.	%	No.	%
Yes	103	99.04	42	65.63	145	86.31
No	1	0.96	12	34.37	23.23	13.69
n*	104	100.00	64	100.00	168	100.00

Source: Field Survey, 2008.

Note : n* implies respondents are those who have knowledge on full form of HIV and AIDS.

Table 5.11 clearly shows that 86.31 percent were able to write full form of HIV and AIDS with 99.04 percent of private and only 65.63 percent of government school.

Table 5.12 : Distribution of Respondents by Ways of Transmission of HIV

Ways of transmission	Private School	Government School	Total
Unsafe sexual contact	100.00	81.74	90.87
Unsterilized needles	73.04	73.91	73.48
Contaminated blood	73.91	60.87	67.39
Birth from infected mother	86.09	60.00	73.04
Total	115	115	230

Source: Field Survey, 2008.

Note : Percentage may exceed more than 100 due to multiple response.

From the above table, it is revealed that about 91 percent of respondents reported the unsafe sexual contact as the first ways of transmission of HIV/AIDS followed by unsterilized needles (73.48%), birth from infected mother (73.04%) and contaminated blood (67.39%).

All the respondents (100%) of the private school reported the unsafe sexual contact was the main way of transmission of HIV where it was only about 82 percent of respondents of government school.

Table 5.13 : Distribution of Respondents by Preventive Measures of HIV/AIDS

Preventive Measures	Private	Government	Total
Sexual abstinence	40.00	74.78	57.39
Use of condom	93.91	69.57	81.74
Non use of contaminated syringe	62.61	60.00	61.30
Avoiding birth from infected mother	60.00	60.00	60.00
Total	115	115	230

Source: Field Survey, 2008.

Note: Percentage may exceed more than 100 due to multiple response.

About 82 percent of respondents reported that use of condom as the preventive measure of HIV/AIDS followed by non-use of contaminated syringe (61.30%), avoiding birth from infected mother (60%), sexual abstinence (57.39%).

Moreover, more respondents of private school stated use of condom as the major preventive measure of HIV/AIDS whereas the more respondents of government schools stated sexual abstinence as the major preventive measure of HIV/AIDS.

5.2.4 Knowledge on Difference between HIV and AIDS

To access the knowledge on HIV and AIDS, respondents were asked whether they knew the difference of HIV and AIDS and then they were asked to write the difference between HIV and AIDS.

Table 5.14 : Distribution of Respondents by Knowledge on difference between HIV and AIDS

Know	Private School		Government School		Total	
	No.	%	No.	%	No.	%
Yes	47	40.87	29	25.22	76	33.04
No	68	59.13	86	74.78	154	66.96
Total	115	100.00	115	100.00	230	100.00

Source: Field Survey, 2008.

According to Table 5.14, it is obvious that 33.04 percent respondents reported that they knew about the difference of HIV and AIDS which was 40.87 percent of private school and 25.22 percent of government school.

Table 5.15 : Distribution of Respondents by Writing difference on HIV and AIDS

Know	Private School		Government School		Total	
	No.	%	No.	%	No.	%
Yes	31	65.96	15	51.72	46	60.53
No	16	34.04	14	48.28	30	39.47
n*	47	100.00	29	100.00	76	100.00

Source: Field Survey, 2008.

Note : n* implies respondents are those who have knowledge on difference of HIV and AIDS.

From Table 5.15, it was seen that 60.53 percent respondents wrote difference of HIV and AIDS, which was 65.96 percent of private school and 51.72 percent of government school.

5.2.5 Knowledge on Type of Vulnerable People

The question was asked to the respondents on type of people who are more vulnerable from HIV/AIDS.

Table 5.16 : Distribution of Respondents by Knowledge on Vulnerable People

Vulnerable people	Private School	Government School	Total
Commercial sex worker	66.96	73.91	70.43
Drug Addicts	78.26	41.74	60.00
Adolescents and youth	56.52	60.00	58.26
Drivers	28.69	29.57	29.13
Total	115	115	230

Source: Field Survey, 2008.

Note : Percentage may exceed more than 100 due to multiple response.

As seen in Table 5.16, 70.43 percent respondents reported that commercial sex workers were the more vulnerable group in the society for HIV/AIDS followed by drug addicts (60%), adolescent and youth (58.26%) and finally drivers (29.13%).

Furthermore, 78.26 percent respondents of private school reported drug addition as the more vulnerable group in the society whereas 73.91 percent respondents of the government school reported commercial sex workers as the more vulnerable group in the society from HIV/AIDS.

5.2.6 Knowledge on Curing of HIV/AIDS

The respondents were asked whether the HIV/AIDS could be cured or not. This question would give valuable information on this study.

Table 5.17 : Distribution of Respondents by Knowledge on Curing of HIV/AIDS

Knowledge	Private School		Government School		Total	
	No.	%	No.	%	No.	%
Yes	51	44.35	30	26.09	81	35.23
No	64	55.65	85	73.91	149	64.77
Total	115	100.00	115	100.00	230	100.00

Source: Field Survey, 2008.

Table 5.17 shows that only about 35 percent of respondents stated that HIV/AIDS could be cured while about 65 percent stated that HIV/AIDS could not be cured.

In comparison to the respondents of private and government school, more respondents of private school (44.35%) than the respondents of government school (26.09%) stated HIV/AIDS could be cured.

5.3 Perception on Awareness Regarding STIs and HIV/AIDS

To fulfill the objective of the study, the respondents were further asked to find out their attitudes regarding various aspects of STIs and HIV/AIDS. For this purpose various questions were asked to respondents. The result so obtained is given below.

5.3.1 Necessity of Awareness

All respondents were asked whether knowledge and awareness is necessary about HIV/AIDS.

Table 5.18: Distribution of Respondents by Knowledge on Necessity of Awareness

Necessity of awareness	Private School				Government School				Total	
	Male		Female		Male		Female			
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	67	100.00	48	100.00	53	98.15	58	95.08	226	98.26
No	-	-	-	-	1	1.85	3	4.91	4	1.74
Total	67	100.00	48	100.00	54	100.00	61	100.00	230	100.00

Source: Field Survey, 2008.

It is revealed from Table 5.18 that 98.26 percent respondents perceived that it was necessary to have knowledge and awareness about HIV/AIDS, which was 100 percent of male and female respondents of private school and 98.15 percent and 95.08 percent of male and female respondents of government school respectively.

5.3.2 Protection from STIs and HIV/AIDS through Education

The question was asked to the respondents about their opinion whether education regarding STIs and HIV/AIDS can protect from these disease. The result is shown below.

Table 5.19 : Distribution of Respondents According to Attitudes about Education to Protect from STIs and HIV/AIDS

Protection through Education	Private School				Government School				Total	
	Male		Female		Male		Female			
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	64	95.52	44	91.67	52	96.29	57	93.44	217	94.35
No	3	4.48	4	8.33	2	3.71	4	6.56	13	5.65
Total	67	100.00	48	100.00	54	100.00	61	100.00	230	100.00

Source: Field Survey, 2008.

Most of the respondents (94.35%) reported education could protect from diseases like STIs and HIV/AIDS that shared 95.52 percent and 91.67 percent of male and female respondents of private school and 96.29 percent and 93.49 percent of male and female respondents of government school respectively.

5.3.3 Opinion on AIDS Patient

The respondents were asked whether the AIDS patient should be kept out from the family. The table showing the result is given below :

Table 5.20: Distribution According to Opinion that AIDS Patient should be Kept Out of Family

Opinion	Private		Government		Total	
	No.	%	No.	%	No.	%
Yes	12	10.43	5	4.35	17	7.39
No	98	85.22	90	78.26	188	81.74
Don't know	5	4.35	20	17.39	25	10.87
Total	115	100.00	115	100.00	230	100.00

Source: Field Survey, 2008.

Table 5.20 shows that about 82 percent respondents reported that AIDS patient should not be kept out of family, which was 85.22 percent of private school and 78.26 percent of government school. Similarly, 10.87 percent of respondents reported they do not know and this data was higher of government school (17.39%) than that of private school (4.35%).

5.3.4 Talk about Personal Problem

The respondents were asked whether they have talked about their personal problems or not. The result so obtained is given below :

Table 5.21: Respondents According to Habit of Talking about Personal Problems with Other

Talk	Private School				Government School				Total	
	Male		Female		Male		Female			
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	60	89.55	36	75.00	48	88.89	53	86.89	197	85.65
No	7	10.45	12	25.00	6	11.11	8	13.11	33	14.35
Total	67	100.00	48	100.00	54	100.00	61	100.00	230	100.00

Source: Field Survey, 2008.

About 86 percent respondents stated that they had habit of talking about personal problems with others while only 14.35 percent reported that they do not have habit of talking about personal problems with others. Furthermore, in comparison to the respondents of private and government school, more male respondents of private school than male respondents of government school reported habit of talking about their personal problems with others however more female respondents of government school than private school were found habit of talking about their personal problems with others.

Table 5.22: Respondents According to Habit of Talking Personal Problem with Whom

With whom	Private School		Government School		Total
	Male	Female	Male	Female	
Friends	91.67	83.33	89.58	75.47	86.29
Father	33.33	30.56	50.00	28.30	30.96
Mother	25.00	52.78	27.08	18.87	21.32
Teachers	30.00	33.33	37.50	15.09	28.98
Relatives	18.33	22.22	18.75	11.32	17.66
n*	60	36	48	53	197

Source: Field Survey, 2008.

Note : The percentage may exceed more than 100 due to multiple response.

* Implies respondents are those who have habit of talking about personal problems with others.

Respondents those who talked about their personal problem with others were further asked with whom they talk. About 87 percent respondents reported friends with whom they talked their personal problem, which were 91.67 percent and 83.33 percent of male and female respondents of private school and 89.58 percent and 75.47 percent of male and female respondents of government school. The least proportion were relatives which shared around 19 percent and 23 percent of male and female respondents of private school and about 19 percent and 12 percent of male and female respondents of government school.

5.3.5 Talk About Sexual Activities

All the respondents were asked whether they talk on sexual activities or not. And if they had talked then they were asked with whom they had talked. The result is shown in Table 5.23.

Table 5.23: Respondents According to Habit of Talking about their Sexual Activities

Talk	Private School				Government School				Total	
	Male		Female		Male		Female			
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	55	82.09	22	45.83	41	75.93	22	36.07	140	60.87
No	12	17.91	26	54.17	13	24.07	39	63.93	90	39.13
Total	67	100.00	48	100.00	54	100.00	61	100.00	230	100.00

Source: Field Survey, 2008.

According to the above table, it was known that about 61 percent respondents talked about their sexual activities. Similarly, nearly 83 percent and 46 percent of male and female respondents of private school and 76 percent and 37 percent of male and female respondents of government school respectively reported habit of talking about their sexual activities.

From the above table, we can conclude that more male respondents than female respondents were seen to talk about their sexual activities.

Table 5.24: Respondents According to the Persons to whom they Talk by Sex

With whom	Private School		Government School		Total (%)
	Male (%)	Female (%)	Male (%)	Female (%)	
Friends	93.91	88.18	90.37	84.82	90.71
Teachers	36.36	45.45	68.29	63.64	53.43
Mother	18.18	31.18	17.07	31.82	24.56
Father	12.73	20.71	21.95	18.18	18.39
Relatives	7.27	13.64	12.19	13.64	11.68
n*	55	22	41	22	140

Source: Field Survey, 2008.

Note : The percentage may exceed more than 100 due to multiple response.

* implies respondents are those who have habit of talking about their sexual activities.

Those who talked about sexual activities, among them about 91 percent reported friends with whom they talked , which were around 94 percent and 89 percent of male and female respondents of private school and 91 percent and 85 percent of male and female respondents of government school.

Friends were the main company with whom respondents talked about their sexual activities. The least proportion to whom respondents talked about their sexual activities were relatives which were 7.27 percent and 13.64 percent of male and female respondents of private school and 12.19 percent and 13.64 percent of male and female respondents of government school.

5.3.6 Knowledge on Condoms

To find out the attitude of respondents regarding condom, the questions like whether they had heard about condom or not, if they had heard about condom they were further asked from which source they had heard and at last they were asked for the purpose of using condom. The result so obtained is shown below:

Table 5.25: Respondents According by Heard About Condom

Heard	Private School				Government School				Total	
	Male		Female		Male		Female			
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	67	100.00	47	97.92	54	100.00	53	86.89	221	96.09
No	-	-	1	2.08	-	-	8	13.11	9	3.91
Total	67	100.00	48	100.00	54	100.00	61	100.00	230	100.00

Source: Field Survey, 2008.

Most of the respondents (96.09%) had heard about condom. While all the male respondents of private school had heard about condom however only 97.92 percent female respondents of private school had heard about condom. Similarly, all male respondents of government school had heard about condom while it was only 86.89 percent of female respondents of government school.

Table 5.26: Distribution of Respondents by Source of Information on Condom

Source of Information	Private School		Government School		Total (%)
	Male (%)	Female (%)	Male (%)	Female (%)	
Television	89.55	82.98	83.33	83.02	84.72
Radio	89.55	80.85	77.78	77.36	81.38
Health personal	59.70	57.45	55.56	54.72	56.86
Magazine	44.78	53.19	59.26	52.83	52.52
Friends	47.76	59.57	27.78	22.22	39.33
GO/INGOs	14.92	14.89	9.26	-	9.76
n*	67	47	54	53	221

Source: Field Survey, 2008.

Note : * implies respondents are those who have heard about condom.

The percentage may exceed more than 100 due to multiple response.

It is obvious from Table 5.26 that around 84.72 percent respondents reported that the main source of information about condom was television followed by radio (81.38%), health personal (56.86%), magazine (52.52%) and friends (39.33%).

While the main source of information of condom to the male and female respondents of private school were radio and television. And this pattern holds true for the male and female respondents of government school.

5.3.7 Purpose of Condom use

Condoms are used for various purposes. In this study also the respondents were asked about the purpose of condom use with the multiple response like avoiding STIs and HIV, means of family planning, for sexual enjoyment and do not know are compiled for the responses made. On behalf of the categories mentioned, information are collected and presented below.

Table 5.27: Distribution of Respondents According to the Purpose of use of Condom

Response	Private	Government	Total
Avoid STIs & HIV/AIDS	83.33	81.31	82.35
For family planning*	81.58	74.77	78.28
Don't know	3.51	2.80	3.17
n*	114	107	221

Source: Field Survey, 2008.

Note : * implies family planning as birth spacing or limiting.

* implies respondents are those who have heard about condom.

The percentage may exceed more than 100 due to multiple response.

From the above table, it is seen that 82.35 percent respondents reported the purpose of condom use was to avoid STIs and HIV/AIDS followed by birth spacing/limiting (78.28%) and do not know (3.17%).

Similarly, comparing the respondents of private and government school, 83.33 percent respondents of private school reported the purpose of using condom is to avoid STIs and HIV/AIDS followed by birth spacing (81.58%) and do not know (3.51%) whereas 81.31 percent respondents of government school reported the use of condom as to avoid STIs and HIV/AIDS followed by family planning (74.77%) and do not know (2.80%).

As a whole more respondents of private school were seen reporting the purpose of condom use.

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Summary of the Findings

Based on the small scale study carried out in eight different secondary level schools of Kirtipur Municipality of Kathmandu district from the selected 230 respondents to examine knowledge and attitude on STIs and HIV/AIDS among the secondary level school adolescents, the major findings are presented below:

6.1.1 Individual Characteristics

- In the total sample, 115 respondents were from private school and 115 respondents were from government school.
- In the total sample, the proportion of respondents of grade 9 (123 respondents) was more than the respondents of grade 10 (107 respondents).
- 22.61 percent respondents were from age group 10-14 years and 77.39 percent respondents were from age group 15-19 years. Similarly, male included 19.83 percent and 80.17 percent in age group 10-14 and 15-19 respectively while only 25.69 percent and 74.31 percent were female in age group 10-14 and 15-19 years age group respectively.
- The highest proportion of respondents were from Newar (47.39%) followed by Chhetri (23.91%), Brahmin (11.30%), Tamang (5.65%), Magar (4.78%), Rai (4.35%) and others (2.61%).
- The Hindu respondents had higher proportion (88.69%) than other religion such that 8.26 percent Buddhist and 3.05 percent Christian.
- It was appeared in the sample that large volume of respondents (73.48%) living in their own home followed by rented (22.17%), relatives (3.91%) and hostel (0.44%).

6.1.2 Household Characteristics

- The highest proportion of respondents (89.13%) reported that his/her father could read or write; however 10.87 percent respondent's father could not read or write.
- About 21 percent respondents' father had completed secondary level education followed by primary level (19.57%) primary level, SLC level (13.04%), lower secondary level (10.87%), I.A. (10%), non formal (9.57%) and B.A. and above (5.22%).
- More or less two third respondents (64.35%) reported that his or her mother could read or write.
- About 27 percent respondents's mothers had completed primary level education which shared the highest proportion and 2.18 percent B.A. and above which shared the least proportion.
- The highest proportions of respondents' father (36.96%) were engaged in service sector. Other professions adopted were business (30.87%), agriculture (14.78%) and daily wage (13.04%).
- Majority of the respondents mother were house wives (33.48%), other profession adopted by respondents mother were agriculture (18.69%), service sector (18.26%), business (13.04%), daily wage labor (11.30%) and others (5.22%) indicating their mothers had gone to abroad for labor service.
- Almost all the respondents (96.52%) had electricity at their home whereas only 3.48 percent respondents did not have this facility at their home. Similar percentage was found to those respondents having radio and television at their home. Likewise, approximately 70 percent respondents had land line phone at their home and 84.35 percent respondents reported that they had mobile phone with their family members at their home.
- Nearly 35 percent respondents reported that they read newspaper sometimes followed by daily (26.09%), never (23.91%) and rarely (15.22%).

6.1.3 Knowledge and Attitude

- About 79 percent of respondents revealed knowledge on STIs, which was 98.51 percent and 95.83 percent of male and female respondents of private school and 90.74 percent and 32.79 percent of male and female respondents of government school.
- The HIV/AIDS was the most common name of sexually transmitted infection, which was heard by most of the respondents (83.42%), which was about 96 percent and 66 percent of male and female respondents of private school and 72 percent and 55 percent of male and female respondent of government school. The least common name of STIs were Chancroid, Trichomoniasis and Chlamydia which was heard by around 7 percent and 4 percent of male and female respondents of private school and 2.32 percent and 3 percent of male and female respondents of government school.
- Nearly 70 percent respondents knew the symptoms of STIs whereas this data was 72.32 percent respondents of private school and 63.77 percent respondents of government school.
- About 75 percent respondents reported weight loss as major symptoms of STIs followed by itching around genital and mouth (40.67%) and the least respondents (15.33%) reported swelling limb as symptoms of STIs. Nearly 87 percent respondents of private school reported weight loss as major symptom of STIs but only 60.87 percent respondents of government school reported weight loss as major symptom. In the same way, itching around genital (45.68%), headache (40.74%) and swelling limb (24.69%) of the respondents of private school which are greater values than the respondents of government school.
- About 97 percent respondents knew the ways of transmission of STIs whereas this data was 98.21 percent of private school and 94.20 percent respondents of government school.
- Most of the respondents (85.71%) stated unsafe sexual contact as the ways of transmission of STIs. Likewise, 68 percent respondents reported use of syringe

as the second major ways of transmission of STIs and the least ways of transmission STIs were others (4.57%) stating contaminated blood. Similarly, 82.73 percent respondents of private school reported unsafe sexual contact as the major ways of transmission and others (6.36%) as the least whereas 90.77 percent respondents of government school reported unsafe sexual contact as the major ways of transmission of STIs and others (1.54%) the least.

- Nearly 88 percent respondents had the knowledge on preventive measures of STIs among which were 96.88 percent and 82.50 percent of male and female respondents of private school and 94.12 percent and 61.54 percent of male and female respondents of government school.
- The most preferred ways of prevention from STIs was use of condom during sexual intercourse and the least was avoiding having food clothes and toilet with infected person, which were reported by 96.77 percent and 75.76 percent of male and female respondents of private school and 62.50 percent and 75.00 percent of male and female respondents of government school respectively. The least preferred preventive measure was avoid having food, clothes and toilet with infected person which were 16.13 percent and 15.15 percent of male and female respondents of private school and 10.42 percent and 12.50 percent of male and female respondents of government school.
- All the respondents reported that they had heard about HIV/AIDS.
- The main source of information of HIV/AIDS was teacher (83.48%). Television and parents were the highest and the least proportion of information for the male respondents of private school whereas teachers and friends were the highest and least proportion of male respondents of government school. Similarly, teacher and television the main and the least and friends and teachers the main and the least proportion of female respondents of private and government school respectively.
- Most of the respondents (73.04%) stated that they knew the full form of HIV and AIDS. This data was more of private school (90.43%) than the respondents of government school (55.65%).

- About 87 percent respondents wrote full form of HIV and AIDS whereas this data was almost greater of private school (99.04%) than the respondents of government school (65.63%).
- Most of the respondents (90.87%) reported unsafe sexual contact as the major ways of transmission of HIV/AIDS followed by unsterilized syringe (73.48%), birth from infected mother (73.04%) and contaminated blood (67.39%). Moreover, 100 percent respondents of private school stated unsafe sexual contact as the first ways of transmission of HIV and unsterilized needles as the least ways whereas nearly 82 percent respondents of government school reported unsafe sexual contact as the major and birth from infected mother as the least ways of transmission of HIV.
- Nearly, 82 percent respondents reported the use of condom as the preventive measure of HIV/AIDS and sexual abstinence as the least ways of preventive measure. Whereas high proportion of respondents (93.91%) of private school reported use of condom as the major preventive measures of HIV/AIDS but sexual abstinence are the major preventive measures of HIV/AIDS of higher proportion (74.78%) of government school.
- Only 33.04 percent respondents stated that they knew the difference between HIV and AIDS whereas this data was more of private school than the government school revealing 40.87 percent respondents of private and 25.22 percent respondents of government school.
- Only 60.53 percent respondents had the knowledge of difference between HIV and AIDS. This data was more of respondents of private school than the government school revealing 65.96 percent respondents of private and 51.72 percent respondents of government school.
- About 71 percent and 30 percent respondents reported commercial sex workers and drivers as the highest and the least vulnerable people for HIV/AIDS. Moreover, the respondents of private school (78.26%) stated drug addicts as the more vulnerable people but commercial sex workers (73.91%) as vulnerable people by the respondents of government school.

- About 36 percent respondents reported HIV/AIDS could be cured whereas this data was higher of the respondents of private school (44.35%) than the respondents of government school (26.09%).
- Regarding the knowledge and awareness about HIV/AIDS, almost all the respondents (98.26%) reported that knowledge and awareness was necessary about HIV/AIDS whereas this data was 100 percent of male respondents of private school and only 98.15 percent of male respondents of government school. Furthermore, this data were 100 percent and 95.08 percent of female respondents of private and government school respectively.
- Almost all respondents (94.35%) reported that education regarding STIs and HIV/AIDS could protect from these disease whereas nearly equal male and female respondents of private and government school preferred for this statement.
- Regarding the opinion that AIDS patient should be kept out of family, 81.74 percent respondents did not agree with this statement which was 10.43 percent respondents and 4.35 percent respondents of private and government school agreed with this statement.
- About 86 percent of respondents stated the habit of talking about their personal problems with others. This data was meanly equal of male respondents of private and government school but more female respondents of government than the female respondents of private were seen reporting habit of talking about their personal problems.
- Nearly 87 percent of respondents reported that they talk their personal problems with friends followed by father (30.96%), teachers (28.98%), mother (21.32%). Furthermore, around 92 percent and 90 percent male respondents of private and government school reported friends as the major and 18.33 percent and 22.22 percent male respondents of private and government school reported relatives as the least. And 83.33 percent and 75.47 percent female respondents of private and government school reported friends with whom they talk their personal problem.

- Around 61 percent respondents reported the habit of talking about their sexual activities. This data was more of male respondents (82.09%) of private school than male respondents of government school (75.93%). Similarly, the same pattern holds true for the female respondents of private and government school.
- The highest proportion of respondents (90.71%) reported the habit of talking sexual activities with their friends and relatives (11.68%) as the least. Similarly, male respondents of private and government school reported friends and relatives as the highest and the least proportion with whom they talk their sexual activities. This data holds true for female respondents of private and government school.
- The huge proportion of respondents (96.09%) reported heard about condom whereas this data was 100 percent of male respondents of private and government school whereas it was 97.92 percent and 86.89 percent of for female respondents of private and government school respectively.
- Most of the respondents (84.72%) reported television as the main source of information on condom. Likewise they reported radio (81.38%) as second source. Around 90 percent and 84 percent of male respondents and 83 percent and 83 percent of female respondents reported television as the main source of information on condom. The least proportion was GO/INGOs for all male and female respondents of private and government school.
- Avoiding STIs and HIV/AIDS and for birth spacing/limiting are the main purposes of use of condom reported by 82.35 percent and 78.28 percent of respondents respectively and don't know (3.17%) shares the least proportion. But 83.33 percent and 3.51 percent respondents of private school reported avoiding STIs and HIV/AIDS and do not know as the highest and the least purpose of use of condom where as this data is 81.31 percent and 2.80 percent of respondent of government school.

6.2 Conclusion

As a whole including the respondents of private and government school, about 22 percent respondents reported that they do not have heard about STIs. But all of the respondents reported that they have heard about HIV/AIDS. It is because some of the adolescents do not think HIV/AIDS as STIs. Around 5 percent respondents from the private school and 68 percent respondents from the government school stated that they do not have heard about STIs. This shows that many respondents seem not satisfied with the teaching system or teachers ask for self-reading or teaching from examination point of view even if they are taught. Similarly, more respondents are seen talking their personal problems with their friends rather than father and mother, which lead to wrong direction also. It is because they cannot give mature decision. Furthermore, they are more found habit of talking their sexual activities with their friends. This also shows that the textbooks are not enough to encourage them to speak freely about sexual activities with their parents and relatives and so on. Even few students have not heard about condom. But it can be considered that the current media is playing an influencing role to flow the message regarding HIV/AIDS.

Eventually, regarding the prevention of STIs and HIV/AIDS and use of condom, the government should make the sex education as the compulsory subject from the secondary level so that the adolescent, the risk-taking humans would be saved suffering from these diseases.

6.3 Recommendation of Study Area

Since the recommendations are generally formed on the basis of findings and conclusion of any research, these findings of the study following recommendations are considered to be valuable to bring the change in the prevalent situation regarding STIs and HIV/AIDS issues among adolescents.

- This study on knowledge and attitude is mainly based on eight secondary level school adolescents of Kirtipur municipality. Similar type of study among other adolescent and youth or rural and urban areas to find out the variation can be carried out.

- Different programs concerning towards knowledge and attitude on STIs and HIV and AIDS should cover the adolescents as much as possible.
- This study is based on only secondary level adolescents' students. There might be difference of knowledge and attitude toward STIs and HIV/AIDS between secondary school and higher secondary school or intermediate schools. Thus all the adolescents concerning all levels should be examined regarding knowledge towards STIs and HIV/AIDS.
- The agencies like NGO/GO/INGO's should play key role to ahead the knowledge and attitude towards STIs and HIV/AIDS on school adolescents of Kirtipur Municipality and for those adolescent who are out of school.
- Modes of IEC like electronic media or a paper media should be specifically focused and managed necessarily to increase the awareness and prevention of STIs and HIV/AIDS.
- Interacting and counseling program should be launched between teacher to school adolescents as well as social member so that preventive, curative and rehabilitative measures can be adopted.
- The door-to-door programs regarding STIs and HIV/AIDS and the ways to treat with the infected person should be launched systematically and practically.
- The participation of parents is found lower in the case of sexual activities and reproductive health including STIs and HIV/AIDS in the study area. Therefore, parents are to be made more conscious about this issue.

APPENDIX-I
Ward Number and The Name of School

S.N	Ward Number	Location Private School	Location government school
1)	1	Hill Town International School	.....
2)	2	.....	.....
3)	3	Laboratory Secondary School Kirtipur English Boarding School	Mangal Madhyamik Bidhyalaya
4)	4	.....	.....
5)	5	South Valley Secondary School	Bishwo Rastrya Madhyamik Bidhyala
6)	6	.....	.....
7)	7	.....	Bagh Bhairab Madhyamik Bidhyalaya
8)	8	.....	.....
9)	9	Panga Secondary School	.....
10)	10	.....	.....
11)	11	Ujjawal Shishu Niketan Boarding School	.....
12)	12	Green Village School	Balkumari Madhyamik Bidhlaya
13)	13	.....	.....
14)	14	.....	Adinath Madhyamik Bidhyalya
15)	15	Shuva kamana Academy	.....
16)	16	Pushpa Sadan Boarding School Rarahill Memorial School	..
17)	17	Bagh Bhairab Boarding High School Creative Academy Kirti Secondary School Magus English School	Kirtipur Madhyamik Bidhya laya Gorakh Nath Madhyamik Bidhlaya
18)	18	.....	Vaishnavi Madhyamik Bidhyalaya
19)	19	.....	.....

APPENDIX II
Distribution of Study Population by School, Grade and Sex

School's Name	Grade	Male	Female	Total
Balkumari Madhyamik Bidhyala	9	9	9	18
	10	6	10	16
Total		15	19	34
Kirtipur Madhyamik Bidhyala	9	9	6	15
	10	9	8	17
Total		18	14	32
Baishnabi Madhyamik Bidhyala	9	6	9	15
	10	7	9	16
Total		13	18	31
Gorakhnath Madhyamik Bidhyala	9	5	8	13
	10	3	2	5
Total		8	10	18
Kirtipur English Boarding School	9	11	7	18
	10	4	5	9
Total		15	12	27
Bagh Bhairab Boarding School	9	10	3	13
	10	10	6	16
Total		20	9	29
Magus English Boarding School	9	8	7	15
	10	8	4	12
Total		16	11	27
Hill Town International School	9	8	8	16
	10	8	8	16
Total		16	16	32
Grand Total		121	109	230

APPENDIX-III
Distribution of Respondents by School

Name of school	Grade				Total
	9		10		
	B	G	B.	G.	
Bal Kumari Madhyamik Vidhlaya	9	9	6	10	34
Kirtipur Madhyamik Vidhlaya	9	6	9	8	32
Baishnabi Madhyamik Vidhlaya	6	9	7	9	31
Gorakh Nath Madhyamik Vidhlaya	5	8	3	2	18
Kirtipur English Boarding School	11	7	4	5	27
Bagh Bhairab Boarding High School	10	3	10	6	29
Magus English Boarding School	8	7	8	4	27
Hill Town International School	8	8	8	8	32
Total	66	57	55	52	230

APPENDIX-IV
Tribhuvan University
Central Department of Population Studies (CDPS)
A questionnaire on Knowledge and Attitude on STI's and HIV/AIDS
among the secondary level school Adolescents of Kirtipur
Municipality

A. Individual Characteristics

- Code No:.....
1. Name of school:.....
 2. Types of School:-private.....1, Government.....2, Community.....3
 3. Class: -.....
 4. Age.....:
 5. Sex: Male:.....1
Female.....:2
 6. Caste/Ethnicity Brahmin.....1
Chhetri.....2
Tamang.....3
Gurung..... 4
Newar.....5
Others (Specify)..... 6
 7. Religion Hindu.....1
Buddhist.....2
Christian.....3
Others (specify)... 4
 8. Place of residence.....
 9. Where do you live/stay at present?
Own home.....1
At hostel.....2
At rented room.....3
With relatives.....4
Other (specify).....5

B. Household characteristics

10. Can your father read or write? Yes.....1
No.....2 → 12
11. (If yes) what is your father's educational level?
No schooling.....1
Primary (1-5).....2
L. Secondary (6-8).....3
Secondary (9-10).....4
SLC.....5
Intermediate.....6
Others (specify).....7
12. Can your mother read or write? Yes.....1
No.....2 → 14

21. (If yes) what are the ways of transmission of STIs? (Multiple response)
- Unsafe sexual contact.....1
 - Use of syringe.....2
 - Sharing comb, clothes and towel.....3
 - Others (specify).....5
22. Do you know the symptoms of STIs? Yes.....1
No.....2 → 24
23. What are the main symptoms of STIs? (Multiple response)
- Weight loss.....1
 - Headache.....2
 - Swelling limbs.....3
 - Itching around genital or mouth.....4
 - Yellowish pus like discharge from vagina.....5
24. Do you know how STIs be prevented? Yes.....1
No.....2 → 26
25. (If yes) what are the methods of preventing from STIs? (Multiple response)
- Use condom during sexual intercourse.....1
 - Sex with only one partner.....2
 - Avoiding contaminated syringe and blood.....3
 - Always clean own sexual organs.....4
 - Avoid sharing food, clothes and toiled with infected person.....5
 - Other (specify).....6
26. Have you ever heard about HIV/AIDS? Yes.....1
No.....2 → 30
27. (If yes) from which source have you heard about HIV/AIDS? (Multiple Response)
- Radio.....1
 - TV.....2
 - Go/NGO/INGO.....3
 - Magazine.....4
 - Friends.....5
 - Parents.....6
 - Teacher.....7
 - Text book.....8
28. (If yes) how does HIV get transmitted? (Multiple Response)
- Unsafe Sexual contact.....1
 - Un-sterilized needles.....3
 - Contaminated blood.....4
 - Birth from infected mother.....5
 - Others (specify).....6
29. (If yes) what are the methods for preventing HIV/AIDS? (Multiple Response)
- Sexual abstinence.....1
 - Use of condom.....2
 - Non use of syringe.....3
 - Avoiding birth from infected mother4
 - Others (specify).....5
30. Do you know the full form of HIV/AIDS? Yes.....1
No.....2 → 32

31. (If yes) what is the full form of HIV/AIDS?

32. Is there any difference between HIV and AIDS?
 Yes1
 No2
 Don't know.....3 → 34
33. If yes, what is the difference between HIV and AIDS?

34. In your opinion who are the most vulnerable group in your society from HIV/AIDS? (Multiple Response)
 Adolescents and youths.....1
 Drivers.....2
 Drug Addicts.....3
 Commercial sex workers.....4
 Other (specify).....5
35. Can HIV/AIDS be cured?
 Yes.....1
 No.....2 → 36

Attitude on STIs and HIV/AIDS

36. In your view it is necessary to have knowledge and awareness about HIV/AIDS?
 Yes.....1
 No.....2
37. In your opinion does education regarding STIs and HIV/AIDS can protect from these diseases?
 Yes.....1
 No.....2
38. Should AIDS patient be kept out of family?
 Agree.....1
 Disagree.....2
 Don't know.....3
39. Have you ever talked about personal problems with others?
 Yes1
 No2 → 41
40. If yes, with whom you have talked? (Multiple Response)
 Friends1
 Teachers2
 Unknown.....3
 Father4
 Mother5
 Others (specify).....6
41. Have you ever talked about sexual activities?
 Yes1
 No2 → 43
42. If yes, with whom you have talked? (Multiple Response)
 Friends1
 Teachers2
 Unknown.....3
 Father4
 Mother5
 Others (specify).....6

43. Have you heard about condom?
 Yes1
 No2 → 46
44. If yes, form which source? (Multiple response)
 Radio1
 T .V.....2
 Magazine.....3
 News paper....4
 Health personal.....5
 Friends6
 Others (specify).....7
45. Why do people use condom? (Multiple Response)
 Avoid STDs and HIV/AIDS...1
 For family planning.....2
 Do not know.....8
46. Comments (if any).....

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