

**KNOWLEDGE AND ATTITUDE TOWARDS REPRODUCTIVE  
HEALTH AND HIV/AIDS AMONG ADOLESCENT NEWAR  
GIRLS OF KIRTIPUR MUNICIPALITY**

A Project Report  
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Development

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## **RECOMMENDATION**

This Project Report entitled “Knowledge and Attitude Towards Reproductive Health and HIV/AIDS Among Adolescent Newar Girls of Kirtipur Municipality” has been completed by Mr. Krishna Raj Upadhyaya under my supervision. This Project work is the out come of his own intensive and independent research work and has been prepared in the form as required by the faculty of Humanities and Social Sciences of then Tribhuvan University, in the partial fulfillment of the requirement for the Degree of Master of Arts in Rural development. I forward it for the approval.

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## **APPROVAL LETTER**

This project work entitled “Knowledge and Attitude Towards Reproductive Health and HIV/AIDS Among Adolescent Newar Girls of Kirtipur Municipality ” submitted by Krishna Raj Upadhyaya has been accepted for partial fulfillment of the requirements for the Degree of Master of Arts in Rural Development.

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Date:

Krishna Raj Upadhyaya  
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## **ABBREVIATIONS**

STDs	Sexually Transmitted Disease
HIV	Human Immune-deficiency Virus
NGO	Non Government Organization
INGO	International Non Government Organization
FPAN	Family Planning Association of Nepal
ICPD	International Conference on Population and Development
CONF	
AIDS	Acquired Immune-deficiency Syndrome
USA	United States of America
UN	United Nation
STIs	Sexual Transmission Injuries
RTIs	Reproductive Tract Infection
PID	
RH	Reproductive Health
UNFPA	United Nation Fund for Population Activity
UNICEF	United Nation Children Fund
WHO	World Health Organization
NFHS	Nepal family Health Survey
MOPE	Ministry of Population and Environment
FsWs	
TV	Television
CsWs	
IDUs	
MOH	Ministry of Health

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# **CHAPTER-I**

## **INTRODUCTION**

### **1.1 General Background**

Sex is one of the commonest things in human life. However, in many societies people talk little about it. It is a subject that is considered to be a very personal secret and confidential. Because of social taboos and wrong impression about sex and sexual organs. Children and even adults are not only ignorant about sex and reproductive health, but also have a misconception that one should not talk about sex and this should be suppressed as much as possible. Hence, sex education has been strongly advocated particularly in the context of the rapid increase in sexually transmitted diseases (STDs) and specially the increase of HIV infected people. In recent years, the government has made efforts, INGOs and NGOs to include formal and non-formal sex education various health and education programs.

Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and functions and process. Reproductive health therefore, implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and right of men and women to be informal of and to have access to safe, effective affordable and acceptable method of family planning of their choice of regulation of fertility which are not against the law, and the right of access to appropriate health-care service that with enable women to go safety through pregnancy and child birth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as

the constellation of methods, technique and services that contribute to reproductive health problems, it is also include sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases. (ICPD, 1994).

Adolescence population is increasing in the world population. The young people of the age 10-19 are more than one billion. During the period of adolescence, development of sexual organs takes place in predictable way. In female sexual organ including breast and menarche, take place along with the characteristic change in the body structure. Those developments usually take place during the age between 12-14 years. Girls become capable for reproductive life once she has menarche though there is period of sterility lasting for twelve to eighteen month after menarche (Tuner, 1981).

Acquired Immune Deficiency Syndrome (AIDS) is the one of the most serious problems created by the pandemic called Human Immune deficiency Virus (HIV). AIDS is such type of viral incurable disease called syndrome because it consists several signs and symptoms, which affect different parts of human bodies, immune system or defense mechanism. The HIV progressively destroys the body's ability to fight against illness due to even simple infection like common cold. Its main target is to destroy the cell of blood, which is the most responsible for the protection of the body.

HIV can be transmitted through blood, seminal and vaginal fluids. "Therefore it can passes from one person to another by these ways mainly. Among these ways the first one is the most common. Heterosexual, Homosexual contract frequent receive the bloods,

prostitution and intravenous drug user who share needles to inject drugs, like heroin, cocaine for entertainment are at the high risk of AIDS.

There were interesting hypothesis regarding to origin of this disease, many people thought that this disease came from the green monkey of African forest. France researcher in 1983 and US scientist in 1984 firstly isolated these viruses. Even though the history of AIDS began in 1981 as first time seen in USA, Experts believe that new infections are occurring almost twice as fast instead of 8200 new infections a day as estimated last year. Now they believe 16000 new infections occur each day (Post M. et. al., 1998).

Nepal is not so far from this problem. The first HIV positive case was identified in 2 July 1988 in Nepal. The history of HIV/AIDS epidemic in Nepal is now more than 14 years old. It is epidemic is significantly affected by its proximity to India because it shares a long border. An estimated 8,00,000 persons travel across this border each year. There are also a large number (as many as 2,00,000) in commercial sex work in India. Estimated on the number of Nepali girl and women working in Mumbai alone are 56,000 plus. By the time, these women return to Nepal, they stand a high chance of being infected with HIV, and many consequently unwittingly transmit the AIDS virus to others.

Generally the youth 15-23 years, curious to take an experience of sex. They may try to deep sexual relationship with the person who is easily available to them. They may draw them into unexpected pregnancy and encounter. In this, time and level the knowledge and attitudes of STD and even AIDS play key role to determine vulnerability of youth in relation to HIV/AIDS. Besides that there are so many ways of transmission of HIV/AIDS. During the period of passing through their

physical and psychological change, it might be difficult to take good decision for most of the time. If their peers are unknown about the fact future will not be good as we hope.

## **1.2 Statement of the Problem**

Although substantial progress in information education and communication has been made during this decade in Nepal, most societies are still closed and traditional with myth and misconceptions about sexuality, reproductive health, contraceptives, sexually transmitted infections (STIs), human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and sex education. Adolescence is a crucial age and full of curiosity about sexuality. Knowledge of adolescents regarding puberty, reproduction, masturbation, premarital sex, contraceptives and STIs/HIV/AIDS is low and they like to ask, many questions on such matters (Kunwar, 2002)

An adolescent refers to a period of transition from childhood to adulthood. An adolescent girl is likely to give birth and rear her children within the context of an extended family, the risk of she and her children to have illness, injury and death are far greater than those for a mature woman in her twenties (WHO, 1989).

Adolescents in Nepal are poorly informed about sexual and reproductive health, early marriage, early and frequent child bearing, unsafe abortion, sexually transmitted infections and substance abuse (Karki, 2003).

Karki (2003) also indicates that among all of the HIV/AIDS cases, 13 percent were found in the age group 14-19 years, one of the causes of HIV infection is injecting drugs use. Injecting drug use among

adolescents in Nepal is also a major problem. It is estimated that about two third people of drug users are adolescent's one third of the cases for HIV/AIDS is injecting drug use. According to National center for AIDS and STDs control, the mean age at first sexual intercourse among male is 16.4 yrs whereas it is 16 for females.

Nepalese adolescent can not talk about their sexual behavior openly since Hindu religion predominantly prohibits two different sexes to be exposed before marriage. The variation of tradition, institution and social barriers and ineffective programmes do not provide accurate reproductive and sexual information and useful services to adolescents in Nepal.

HIV/AIDS is today's most burning issue of world and it has no cure, prevention is the only remedial aspect for the disease Therefore, public awareness is the most essential things to protect from this disease. This study might be helped to fulfill the objectives. This is the reason why the topic is selected.

### **1.3 Objectives**

The general objective of the study is to assess the knowledge and attitude of the Newar adolescent girls on reproductive health and HIV/AIDS. The specific objectives of the study are-

- To analyze the knowledge on sexual and reproductive health of adolescent girls on physical change, puberty and menstruation.
- To assess the knowledge and attitude of Newar adolescents on HIV/AIDS.

- To examine the adolescents knowledge about modes of transmission and preventive measures of HIV/AIDS.

#### **1.4 Significance of the Study**

The focus of the study is to assess the knowledge on reproductive health and HIV/AIDS among the adolescent girls who are likely to enter into the sexual and reproductive life. This study is great rationale mainly due to unique selection of study subject and area to study knowledge and attitude of adolescents on reproductive health.

There are very studies on the knowledge and attitude of adolescents on reproductive health and HIV/AIDS and rarely there are few studies on the topic in Newar girl community.

Adolescents' population has less access to information regarding puberty, physical change, reproductive health and HIV/AIDS infections. If adolescent girls are supported with proper information as mentioned above knowledge created positive attitude and help to maintain public health, lower the frequency of unwanted pregnancy through condom use and avoid socio-demographic problem of unmarried mother.

There are not only Newar in Kirtipur but other community also lives there. The new generation of Newar community shifting towards modern culture due to modernization, influences of other culture, cinema etc. So, there is high chance of involvement in sexual activity before marriage. Thus, it is important to know about the awareness level of the girls on reproductive health and HIV/AIDS. The findings of the study would contribute to make awareness and counseling programme on reproductive health and HIV/AIDS for adolescent girls.

## **1.5 Limitations of the study**

Since this study was only concentrated urban area Newar community girls, the results shown by this study can not be generated to the opinion of the adolescent girls of other community of rural area. Similarly, this study was conducted among adolescent girls, the opinion of boy adolescents may vary from this study. Because of the small size and low coverage the results obtain by this study may not represent whole nation. Also, this study has adopted mainly quantitative approach, however qualitative approach was also included which are based on questionnaire.

## **1.6 Organization of the Study**

The study organized into six chapters. The first chapter of the study includes backgrounds, statement of the problem, objectives, significance and limitation of the study.

In the second chapter review of literature and conceptual framework is presented the third chapter entitled the research methodology include study area, research design sample selection, questionnaire, data collection, procedure, data analysis and interpretation. The socioeconomic and educational status and knowledge on reproductive health in chapter four.

The knowledge on HIV/AIDS is presented in chapter five. Chapter sixth contains summary and conclusions.



## CHAPTER II

### LITERATURE REVIEW

This chapter reviews available literatures related to knowledge and Attitude towards the reproductive health and HIV/AIDs. The available literatures related to reproductive health and sexual behavior in national and regional level among adolescents.

#### **2.1 Literature related to reproductive health**

On the topic of 'Adolescent Reproductive health in Nepal, Khanal stated that before the onset of menstruation, knowledge of puberty or menarche is virtually lacking on most adolescents girls in Nepal. They are aware of the accompanying psychological changes and moreover are unable to discuss these issues with their parents. Negative perception and misinformation endanger the RH and well being of adolescents' girls and expose them to RTIs, PID and other complications (Khanal ,1999).

Down stated that menarche is the onset of first menstruation. This signal is establishment of puberty, which is not yet complete. The menarche occurs between the ages 10-16 years. The mean age of menarche is 13.6 years. The age of menarche and puberty depends on the genetic factors and environmental experiences. Therefore, the factors influencing menarche are family tree, race, social class, diet, and environment. Menstruation (Greek word 'men' means month) is monthly uterine bleeding through vagina for 4-5 days every 28 days during reproductive life of women from menarche to menopause.

Adolescent boys and girls particularly those who are unmarried are lacking information on RH. Existing RH care facilities are unfriendly with adolescent. Parents play a major role in educating children on

sexuality but cultural factors interfere discussion on private matters with their children. Parents may also lack knowledge on RH. Adolescents also lack accurate information about their physiology. Sexuality and RH only 3% and 25% of late adolescent girls in Pakistan and Srilanka respectively could correctly mention the number of fertile days in the menstrual cycle. In Bangladesh, only percent of unmarried adolescent girls are reported to have had prior knowledge on menstruation before they experienced it (UNFPA, 1998).

Sweden was the first country to introduce sexuality education into its school system, in 1956. Pupils are taught that sexuality is an integral part of a person's life, one linked to personality development, interpersonal relationship, and the social structure. Countries where sex education is mandatory are namely France, German, Iceland, Luxembourg and Ireland from developed world and Philippines, China and Costa Rica from developing world. In USA, both mandatory and permissive sex education exists. In the United Kingdom, Austria, Belgium and the Netherlands, rather through sex education is officially permitted but does not enjoy legislative protection. In Brazil, the Dominican Republic, Nigeria, Kenya and Sierra Leone lack legislation. Other countries like Bangladesh and much of Sub-Saharan Africa have done nothing to implement sex education (Roemer and Paxman, 1985). It is further mentioned that many countries have laws to prohibit or limit sex education which are named as Ireland, Argentina, Indonesia and some African and Asian countries specially Muslim.

ICPD-1994 produced a new vision on the need for a holistic view of sexual reproductive health of adolescents. Post ICPD conference, most of the population policies of the countries has found to focus on the adolescents basically information, education and communication

programme to meet the challenges of adolescent's sexuality. United Nations (UN), International Non-governmental Organizations (INGOs) like United Nations Children Fund (UNICEF), United Nations Fund for Population Activities (UNFPA), World Health Organization (WHO) and other have given key priority to adolescents.

ICPD programme of action in paragraph 7.33 states that in many societies, adolescent's faces pressure to engage in sexual activity. Young women, particularly low-income adolescents are especially vulnerable. Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting sexually transmitted diseases, including HIV/AIDS and they are typically poorly informed about how to protect themselves. Programmes for adolescents have proven most effective when they secure the full involvement of adolescents in identifying their reproductive and sexual health needs and in designing programmes that respond to those needs.

Adolescents often feel neglected in family planning program. Correcting this problem, special counseling is required to their sexuality and other needs as part of transition to adulthood. So specific reproductive health need of adolescents must be openly educated, of course there are many other health hazards facing adolescents but sexual and reproductive health issues merit separate consideration and he proposes to pay the attention to six component of reproductive health. Adolescent's reproductive health, STIs/AIDS, infertility, cervical cancer, violence against women and abortion (Liljestrand 1997).

In Nepal, almost quarters of rural adolescents have more children, compared to one fifth of their urban counterparts. Only 17 percent adolescents living in the hills have begin child-bearing compared to 20

percent in the Mountains and 31 percent in the Terai areas. Regionally, the highest level of adolescent's child-bearing is observed in the Central Development Region while the lowest is found in the Western Development Region. The proportion of adolescents who has begun child-bearing, declines with the increase in education level among some secondary education (NFHS, 1996).

Ministry of Population and Environment (MOPE, 2002) has created potential dimensions for the development of adolescents and young through:

- Educational opportunity,
- Health information and services,
- Family and community affiliation,
- Socio-economic information and counseling,
- Secure legal provision.

## **2.2 Literature Related to HIV/AIDS**

Baidha (2000) illustrated that AIDS is caused by retrovirus known as the Human Immune-Deficiency Virus (HIV). This breaks down the body's immune system. HIV attacks the immune mechanisms of the body by infiltrating the key defense cells and forcing a replication of it. The causative virus (HIV) is generally transmitted from person to person. HIV can be found in body fluids like blood, semen, vaginal fluids and breast milk. HIV is transmitted through sexual activities, contaminated blood from HIV infected mother to her baby and non-sterilized needles HIV is not transmitted through mosquitoes or any other insects; casual social contact with HIV infected persons within households or by food or water, or clothes and utensils.

In causation is the period of time between infection and the beginning of signs and symptoms related to AIDS. This period is varied from person for HIV/AIDS. It may be as short as 6 months to as long as 10 years or more. The AIDS virus can be hidden in the body for many years. HIV infected person will not show any signs or symptoms for 2 to 12 weeks. Even clinical examination can not detect HIV within this period because antibodies usually take 2 to 12 week to appear in the bloodstream, known as "window period".

Cases of HIV/AIDS infection are increasing in Nepal. HIV infection was first reported in 1988 when four cases were detected. The next year only two more infections were reported. But the numbers of HIV/AIDS cases are increasing year by year. The latest available data reveals that the increase in the pace of HIV infection is alarming.

Nepal Demographic Health Survey (2001) showed that knowledge of AIDS was much higher among men (72%) than among women (50%). Although women's knowledge on AIDS is, lower than men's. Two-fifth of women and two-third of men believe that there is a way to avoid HIV/AIDS. 58% of women and nearly one-third (32%) of men have either not heard about AIDS or do not know whether the disease can be avoided. Three percent of women and two percent of men think that there is no way to avoid HIV/AIDS. About one in three women mentioned use of condoms and limiting the number of sexual partners as specific ways to avoid HIV/AIDS compared with 63% and 54% of men, respectively. In addition, about two-fifth of women and three-fifth of men say a healthy looking person can have AIDS and that HIV/AIDS can be transmitted from mother to her child. 14% of women and 23% of men have discussed with their spouse. The study showed that majority of

married Nepalese men (98%) did not have sex with anyone else other than their wife in 12 months preceding the survey.

"A Review of literature on HIV/AIDS and STIs with respect to Female sex workers in Nepal" by New ERA (July 2003) highlighted the review of the status of commercial sex workers in different parts of Nepal. The study found that almost all the clients have knowledge of condom. Most of the clients were found aware that use of condom can prevent HIV/AIDS and STDs but the level of consistent use of condom with FSWs was very low. The FSWs who had heard about HIV/AIDS were also aware about the fact that AIDS is incurable and that person infected with the virus ultimately dies.

The HIV infected young girls were perhaps compelled to enter into the premature sexual behaviour through the sex market and marriage, but due to the lack of information, they were not adequately protected against the risk of STDs such as reproductive tract infections (RTIs), Human Immunodeficiency Virus (HIV) and AIDS. (Thapa, 1994: Cited in Shrestha, 1996)

The baseline survey of 13-16 years students in school to collect information on HIV/AIDS prevention in 5 districts, 10 per cent of surveyed students had heard of HIV/AIDS. However, it is alarming to note that (13%) of the students opinion is that AIDS is curable. Quite a good number had not conceptualized the "window period" and carrying stage of HIV. (13%) of them opined is that AIDS with a pregnant woman may not infect her unborn child, like wise (20%) of them perceived that AIDS is communicable through sharing cloths of infected person. The great misconception was noticed. Among the students, while nothing that about (40%) of the surveyed students had perceived one can receive AIDS through mosquito bite (Upadhaya, 1996).

Liljestrand (1997) indicated that in the parts of Asia and Eastern Europe, as well as in countries such as Brazil, India and Vietnam. The HIV virus is running rampant. Attention to the threat of AIDs most not waver. Treatment of STDs, awareness raising, and other prevention effects must all form an integral part of reproductive health services. (Liljestrand, 1997)

Large numbers (57%) were aware about AIDS. That there is no treatment available against HIV infection and any medicine administrated well in advance. In country to this, (27%) students were with the opinion that it is possible to cure a person with HIV/AIDS. If he/she has given treatment early enough. Large proportions of students who are in the vulnerable status do not have enough information about STDs and they also do not see interlink age between STDs and AIDS. Our information should be focused to clear this dilemma. While designing information system, broadcasting system can play a vital role to disseminate the message on AIDS. Moreover TV and magazines are equally popular among youth obviously, our information system should be based upon different media (Aryal, 1998).

A study on "Perception and Attitudes concerning STDs and AIDS in urban centers of Nepal". The target group included different occupation such as student of college, wage earns, businessmen, rickshaw pullers and housewives of service holders. A college students understand AIDS as an epidemic. Most of the victims of this disease are youth although they know about it and they are alert of it. The HIV enters in human bodies and despite their prevention" A girl student expresses her view about the ways of transmission of AIDS saying that blood should be tested and separate Syringe should be used before receiving and donating the blood. they must be thoroughly cleaned A businessman was found to complain

about the message of bill board that AIDS is fatal disease but illiterate can not read it (New Era 1996 cited in Giri, 1998).

The main Transmission routs are multi-partner sexual contracts and HIV, drug abuse. The report focuses on recent and expounding spread of HIV. It considers CSWs, IDUs and STDs clinic patents are at high-risk population and pregnant women, blood donors and general population is the low risk population. Every year 3,50,000 children are infected with HIV in developing countries from mother to child transmission. About 10 per cent of HIV positive children under age 15 become instated through this routes, last year altogether 4,000,000 children under age of 15 become instated with HIV world, bringing the total number of children living with virus at the end of 1996. (Post et. al., 1998)

### **2.3 Conceptual Framework**



## CHAPTER- III

### RESEARCH METHODOLOGY

**3.1 Study area:** Kirtipur has predominantly Newar community. Area of this municipality is 14.76km sq. According to CBS, 2001 total population of this area is 40,835 among of them 21,686 are male and 19,149 are female population. There are 9,487 total HHs.

**3.2 Research Design:** The study is primarily based on primary data and information. Structured questionnaire are applied as major tool of information collection required of the research work. This study follows the descriptive cum exploratory type of research method to facilitate the answering of the questions purpose to identify the existing conditions of knowledge and attitude toward reproductive health and HIV/AIDS among Newar adolescent girls.

**3.3 Sample Selection:** The respondent samples are selected purposive cum random selection procedure. About 40 sample units are selected from different socio-economic and education background.

**3.4 Tool and Instruments:** Questionnaire is an important tool applied in this study. A set of questionnaire has been formulated to collect the information of the respondents regarding reproductive health and HIV/AIDS. Different sources are consulted as reference such as book, journals, research papers, term papers, magazines etc. In addition some suggestions and comments have been obtained as advice from supervisor.

**3.5 Data collection procedure:** First the field survey was done to find the socio-economic status of the population. Then, the sampling units were taken from all the groups equally. Then from random sampling methods, individual sample unit were consulted to fill up the

questionnaire. The respondents were requested to fill up the questionnaire honestly as what they know about reproductive health and HIV/AIDS.

### **3.6 Data Analysis and Interpretation:**

After the collection of required data, they are tabulated into master chart, converted them into the master chart and converted them into the percentage also. The data were categorized into different tables separately under the selected issues with numerical and percentage. Basically Bar diagram, pie charts and graphs are used to processing, analyzing and interpreting the result of data. Descriptive and simple mathematical interpretation procedure has been adopted in this research.

## **CHAPTER- IV**

### **BACKGROUND CHARACTERISTICS AND KNOWLEDGE REPRODUCTIVE HEALTH OF STUDY PARTICIPANTS**

This section describes the background information and reproductive health knowledge of study population. The backgrounds of sample population greatly influence their behavior and knowledge on reproductive health in the background, the family occupation, parent education and respondent education was studied. This helps to determine the level of knowledge on reproductive health such as menstruation, physical changes, Puberty, pregnancy etc. The information was generally collected by questionnaire survey. Total numbers of sample were 40. All the respondents were selected on the basis of there. Socio-economic condition from different section of Kirtipur area.

#### **4.1 Individual Characteristics**

In this section, the individual characteristics of the respondent were study. The selected individual characteristics are age and educational status of Newar girls.

##### **4.1.1 Age Composition**

Maturity is the most important things to learn any things. If the level of age and complicity of the content could not be met, the learning could not be possible. Therefore, age wise distribution is given below.

**Table 1: Distribution of Respondent by Age**

Age	Respondents	
	Number	Percent
14	3	7.5
15	6	15.0
16	5	12.5
17	7	17.5
18	14	35.0
19	5	12.5
Total	40	100.0

*Source: Field Survey, 2006*

On the above table, shows that 14 years respondents are 3 (7.5%) which is the younger age group of the study. Likewise, the eighteen years age group is the highest number of respondents that indicates show this percents (35%). Similarly among the adolescents age 15, 16, 17 and 19 years respondents were taken respectively 15%, 12.5%, 17.5% and 12.5%. According to this data the ratio of their age 17, 18 and 19 were taken more than 60%, because this is the potential age of sexual maturity. So their knowledge and attitude will more significance to generalize this study.

**Table 2: Educational Status of the Respondents**

Class	Respondents	
	Number	Percentage
8	2	5
9	4	10
10	6	15
11	18	45
12	10	25
Total	40	100

*Source: Field Survey, 2006*

Above table, shows that class 8 respondents are 2 (5%) which is the initial stage of sexual life. At this stage menarche takes place. Similarly 4 (10%), 6 (15%), 18 (45%) and 10 (25%) numbers of respondents are taken from class 9, 10, 11 and 12 respectively.

#### **4.1.2 Caste composition within Newar respondents**

This study was carried among the Newar girls of kirtipur urban area. Therefore, their socio-economic status will be better their rural counterparts. Even within, the Newar community there is different surname like Maharjan, Shakya, Shrestha. As Maharjan dominates Kirtipur, the respondents' ratio was taken 32 (80%) from, Maharjan, 4 (10%) from Shakya and 4 (10%) from Shrestha.

#### **4.2 Households Characteristics of Respondents**

In this section, the study deals with the distribution of sample Girls by their parents' occupation, education, landholding and family size.

##### **4.2.1 Parents Education**

In many cases parents education also determine the knowledge level of their children. We can generalize the children's knowledge from their parents. Therefore, it is important to know about their parents' educational status.

**Table 3: Distribution of Respondents by Parent's Education**

Education Level	Father		Mother	
	Number	Percent	Number	Percent
Illiterate	7	17.5	29	72.5
Literate only	16	40.0	5	12.5
Secondary and SLC	8	20.0	3	7.5
Inter and Above	9	22.5	3	7.5
Total	40	100.00	40	100.00

*Source: Field Survey, 2006*

Table 3 shows that very poor condition of mothers' education of Newar community. There were among 40, 29 (72.5%) were illiterate and only 5 (12.5%) respondents mother are literate only. 3 (7.5%) have got secondary level education, 3 (7.5%) got Inter or above level of education.

Similarly, 7 (17.5%) of respondents stated that their fathers are illiterate and 16 (40%) respondents' father are literate. The percentage of respondents stating secondary level education of their father is 8 (20%). Inter and above are 9 (22.5%).

#### **4.2.2 Parents Occupation**

Parents' occupation determines the economic status of family and the economic status determine the pre-requisite knowledge on RH. Kinds of occupation lead person towards certain direction and it can make his life comfortable as well as enjoyable.

**Table 4: Distribution of Respondents by Parent's Occupation**

Type of Occupation	Father		Mother	
	Number	Percent	Number	Percent
Agriculture	8	20	6	15
Office/Service	15	37.5	4	10
Business	7	17.5	5	12.5
Housewife	-	-	23	57.5
Others*	10	25.0	2	5.0
Total	40	100	40	100

*Source: Field Survey, 2006*

\* *Other occupation such as Photograph, holding clinic, tailoring tendering, driving.*

The above table shows that about 15 (37.5%) of the respondents reported that office/service is the main occupation of their father. Another 10 (25%) reported other\* (mention above) type of occupation. 8 (20%) respondents reported that their main occupation is agriculture and 7 (17.5%) respondents reported that business, their father's main occupation.

About respondents' mothers' main occupation, it helps to show that in urban Newar Community 23 (57.5%) of mother main occupation is housewife. Another 5 (12.5%) reported business as principle occupation, and 6 (15%), 4 (10%) and 2 (5%) are respectively Agriculture, office/service and others\* their main occupation.

#### **4.2.3 Land holding of Household**

The study area is urban settlement so there is only few household has their own agricultural land. Many households have own land only for

their living and houses. Among of 40 households 19 (47.5%) have own agricultural land and 21 (52.5%) households have no any agricultural land. It shows that agriculture is not their main occupation.

#### **4.2.4 Household Size**

In this study area, I observed both single-family system and joint family system. Due to urban settlement majority of household are single-family system. Total sampled household 40, have 220 members. The average of household members is 5.5 persons.

### **4.3 Knowledge on Reproductive Health**

Adolescent reproductive health is the major issue worldwide because they are immature in relation to reproductive functioning. This age group is also concerned with psychological exploring, curiosity and abstract thinking. Adolescents in Nepal are also more vulnerable and encounter problems due to lack of awareness and information about reproductive health. So this research study has taken one of the objectives to analyze the knowledge and attitude on reproductive health. For this purpose this section includes the knowledge on type of physical change, knowledge on puberty, knowledge on reproductive health as menstruation, nocturnal emission, breast enlargement, mode of pregnancy and knowledge on masturbation.

#### **4.3.1 Physical Change**

Physical change on the body is one of the characteristics of adolescents girls. Respondents were asked about notice their physical change and their knowledge are presented in below table.



**Table 5: Distribution of Respondents by Notice of Physical change**

Notice of Physical Change	Respondents	
	Number	Percentage
Yes	37	92.5
No	3	7.5
Total	40	100

*Source: Field Survey, 2006*

Majority of respondents i.e. 92.5% have noticed physical change in their body. Only 7.5% have unknown about their physical change.

#### **4.3.2 Knowledge on type of physical change**

The question was asked about knowledge on different type of physical change by providing eight alternatives to give multiple responses and the results are presented in below table 6.

**Table 6: Distribution of Respondents by Knowledge on Type of physical change**

Physical Change	Respondents	
	Number	Percentage
Change in height	36	90
Widening of pelvis	29	72.5
Change in weight	35	87.5
Growth of pubic hairs	32	80
Change in voice	28	70
Menstruation observed	38	95
Growth of Sex organ	35	87.5
Growth of Breast	37	92.5

*Source: Field Survey, 2006*

From above table, it is observed that majority of respondents are knowledgeable about growth of breast and menstruation observed. Constituting 92.5% and 95% respectively. About 90 and 87.5% respondent have knowledge about the change of height and weight, Growth of breast. Respectively followed by knowledge in Growth of pubic hairs, change in voice are 80% and 70% and also widening of pelvis observed by 72.5% respondents.

### 4.3.3 Knowledge on Puberty

Puberty is a transitional stage between childhood and adolescent and it is the sign of becoming mature. Respondents were asked meaning of puberty and their knowledge about it.

**Table 7: Distribution of Respondents by Knowledge on Puberty**

Puberty means	Respondents	
	Number	Percent
Period from the age 1-16	26	65.0
Change in behavior	17	42.5
Physical change	22	55.0
Stage of sexual maturity	21	52.5

*Source: Field Survey, 2006*

*Note: The number are the multiple responses and the percents are based on the total number of respective respondents.*

From the table 7 majority of respondents considered puberty as the period from the age 12-16. The 65% of the respondents considered puberty as the period from the age 12-16, followed by 55% considered puberty is the physical change. About 52.5% respondents believe that

puberty is stage of sexual maturity. However 42.5% of the respondents consider it is change in behavior.

#### **4.3.4 Knowledge on Reproductive health and more**

Reproductive health is the crucial part of overall health. So knowledge about it is very much important to enhance the life being free from diseases. In this topic includes the knowledge about menstruation, nocturnal emission, breast enlargement, fertile period and mode of pregnancy.

#### **4.3.5 Menstruation**

Menstruation is the secondary characteristics of the physical changes that occur during puberty stage. During the menstrual cycle, if copulation does not occur or if the sperm fails to reach the ovum in the fallopian tube, blood and other materials sloughed off through the vagina. This process is called menstruation is a normal phenomenon. But in some society menstruation symbolizes of sin. Therefore, knowledge of menstruation is very important to wash misconception of adolescents and alert them that any unsafe sexual

**Table 8: Distribution of Respondent by Knowledge on Menstruation**

<b>Description</b>	<b>Respondents</b>	
	<b>Number</b>	<b>Percent</b>
<b>Menstruation</b> Periodic discharge of blood and mucus	32	80.0
<b>Onset of menstruation signifies</b> Symbol of puberty	33	82.5
<b>Causes of nocturnal emission</b> Production of hormones and its excitement	21	52.5
<b>Growth of breast</b> Due to production of hormone	34	85.0
<b>Risky period for pregnant</b> 9-19 days	20	50.0
<b>Mode of Pregnancy</b> After meeting sperm with Ovum	25	62.5

*Source: Field Survey, 2006*

*Note: The numbers are the multiple responses and the percents are based on the total number of respective respondents.*

In the field study many questions were asked to know the right meaning of the questions. Above table consists only right meaning of questions.

#### **4.3.6 Nocturnal Emission**

Involuntary ejaculation of accumulated secretion followed by nocturnal dream is called nocturnal emission. Respondents when asked if they know the causes of nocturnal emission, then only 52.5% respondents

correctly answered as causes of nocturnal emission is production of hormones and its excitement which shown Table 8.

#### **4.3.7 Growth of breast**

The first evidence of pubescent in a girl is the change in the breast, the small conical buds increase in size and the nipple begin to project forward. "Such type of physiological changes are normal however brings tremendous curiosity about sexuality and becomes the matter of new anxiety for girls. So, proper information is needs to help them remove anxiety. The respondents were asked whether they know the cause of breast enlargement. On this question 85% respondents were success to give this answer correctly.

#### **4.3.8 Fertile Period**

The risk of conception from an act of coitus in small in the early part of the menstruation cycle. It increases noticeably about five days before the time of ovulation that is ninths day after menstruation and risk continues to 19th days of menstruation. Days other than this period are the safe period with respect to pregnancy. Thus the knowledge about fertile period helps adolescent recognize safe period for sexual intercourse without unwanted pregnancy.

Respondents were asked about the risky period for pregnant at the survey time and result presented in Table 8. From the table it in found that knowledge on fertile period during the menstrual cycle for conception was found 50%.

#### **4.3.9 Mode of pregnancy**

When a sperm penetrates an ovum, an immediate change occurs and after some somatic division fertilization is complete that is women

become pregnant. The respondents were asked whether they know how a woman becomes pregnant, and responses are given in Table. 8. It can be seen that only 62.5% respondents answered correctly as women becomes pregnant after meeting sperm with Ovum.

#### **4.3.10 Knowledge about symptoms of conception**

During the field survey respondents have asked the question the symptoms of conception and many options were also there we can presented it below table.

**Table 9: Knowledge on symptoms of conception**

Symptoms	Respondents	
	Number	Percentage
Stop menstruation	34	85
Nausea	14	35
Willingness to make urine many times	9	22.5
Dandruff seen in face	19	47.5
Breast enlargement	21	52.5

*Source: Field Survey, 2006*

*Note: The numbers are multiple responses and the percents are based on the total no. of respective respondents.*

Above table 9 shows that 85% respondents answered that symptom of conception is stop menstruation. Similarly 52.5% respondents answered that breast enlargement, 47.5% respondent answered that dandruff seen in face, 35% Nausea and 22.5% respondent answered that willingness to make urine many times.

## CHAPTER V

### KNOWLEDGE AND ATTITUDE ON HIV/AIDS

The main objective of this chapter is to analyse the knowledge and attitude of Newar adolescents girls on HIV/AIDS and to examine the adolescents knowledge about modes of transmission and preventive measures of HIV/AIDS. According to our objective main focus has been given to explore the views of respondents towards HIV/AIDS. The causes and consequences of the diseases, the modes of transmission and preventive methods of AIDS. Beside this, some effort, have been made to identify the sources of information frequency of exposure to media, correct and wrong knowledge about the disease.

#### 5.1 Source of Information on HIV/AIDS

Communication media play a vital role in disseminating HIV/AIDS message to the people. The role of channels in different media of communication is providing message to the Girls were asked to mention the source of information of AIDS from which they heard about it. The different source pointed out by them are summarized in table 10.

**Table 10: Distribution of Respondents by source of Information about AIDS**

Sources	Respondents	
	Number	Percent
Radio	8	20
Television	11	27.5
Newspaper	2	5.0
Friends and relatives	3	7.5
Teachers	13	32.5
Health workers	1	2.5
Parents	1	2.5
Posters and Pamphlets	1	2.5
Total	40	100

*Source: Field Survey, 2006*

From the above table it is seemed that the largest (32.5%) of the girls came to know about AIDS by teachers. Significantly 11 (27.5%) by Television 8 (20%) by radio, 3 (7.5%) by friends and relatives, 2 (5%) by Newspapers.

On this basis of data, we can say that Teachers are most effective media for the adolescents.

## 5.2 Respondents view about the AIDS

The respondents are asked about meaning of AIDS with open ended questions to measure their knowledge on AIDS meaning. 70% of the respondent are mentioned appropriate meaning of AIDS with its definition where as 6 (15%), respondents did not responded any one answer. Similarly, 6 (15%) were mentioned AIDS is a kind of disease only. which is presented in table 11.

**Table 11: Distribution of Respondents by their views on AIDS meaning**

AIDS Meaning	Respondents	
	Number	Percent
Epidemic disease	28	70
Only disease	6	15
Don't know	6	15
Total	40	100

*Source: Field Survey, 2006*



### 5.3 Knowledge about the modes of AIDs Transmission

To assess the respondent's knowledge on modes of transmission of AIDS various questions related to the modes of transformation of AIDS were administered in multiple choice form. Distribution of the respondents by their knowledge about the modes of AIDS transmission is presented in below table.

**Table 12: Distribution of Respondents by views on AIDS Transmission**

Transmission	Respondents		Total
	Yes	No	
Mosquito bites	2 (5%)	38 (95%)	40 (100)
Blood transfusion	30 (75%)	10 (25%)	40 (100)
Kissing	2 (5%)	38 (95%)	40 (100)
Infected needle	22 (55%)	18 (45%)	40 (100)
Sex with multiple partners	30 (75%)	10 (25%)	40 (100)
Sex without condom	33 (82%)	7 (18%)	40 (100)
Infected pregnant women to her baby	24 (60%)	16 (40%)	40 (100)
Sharing cloths	-	-	-
Shaking hands	-	-	-

*Source: Field Survey, 2006*

*\* Multiple Responses.*

From the above table majority of the respondents 33 (82%) said that sex without condom is the main cause of transmission followed by and having sex with multiple partners 30 (75%), Blood transfusion 30 (75%). Similarly, other modes of transmission mentioned by the respondents are from HIV infected mother to her baby 24 (60%) and

infected needle 22 (55%). Equal percentage of the respondents (5%, 5%) reported that kissing and mosquito bites are the other modes of transmission. None of the respondents mentioned the sharing clothes and shaking hands as the mode of transmission.

#### **5.4 May it possible to have AIDS virus in a healthy looking person?**

Respondents who had heard of HIV/AIDS were further asked to express their views on the topic "May it possible to have AIDS virus in a healthy looking persons?" The study shows that about 50% (20) respondents expressed their views that healthy looking person can have HIV/AIDS. 40% (16) respondent said that health looking person could not have HIV/AID. 10%(4) (respondent said that don't know.

**Table 13: Distribution of the Respondents by their views on Healthy Looking person**

Response	Response	
	Number	Percent
Yes	20	50
No	16	40
Don't Know	4	10
Total	40	100

*Source: Field Survey, 2006*

#### **5.5 Views on Agent causing AIDS**

After examining the knowledge of students about the main agent of the AIDs. The respondent's knowledge presented as shown below table.

**Table 14: Distribution of Respondents by their views to the causing AIDs.**

Agent	Respondents	
	Number	Percent
HIV	27	67.5
Other	13	32.5
Total	40	100

*Source: Field Survey, 2006*

The percentage of respondents having correct knowledge of AIDs virus is (67.5%) among the total girls 32.5% have answered other agent cause.

### **5.6 Can AIDs be cured?**

To assess the respondent's knowledge on cure of HIV/AIDs a question, "Can AIDs be cured" was asked. Among 40 respondents 52.5% had said that AIDS cannot be cured 20% respondent had said that It can be cured and 27.5% respondent had said that Don't know. The following table shows the respondents knowledge on cure of AIDS.

**Table 15: Distribution of respondents by knowledge on cure and Treatment of AIDS**

Cure	Respondents	
	Number	Percent
Yes	8	20.0
No	21	52.5
Don't Know	11	27.5
Total	40	100

*Source: Field Survey, 2006*

## 5.7 Respondents views on prevention of AIDS

To assess the respondents knowledge on the prevention of STDs and HIV/AIDS various multiple choice questions were administered. Still only medical treatment of AIDS is not sufficient to check the AIDS virus by safe sexual behavior use of condom and use of sterilized syringe. The respondents pointed out different ways which are tabulated in the table 16.

**Table 16: Distribution of Respondents on the Basis of Their Knowledge to Apply the Prevention Techniques of AIDS**

Views on the method of preventing AIDS	Respondents		Total
	Yes	No	
Don't have sex at all	16 (40%)	24 (60%)	40 (100)
Don't have sex with multi partner	27 (67.5%)	13 (32.5%)	40 (100)
use a condom during intercourse	28 (70%)	12 (30%)	40 (100)
Avoid sharing blades	15 (37.5%)	25 (62.5%)	40 (100)
Use sterilized surgical instrument only	18 (45%)	22 (55%)	40 (100)
Others	2 (5%)	38 (95%)	40 (100)

*Source: Field Survey, 2006*

Above table shows that the majority of respondents 28 (70%) emphasized on use of condom while having sex with other. Other method of prevention mentioned by the respondents are not having sex with multiple partners 27 (67.5%) and use sterilized surgical instrument only 18 (45%) respectively. Similarly, other methods mentioned by the respondents don't have sex at all 16 (40%) and avoid sharing blades 15 (37.5%) very little percent of respondent 2 (5%) emphasized other method.

## 5.8 Knowledge about Contraceptive of prevent from AIDS.

Respondents' knowledge on appropriate contraceptive from the prevention of AIDS was examined by asking the question- "What is the name of contraceptives that can be used to prevent AIDS transmission?" They expressed their views that condom is appropriate 33 (82.5%) followed by Pills 4 (10%) and 3 (7.5%) respondent answered their views other like tablets. The following table illustrates the respondent's knowledge on appropriate contraceptive for the prevention of AIDS.

**Table 17: Distribution of respondents by knowledge of contraceptive.**

Response	Respondents	
	Number	Percent
Pills	4	10%
Condom	33	82.5
IUP	-	-
Depo-Provera	-	-
From tablets	3	7.5
Others	-	-

*Source: Field Survey, 2006*

## 5.9 Respondents opinion on Death of AIDS patients

On the question of how many patients die who have been suffering from AIDS. The response of the each respondents is given in Table -18

**Table -18: Respondents opinion on the Death of AIDS patient**

Opinion	Respondent	
	Number	Percent
All of them die	32	80.0
Some of them die	5	12.5
Non of them die	1	2.5
Don't know	2	5.0
Total	40	100

*Source: Field Survey, 2006*

From above table that most of them 32 (80%) of the respondents replied that every person who had AIDS would surely die. 5 (12.5%) of them mentioned that a few of them died, only 1 (2.5%) of the respondents said that no one died and remaining 2 (5%) were unknown about this question.

#### **5.10 Respondents views Towards the controlling HIV/AIDS.**

The most important way to prevent the spreading of HIV/AIDS is to ensure people that their sexual behaviour put themselves at risk. To major changes are safe sexual behaviour is need with reduce in the number of sexual partners and move from high risk to low risk sexual activity increasing awareness among the most of people is the most important way to control the HIV/AIDS. The situation of the study population is presented in below table 19.

**Table 19: Distribution of Respondents Views controlling HIV/AIDS**

Views	Respondents	
	Number	Percent
By increasing awareness	20	50
Sex education in curriculum	32	80
Using Condoms	24	60
AIDS Education to the barber	12	30

*Source: Field Survey, 2006*

From the above table that most of the respondent 32(80%) replied that AIDS could be control by giving the sex education on the curriculum followed by 24(60%) said that by using condoms, 20(50%) respondents said that by increasing awareness and 12(30%) said that AIDS can be control by ADIS Education to the barber.

### 5.11 Behaviors with HIV infected person

To examine the respondents behaviour with HIV infected person a question "how should we treat HIV infected person?" was asked. Respondents' views toward HIV infected persons are shown in the following table.

**Table 20: Distribution of Respondents by their Behaviour with HIV Infected person**

Response	Respondents	
	Number	Percent*
Love and care them	36	90
by giving sympathy	20	50
Should be hated and excluded	2	5
Should be encourage for long life	18	45
Behave them like other	10	25

*Source: Field Survey 2006*

*\* Multiple Response*

With regards to the behaviors should be shown to HIV infected person 90% has emphasized on love and care following by giving sympathy 50% and should encourage for long life 45%. 25% respondent answered. Behave them like other: very little percentage of respondents 5% has expressed their views that HIV infected person should be hated and excluded.

## CHAPTER VI

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

This study has analyzed knowledge and attitude towards reproductive health and HIV/AIDS. Among the Newar adolescents Girls of Kirtipur municipality. The study is mainly based on primary data collected from the study area. In this study only 40 respondent are included randomly choosing from different socio-economic classes.

Even Kirtipur municipality is an urban, settlement. Still there is indigenous culture and society. All of the respondents are 14-19 age group classes. Cent percent respondents are literate.

#### 6.1 Household characteristics

- Most of the respondents father are literate among of them 20% have secondary level of education and 22.5% have Inter and above level of education and 40% have just literate.
- In this study area respondent's mother education is very poor, 72.5% mother are illiterate. 15% mothers have SLC or above education and 12% are literate.
- Due to urban settlement the main occupation of the respondents fathers have office/Service (37.5%). Secondary 17.5% are engaged in business and other type of occupation like photograph holding clinic, tailoring, driving 25% are engaged.
- 57.5% respondents mother are engaged only there home i.e. housewife, 12.5% have Business.



- Half of the respondents have no any agriculture land. They have only their home 21 (52.5%) have no agriculture land and 47.5% have agricultural land.
- The average family size of the respondent is 5.5 members.

## **6.2 Knowledge Reproductive health**

- 92.5% respondents noticed their physical change.
- Respondent girls are found more knowledgeable their physical change in menstruation observation 95%, growth of breast 92.5%, change in height 90%, growth of sex organ 87.5%, and change in weight 87.5%.
- About the knowledge of puberty 65% respondents answered puberty means period from the age 12-16, 55% respondent thought that puberty means physical change and 52.5% answered stage of sexual maturity.
- About the knowledge of menstruation 80% respondents gave, the correctly meaning about the onset of menstruation signifies 82.5% have given the answer symbol of puberty. Causes of nocturnal emission.

52.5% respondents' view was production of hormones and its excitement. About the Growth of breast. 85% respondent girls were found knowledge about it. They thought that a cause of breast growth is due to production of hormones. Similarly 50% respondent have knowledge about risky period of pregnant, 9-19 days and 62.5% respondents girls have knowledge mode of pregnancy that after meeting sperm with ovum. 85% respondents have knowledge about symptoms of conception.

### **6.3 Knowledge and perception about HIV/AIDS**

- The 32.5% of respondents were informed about AIDS by Teachers which is highly available source to get knowledge about AIDS. In the second item Television (27.5%) in the source to inform them about AIDS. Accordingly radio is one third source (20%) to give information about HIV/AIDS to student in the first time.
- Among 40 respondents 28 (70%) respondents expressed actual meaning of AIDS. In the same group 15% of respondents replied that they didn't know the meaning of AIDS they replied that they had only heard the name in the process of replying. Another 15% of respondents told AIDS type of disease only.
- In terms of knowledge on modes of transformation of HIV/AIDSs most of respondent (82%) mentioned that the disease is transmitted by sex without condom followed by sex with multiple partners (75%) and from blood transfusion (75%), infected pregnant women to her baby (60%). Some misconception is also reported among the study population about the modes of transmission 5%/5% respondent expressed their views that AIDS can be transmitted from mosquitoes bite and kissing.
- About 50% respondents said that healthy looking person can have AIDS and 40% respondent said that health looking person couldn't have AIDS. 10% respondent said that don't know.
- Among 40 respondent 52.5% respondent said that HIV/AIDS has no cure and 20% respondent answered that it may be cured. 57.5% respondent shows their have no knowledge about it.

- Regarding the knowledge on prevention of HIV/AIDs 70% respondent expressed their views that use of condom can prevent followed by do not having sex with multiple partners 67.5% and avoid the use of non-sterilized surgical instrument (45%). 40% respondent said that do not have sex at all. 5% respondent answered other method of prevention. Majority of respondents said that condom is the appropriate contraceptive for the prevention of HIV/AIDS followed by Pills (10%) and from tablets 7.5%.
- Respondents knowledge about the death of AIDs Patient 80% respondent answered all of them die and 12.5% said that some of them die. 5% respondent shows their views they don't know.
- On the reply of question 80% of respondents replied that putting Sex education in curriculum could control HIV/AIDS. Likewise, 60% respondent believed that using condoms can control AIDS and 50% respondent said that by increasing awareness about AIDS.
- Majority of respondents (90%) emphasized on love and care if anybody is found infected by HIV/AIDS followed by giving sympathy 50%, should be encourage for long life 45% and behave them like other 25%. Very little percent 5% said that infected person should be hated and excluded.

#### **6.4 Conclusions**

The findings of the study concluded that the correct knowledge on reproductive health and HIV/AIDS respondents are more than 80% but still they have no adequate knowledge. The study shows that age, martial status, access to mass media, educational level, parent's education, socio-economic condition etc directly or indirectly influence the knowledge and

attitude on reproductive health and HIV/AIDS. The finding shows that respondents are less knowledgeable about HIV virus and correct definition of AIDS than reproductive health. Some misconception about the modes of transmissions are also reported.

## **6.5 Recommendations**

Today's adolescents girls are future mother and community leader as well, so the knowledge and perception of them may effective their future socio demographic behaviour. But even in urban society adolescent girls couldn't get proper information on reproductive health and HIV/AIDS. On the basis of the finding and conclusion researcher suggest, the following recommendation.

- Information and education on reproductive health and HIV/AIDS have been considered as the most effective and appropriate way to create mass awareness. Respondents are found knowledgeable on reproductive health and HIV/AIDS, still it is not satisfactory. So mass awareness programs should be conducted in school collages and community levels. Orientation programs and short terms training should be conducted to update their knowledge on reproductive health and HIV/AIDS, which help them to be more knowledgeable.
- Information about reproductive health and HIV/AIDS should be included in their school and collage course. Documentary films, poster pamphlets on reproductive health and HIV/AIDS should be shown in school collages and also in community. Strong written policies should be formulated to protect adolescents' girls from reproductive health disease and HIV/AIDS. Adolescents girls have, should be given the knowledge of contraceptive that can be used to prevent AIDs transmission.

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**Reproductive Health & HIV/AIDS Awareness  
Among Adolescents Newar girls  
A. Survey -2006  
Questionnaire**

Respondent Name:

Education:

Age:

**Section 1: Household Status**

S.N.	Questions	Coding description
01	Does your father read and write	Yes No
02	If yes, what class he has completed?	.....
03	Does your mother read and write?	Yes No
04	If yes, what class she has completed	.....
05	What is your father's main occupation.	Agriculture, officer, Service, Business, other
06	What is your mother's main occupation	Agriculture, officer, Service, Business, other
07	Does your family has own agriculture land?	Yes No
08	If yes, how much?	.....
09	How many family members are there is your family?	.....

**Section 2: Knowledge on Reproductive health**

1.	Have you ever noticed of your physical change	Yes No
2.	If yes, What changes? <ul style="list-style-type: none"> <li>▪ Change in height</li> <li>▪ widening of pelvis</li> <li>▪ Change in weight</li> <li>▪ Growth of Public hairs</li> <li>▪ Change in voice</li> <li>▪ Menstruation observed</li> <li>▪ Growth of sex organ</li> <li>▪ Growth of breast</li> </ul>	Yes    No

3.	Generally in what age does menarche occur?	Below 15 years Above 15 years Don't know?
4.	What do you know about menstruation 1. Periodic discharge of blood and mucus 2. Periodic discharge of blood only 3. Don't know	
5.	What does the onset of menstruation signifies? 1. Sign of wound ..... 2. Type of disease. 3. Sign of puberty 4. other (specify)	
6.	What do you know about puberty? 1. Period from the age of 12 to 16 yrs 2. Change in behaviour 3. Physical change 4. Stage of sexual maturity	Yes No Yes No Yes No Yes No
7.	What is the cause of nocturnal emission? <ul style="list-style-type: none"> <li>▪ Production of hormone and its excitement.</li> <li>▪ eating hot food</li> <li>▪ others</li> <li>▪ Don't know.</li> </ul>	
8.	Why do the breast of girls increase in size? <ul style="list-style-type: none"> <li>▪ Eating much .....</li> <li>▪ Due to production of hormone .....</li> <li>▪ Don't know.....</li> </ul>	
9.	Which is the risk period to get pregnant from sexual contact? <ul style="list-style-type: none"> <li>▪ First 8 days of menstruation</li> <li>▪ 9-19 days</li> <li>▪ After 19 days</li> </ul>	
10.	What are the symptoms of conception? 1. Stop menstruation 2. Nausea 3. Willingness to make urine many times 4. Breast enlargement 5. Dandruff seen in face	
11.	How does women get pregnant? 1. In a single sexual contact 2. After frequent sexual contact. 3. Sexual contact done in fixed day. 4. After meeting sperm with ovum. 5. Don't know.	
12.	Have you ever heard and masturbation?	Yes No



### Section 3: HIV/AIDS

1.	<p>From which source have you heard about AIDS at first time?</p> <ul style="list-style-type: none"> <li>▪ Radio</li> <li>▪ Television</li> <li>▪ Newspaper</li> <li>▪ Friends and relatives</li> <li>▪ Teachers</li> <li>▪ Health workers</li> <li>▪ Parents</li> <li>▪ Posters and Pamphlets.</li> </ul>	
2.	<p>In your opinion what is AIDS?</p> <p>.....</p> <p>.....</p>	
3.	<p>In your opinion does AIDS transmit from the following routes</p> <ul style="list-style-type: none"> <li>▪ mosquito bites</li> <li>▪ Blood transfusion</li> <li>▪ Kissing</li> <li>▪ Infected needle</li> <li>▪ Sex with multiple partners</li> <li>▪ Sex without condom</li> <li>▪ Infected pregnant women to her baby</li> <li>▪ Sharing cloths</li> <li>▪ Shaking hands</li> </ul>	
4.	<p>Do you know the name of agent causing AIDS?</p> <p>1. Yes (then mention) .....</p> <p>2 No.....</p>	
5.	<p>Can AIDS be cured?</p> <p>1. Yes      2. No.      3. Don't know</p>	
6.	<p>Is it possible to have AIDS virus in a health looking person?</p> <p>1. Yes      2. No.      3. Don't know</p>	
7.	<p>In your opinion, which of the following are the true methods for preventing AIDS transmission?</p> <ul style="list-style-type: none"> <li>▪ Don't sex at all</li> <li>▪ Don't have sex with multiple sex partner</li> <li>▪ Use condom during intercourse</li> <li>▪ Avoid sharing blades.</li> <li>▪ Use sterilized surgical instrument only</li> <li>▪ If other specify.</li> </ul>	Yes    No
8.	<p>What is the name of contraceptives that can be used to prevent AIDS transmission?</p> <ul style="list-style-type: none"> <li>▪ Pills</li> <li>▪ Condom</li> <li>▪ IUD</li> <li>▪ Depo-Provera</li> <li>▪ Form tables</li> <li>▪ Others (specify)</li> </ul>	

9.	<p>In your opinion, all the AIDS infected person die or some of them die or not die at all?</p> <ul style="list-style-type: none"> <li>▪ All of them die</li> <li>▪ Some of them die</li> <li>▪ None of them die</li> <li>▪ Don't know</li> </ul>	Yes No
10.	<p>How AIDS could be controlled?</p> <ul style="list-style-type: none"> <li>▪ By increasing awareness</li> <li>▪ Sex education in curriculum</li> <li>▪ Using condoms</li> <li>▪ AIDS education to the barber</li> </ul>	Yes No
11.	<p>In your opinion, how should we treat HIV infected person?</p> <ul style="list-style-type: none"> <li>▪ Love and care them</li> <li>▪ By giving sympathy</li> <li>▪ Should be hated and excluded</li> <li>▪ Should be encouraged for their longer life</li> <li>▪ Behave them life other</li> <li>▪ Other (specify)</li> </ul>	