

CHAPTER-I

INTRODUCTIN

1.1 General Background

Adolescence is derived from the word *adolescere* which means to grow up. It is a period of great emotional stage of psychological and mental development. Puberty generally begins around the age of 11 years. It continues till 19 years of age. Late adolescence however may extend upto 23 years or more. (UNESCO, 1998: 3)

World Health Organization (WHO) defines adolescents as individuals between 10 and 19 years of age. The broader term 'youth' encompasses the 15 to 24 years age group and young people are those between 10 to 24 years. (WHO, 1997)

Adolescent is the period of physical, psychological and social maturing from childhood to adulthood. These are the formative years, when the maximum physical, psychological and behavioural changes in human body take place. These years are also a time of preparation for undertaking greater responsibilities, a time of exploration, widening horizons, and a time of ensuring healthy and all round development. (UNFPA/UNICEF, WHO, 1999).

According to the census 2001, out of total population one fourth of population (23.6 %) is adolescents and about one fifth is youth (19.4 percent) and in Dang district out of total population 462,380. Nearly 28 percent (127,092) are adolescents and 20.3 percent are (93,795) youths population (CBS, 2001).

Adolescents and youths were not considered as an important issue in any kind of policies and programs in many countries. In the late 1980's,

The world community formally recognized how seriously the health of young people impacts on the health and development of future generations. The Health assembly passed a special resolution in May 1989 urging member states to give priority to the health needs of adolescents and youth and to develop socially and culturally acceptable programs and services to meet these needs. (WHO, 1997)

There are so many INGOs working on the issues of adolescents and youth in Nepal. Recently INGOs have limited their efforts to provide both education and counseling services to the young people. Family planning Association of Nepal (FPAN), WATCH, ABC/Nepal, CWIN, Maiti/Nepal, WOREC are also working for these groups, especially on trafficking and rehabilitation for adolescents and youth.

The population census 2001 enumerated a total of 4,405,770 people aged 15 to 24 years in the country. Among them 2,273,202 (51.6%) were female and 2,132,568 (48.4%) male. When this population is disaggregated into two five years age groups namely 15-19 years of age and 20-24 years of age, their proportional share comes out to be 10.5 percent and 8.9 percent respectively. Over the past three decades there has been noticeable increase in the population size of this age group. (Subedi, 2004)

Nepal is a landlocked and one of the developing countries in the world with immense problem of poverty, illiteracy, ignorance. It has great challenge of increasing proportion of population at the risk of STIs and HIV. Nationwide STI data are scarce and non-specific. The annual national RTI/STI/HIV data is collected from all the health service facilities through HMIS (Health Management Information system) of Department of Health services. This data combines all cases of STIs/RTIs

and HIV services and do not provide specific data on STI and types of STIs.

Sex is natural gift for every living being. It is also essential for human beings. It is considered as the source of creation and beginning point of love and life. The word 'sex' may have dual meaning. One 'What we do' and other what we are' in different place of sense. Sex is the integral part of number being and plays important part in man's total being in Guide Corydon's view sexual desire in its simplest form is a demand of the sexual organ. The different is that sexual organ might be compared rather to an electromagnet that may be either completely 'dead' or 'magnetized'. Freud's contribution mainly emphasized that the sexual energy is one of the deepest and most powerful of means subconscious forces. Tolstoy categorized sex as 'normal' directed especially to producing children and all other 'sex' for pleasure 'abnormal'. That is, the sexual behaviour has two major functions, one reproduction and other pleasure. Reproduction is a must for the everlasting existence of human beings in this earth. For this purpose, sexual activities should take place between man and women (Joshi, 2004).

The diseases that can be transmitted from one person to another mainly through sexual contact during unprotected intercourse and known as sexually transmitted diseases (STDs). Some STDs can also be transmitted through other routes. In fact illegal or multiple sexual contacts may lead to serious health problem and causes various venereal diseases; sometimes these diseases (STDs) have greater impact on human sexuality and morbidity. They largely affect external and internal sexual organs and cause various complications such as pelvic inflammatory disease (PID), ectopic pregnancy, infertility, cervical cancer, miscarriage, still births etc. There are different types of STDs. They are syphilis,

gonorrhoea, chancroids, herpesgenitals, chlamydia, genitalwarts, candidiasis, venerealwart, HIV/AIDS (NCASC, 2004).

HIV/AIDS and other STDs appear as a major public health problem in developed and developing countries. However, incidence and prevalence of STDs are significantly higher in the developing countries, where treatment facilities are less accessible and less affordable. However, a study estimated that more than 90 percent of the STD cases occur in the developing countries. (UNAIDS, 2003)

The HIV/AIDS and other STDs by now are more common everywhere both in developed and developing countries. AIDS is now epidemic and its spread has become a serious concern. HIV/AIDS have no boundaries of certain class or group/age/status in the society, not much was known about it previously but it has rooted as a global epidemic engulfing millions of lives "HIV and AIDS" these two terms have threatened everyone from every place irrespective to caste, gender, race or geography.

HIV is a virus that causes AIDS, health condition in which a person is affected by a series of diseases because of poor immunity. HIV by itself is not an illness and does not directly lead to AIDS and HIV infected person can lead a healthy life for several years before developing AIDS. However, during this period he or she can pass the virus to other unknowingly.

In other way HIV is a microorganism, a virus, which gradually kill our Lymphocytes; the cell of our body to keep us disease free. Amazingly, HIV destroys our immune system as a result of which human's body, slowly loses disease resistance and ultimately leads a state where life is threatened.

AIDS is a health condition where the body's immune system is gradually destroyed caused by HIV infection over a period of time. The immune system is weakness and body system loses its natural ability to fight against diseases. The infected person may lose weight and become ill with disease like persistent sever diarrhea, fever, skin disease, phneumonia, typhoid, at this stage of occurring common disease he or she developed AIDS (WHO, 1994).

As in many developing countries, HIV infections and other STDs expose a serious public health challenge in Nepal, widespread poor socio-economic conditions, low literacy rate and ignorance about the diseases and it's method of transmission are the major causes that make STDs remain in a sever problem in the country. Various studies have shown that HIV/AIDS has spread rapidly over the country in the alarming proportion. Some of the major causes for its spread are increase in sexual behaviour with non regular partners and with commercial sex worker (CSWs), industrialization, open boarder with India, lack of health education and awareness about the infections diseases, increases in foreign trade, migration of the population and increase sexual promiscuity (Budhathoki, 1998)

There are generally seems to be three period when HIV enters into human body, they are as follows.

- a. **Windows Period:** In this period when HIV virus enters in to the human body generally cold cough may appear and disappear after some times. HIV Virus inters in the cell when as man is to looked healthy, this is so much risky period because it is possibility to transform of HIV by involving sexual intercourse and other

activities. In this period, it is difficult to find out presence of virus when the blood is checked.

- b. Carrier Stage:** Although man seems to be healthy in this period HIV increases inside human body. It takes 5 to 10 years for adults and takes 1 to 2 years time for child. If we check the blood, there seems the presence of the HIV.
- c. AIDS:** After 6 months to 10 years period, sign and symptoms of AIDS are seen. Person looks healthy until the sign and symptoms are not seen. When sign and symptoms are seen physically and after checking the blood. And if it shows the HIV positive, this situation is called AIDS.

Major sign:

- a. Decreasing weight by 10 percent in a month.
- b. Coming fever over one month or over.
- c. More tiredness.
- d. More sweating.

Ways of Transmission

HIV is carried in body fluids like semen, blood, vaginal fluid and form an infected mother to her unborn child during pregnancy, delivery and even birth through breast feeding. It passes from one person to another only in very specific ways. The main ways of transformation are:

- a. Unprotected Sex:** A person can get infected with HIV through sexual intercourse, with an infected person during vaginal or oral or anal intercourse. During intercourse with infected person his/her blood, semen or vaginal secretions are enters the body of sexual partner through the skin of their sex organs of from the organ

which they used during intercourse. 30 percent to 90 percent HIV infections in the region are transmitted through heterosexual contact.

- b. Sharing of needles/syringes:** If any person uses needles or syringes used HIV infected person either for infection drugs, for drawing blood or for any other purpose, will have chance to transmit one to another.
- c. Infected blood:** If a person get the blood from an infected person by HIV. It will be possible to infection during blood transfusions after an accident, during a surgery, after childbirth or other medical treatment.
- d. Unsterilized equipment:** surgical instruments like syringes and blade of HIV infected person used again by another fresh person with out proper sterilization, there is possibility of transmission the HIV virus.
- e. Infected mothers to her children:** If an HIV positive women becomes pregnant, the HIV virus can pass through the placenta into the growing baby from her blood during pregnancy or during birth, breast feeding can also acts as medium for transmission. (UNAIDS/WHO, 1998 and 2000)

AIDS recognizes no barriers and does not discriminate among nations. All countries and societies are vulnerable to AIDS because it can strike people at any age, children and young adults, the ones still waiting to the born and the elderly. It is threat to rich and poor, the educated and illiterate, those living in village or those who are urban or industrialized, (WHO, 1997).

According to past history, in the year 1985, it has postulated that AIDS may have originated in Africa as AIDS virus was endemic among green monkey. In May 1986 the name HIV was recommended by international comity on taxonomy of virus. AIDS was first described in medical literature in 1981. Also AIDS was first diagnosed in 1981 in USA. In a homosexual male who was suffering from disease like Kaposi, Sarcoma, Pheumocyrtils, Chronic and other serious diseases which were usual among young Americans. The first case of HIV/AIDS in Nepal was detected in foreign visitors in July 1988 (Pandey, 2004).

There are 60 million or more people infected with HIV world-wide. Each day 14,000 people are newly infected, more than half of them below age 25. The Millennium Development Goals have set the target of reducing prevalence among 15-24 years old by 25 percent by 2005 in the most severely affected countries and by 2010 globally. At the end of 2002, 42 million adults and 5 million children were living with HIV/AIDS, more than 95 percent of them in developing countries and 70 percent in Sub-Saharan Africa. There were almost a million in new cases in South and East Asia, where more than 7 million people now live with HIV/AIDS. Projections suggest that by 2010, 45 million more people in low and middle income countries infected unless the world mounts an effective campaign to halt the disease's spread. But there are success stories: Brazil, Thailand and Uganda are controlling the spread of HIV/AIDS. Thailand has reduced the number of new infections from 140,000 a decade ago to 30,000 in 2001 (WB, 2004).

Showing the different scenarios about the HIV/AIDS in World, International Conference on Population and Development (ICPD) 1994, set some of objectives in plan of action to control HIV/AIDS are as follows.

- a. To prevent, reduce, the effect and minimize the impact of HIV infections.
- b. To increase the awareness of the disastrous consequences of HIV infections and AIDS and associated fetal diseases at the individual community and national level.
- c. To ensure that HIV infected individuals have adequate medical cares and are not discriminated at all.
- d. To identify research on methods to control the HIV/AIDS pandemic and to find an effective treatment for the disease.

The sexually transmitted disease are of various kinds. Some are curable and some are not. No medicine has been developed to cure AIDS till now. So I focus HIV/AIDS, STIs and Sexuality in this study.

1.2 Statement of the Problem

Rapidly spreading sexually transmitted diseases (STDs) and HIV/AIDS among adults age group has become critical and alarming problems in many developing countries. In other words, STDs and HIV/AIDS are emerging as a major social and health problems in developed as well as developing countries. More than 95 percent of HIV infected people largely adults who could normally be in their peak of productive age at living in developing countries; all of them result in death. (UN, 1998).

In the span of 25 years, HIV/AIDS has emerges as one of the biggest challenges to human kind. It has changed for the worse the life of million of people. In the context of Nepal, poverty, the open broader, conflict, gender inequalities combined with low level of literacy and education are the day risk factors that are likely to faster the spread of the diseases. (NCASC, 2004).

In Nepal adolescents are especially on the risk of infections with STDs including HIV/AIDS because they often have short term sexual relationship and do not consistently use condom to protect themselves. Similarly the highest rate of infection is found among young people age 20 to 24. Teenagers 15 to 19 age groups have the next highest rate of STIs, infections (NCASC, 2004).

It is believed that adolescent's and youth sexual activities are increasing over time. Out of total 9532 reported HIV cases in Nepal in 2007 where from 15-24 years age group, which is 20.9 percent of the total reported cases it may be as higher as 26.1 percent female and 18.5 percent male adolescent and youth are infected. (NCASC, 2007)

The situation of HIV pandemic and its transmission are much more complicated in many developing countries unprotected sexual intercourse whether heterosexual or homosexual with multiple partners and intravenous drug use is the major causes of the transmission of STDs including HIV infections.

Nepal is also one of the developing countries so it can not be escaped from this problem. Although the HIV/AIDS cases are found low in Nepal in other countries (with a prevalence of less than 0.5 in general population). It affecting preventive measure are not developed, implemented timely HIV will spread fast as time of the clock goes vastly, 30 percent of currently married women of reproductive age (15-49 years) know about STDS/HIV AIDS in Nepal (BCHIMES, 2000).

Importing information about sexuality, STIs and HIV/AIDS is not easy in Nepal because the society discourse people to take about sex and sexuality. Predominantly prohibited two different sexes to be exposed before marriage. Adolescents and youth of rural areas are less informed

about sexuality, STIS and HIV/AIDS and they can not talk openly about it. Less number of adolescents participates in such activities because most of them hesitate to talk about sex and sexuality. The effects of social barriers such as religion, culture, tradition etc. is more in rural areas of Nepal. Uninformed and unprotected sexual activity put the adolescents on increased exposure to STDs including STIs and HIV/AIDS is growing problems in Nepal, with poor socio-economic status, most of the people are illiterate and they get married at early age; they start sexual activities without basic sex education. Most of them do not use condoms of spreading STDS and HIV/AIDS.

Aryal (2000) outlined, some of the factors are considered for rapid transmission of HIV inside the country as follows as:

- Trafficking of young village girls for prostitution out side the country.
- Seasonal migration of youth in search of job.
- Low level of awareness of HIV/AIDS
- Growing urbanization.
- Low coverage of mass media on AIDS prevention.
- Poor Health infrastructure.
- Stigmatization of HIV infected people.
- Lack of sex education in school level.

Nepal is a multi-ethnic, cultural and multilingual with poor socio-economic stats. Particularly, Dang district lies in Mid-Western part of Nepal, in which this research study is based. Dang district is a multiethnic and multicultural district. Tharu, Chettri, Brahman, Kami, Sanyasi, Magar, Newar, Damai, Sarki, Chamar are main caste in the district. Most part of area of rural with low level of education and health facility. Very few area is covered by urban (about 16 percent) places. Dang district has

2 municipality with higher density of population and high level of education and health facilities.

Adolescents and youth, who are the high risk groups among the population from the point of view of STD, but at present we donot know their level of knowledge regarding the various STDs including HIV/AIDS and how they can be transmitted, most importantly how they can be prevented that adolescents sexual activities are increasing overtime. Out of total 9532 reported HIV/AIDS case in Nepal in 2007, 73 were from 10-14 years age groups, 433 were from 15-19 and 1559 were from 20-24 years of age groups which are about 22 percent of the total reported causes (NCASC, 2007)

This research study will help to know the adolescens and youths knowledge, attitude and behaviour on sexuality, STIs and HIV/AIDS. Most of them are hesitate to talk about these issues in Tharu community. The lack of knowledge of sexuality and STIs, HIV/AIDS can affect the adolescents and youth (15-24 age group) also. Without identifying the real situation, it is difficult to change in their attitudes and behaviour towards STIs and HIV/AIDS. Thus the analysis of Tharu adolescents and youth knowledge and behavior on sexuality, STIs and HIV/AIDS is essential to fill the research gap in this field.

1.3 Objectives of the study

The overall objectives of this study is to examine the knowledge, attitude and behaviour of Tharu adolescent and youth on sexuality, STIs and HIV/AIDS in Durwa VDC of Dang District. The specific objectives are given below.

- a. To examine the level of knowledge on sexuality, STIs and HIV/AIDS among Tharu adolescents and youth (15-24 age group) of Dang district.

- b. To examine the level of knowledge on the preventive measures against STIs and HIV/AIDS among tharu adolescents and youth.
- c. To assess the pre-marital sexual behaviour of tharu adolescent's and youth.

1.4 Significance of the Study

For the past 25 years, HIV/AIDS has become an increasing global phenomenon. The new estimates of joint united nations program and HIV/AIDS (UNAIDS) and world health organization (WHO) shows that the number of people living with IHIV will have grown to 40 million (by the end of 2003). About 13 percent or more than the just one year age. Among the HIV positive, 37 million are adults and 2.5 million are children below age 15. Among the HIV positive 5 million people have been infected with HIV in 2003. This equal to about 17,000 new infection per day and 10 every minutes (UNAIDS, 2003).

In most of the societies, adolescents have to face pressure to engage in sexual activities. Young women particularly low income adolescents are vulnerable to HIV/AIDS. Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting sexually transmitted diseases, including HIV/AIDS and they do not know how to protect from them.

HIV/AIDS create disharmony in community relationship. People may lose faith and trust in each other. Increased number of orphans, dropouts from school and campus, mass of job less people in the community might not only be a burden to the society but it may also given rise to crimes. Social values and the moral of the community as a whole may decline and results in disintegration of the society. Woman will have to face the worse effects of HIV/AIDS in all aspects of life.

Loss of productive human resources in the community will result in decline of nation's production. On the other hand, the country will have to bear a tremendous burden to take care of HIV infected persons. This is a real and serious threat to the developing countries like Nepal.

Previous studies about adolescents and youth knowledge, attitude and behaviour on STIs, HIV/AIDS and sexuality in Tharu community are limited. Again such studies are rare in Dang District. So it is expected that the study would also provide specific information of Tharu adolescents and youth behaviour and attitude on sexuality.

1.5 Limitation of the Study

There some limitations of this study, they are:

- This study was conducted in Tharu community that is known as tharu adolescents and youth (age group 15-24 years). Findings of this study do not represent other age groups.
- This study has been conducted in Duruwa VDC Ward No. 8 adolescents and youth of Dang district. So, it doesn't represent national levels cenario.

1.6. Organization of the Study

This study is divided into nine chapters. The first chapter is introduction which includes background to the study, statement of the problem, objectives of the study, significance of the study, limitation and organization of the study. The second chapter provides review of relevant literatures and conceptual framework for the study. The third chapter presents methodology of the study including general background to the study area, questionnaire design, sample design, sources of data collection selection of variable, data analysis and interpretation. Socio-economic and demographic characteristics of the sample population are

described in chapter four. Knowledge of respondents on STIs and HIV/AIDS are included in chapter five. Knowledge and attitude on condom is described in chapter six. Respondent's attitude and behaviour on STIs and HIV/AIDS is presented in chapter seven. Chapter eight presents respondents knowledge on sexuality and chapter nine deals with summary, conclusions and recommendations.

CHAPTER-II

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Literature Review

Literature review is one of the most important aspects of any research, any study is not possible without the literature review. It is a kind of tool, which provides a proper guideline and idea to the researchers in many studies.

2.1.1 World Situation on STD, HIV/AIDS Pandemic

In the context of HIV, risk is defined as the probability that person may acquire HIV infection (UNAIDS, 1998:2) certain behaviours create enhance and perpetuate such risk for e.g. unprotected sex with a partner whose HIV status is not known, multiple unprotected sexual partnership, lack of adherence to infection control, repeated blood transfusion with shared needles and syringes. Therefore, those who have sexual relation with multiple partners are placed themselves at a high risk group for contracting with HIV/AIDS.

Risk arises from individuals engaging in risk taking behaviours for a variety of reasons. For example, they may have lack of information's on HIV, they may be unable to negotiate safer sex, and they may think that HIV/AIDS affects different social strata than their own or they have access to condom.

Religious, socio-cultural practices and other traditions rigidities especially with respect to sex and reproductive health have made talk more different in the context of Nepalese society. It is a paradox that sex is one of the commonest things in our life, still we talk least about it in our society. It is a subject that to be so considered being a very personal

and secret matter, when ever children ask their parents about sex and sexual organs they either ignore them or scold them or event tell them (Gurubacharya, 1994:22).

WHO defines health as "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity" and Reproductive Health (RH) is considered as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to reproductive systems and to its functions and processes. After the International Conference on Population and Development (ICPD) held in Cairo in 1994, reproductive health has been recognized as the crucial to the overall health and is central to human development (Bista, 2003).

"HIV/AIDS" as a disease is known for the last two decades. These diseases first came out from the USA in 1981. It was found to be more common among homosexuals, where as at the present, the diseases have increased among heterosexual, especially who have several sexual partners. Throughout the world 60 percent of the AIDS patients are those people who have had hetrosexual relations with many partners, " (Sadik, 1999).

HIV transmission through sexual intercourse accounts for about three quarters of all HIV infections worldwide. More than 80 percent of all HIV infection transmitted through sexual intercourse. In other words HIV infection is sexually transmitted diseases (The HIV/AIDS pandemic Overview, 1991:1).

The majority of the world's HIV infection have been acquired through sexual intercourse between men and women (heterosexual transmission). The proportion of HIV infection attributable to this mode

of transmission continuous to grow HIV transmission through sexual intercourse between men (homosexual transmission) occurs in most part of the world. Although in the developed countries, it has become less common as the result of the adoption of safe sex practices by homosexuals men (WHO/GPA, 1994).

Anal intercourse carries high risk of HIV transmission because of frequent lesion, although it is often associated with homosexuals contacts, heterosexual couples practice it to preserve virginity, to protect against pregnancy, for sexual pleasure and in search for sexual variety (UNAIDS/WHO, 1998:2).

Nearly half of the world population-more than 3 billion people are under the age of 25. Eighty - five percent youth like in developing countries means of them are coming of age in the grip of poverty and facing the peril of HIV/AIDS. Nearly 45 percent of all youth - 515 million - survive on less than and 2 \$ day. Within the world of the young, adolescents are at a particularly formative stage. These 1.2 billion adolescents between the age of 10 and 19 are brimming with energy and possibilities. Their attitudes are still being shaped. They need vocational and life skills and access to reproductive health information and services, both for their own well-being and to participate more fully in their countries development.

Almost a quarter of people living with HIV are under the age of 25. Young people now represent half of all new cases. An estimated 6000 young people are infected every day one every 14 minutes. In the 1980s, HIV/AIDS disproportionately affected men. Now the fact of the epidemic is increasingly that of a young women. Women between 15-24 are 1.6 time likely than young men to be HIV-Positive (UNFPA, 2005:45-55).

Worldwide, 40 million adults and children are living with HIV/AIDS and almost 5 million new infections occurred in 2005.The

adult prevalence rate has stabilized in Sub-Saharan Africa and other developing regions, not because the epidemic has been halted but because the death rate now equals the rate of new infections. Although prevalence rates are lower outside of Sub-Saharan Africa, the number of people infected is increasing and so is the death rate. There were almost a million new cases in South and East Asia, Where more than 7 million people are now living with HIV/AIDS.

HIV has infected more than 60 million people world wide. Each day, 14,000 people are newly infected, more than half of them under age 25. At the end of 2004, 37 million children were living with HIV/AIDS. More than 95 percent of them in developing countries and 70 percent in Sub-Saharan Africa.

The proportion of adults living with HIV/AIDS in Sub-Saharan Africa has stabilized - not because the death rate now equals the rate of new cases. While prevalence rates are lower in other regions, the number are growing. There were almost a million new cases in South and East Asia, where more than 7 million people live with HIV/AIDS.

For social and physiological reasons, women and girls are more vulnerable to HIV infection than are men and boys. Women make up slightly less than half of adults living with HIV/AIDS, but where the epidemic is spreading, prevalence rates are rising fastest among young women. In parts of Sub-Saharan Africa young women are more than three times as likely as young men to be infected. This points to a failure to provide women with the knowledge and services needed to avoid infections (World Bank 2006:12-15).

The disease continues to ravage families and communities throughout the world. In addition to the 25 million people who had died for AIDS by the end of 2005, at least 40 million people are now living with HIV.

An estimated 49 million were newly infected with HIV in 2005, 95 percent of them are Sub-Saharan Africa, Eastern Europe or Asia. Sub-Saharan in the highest in the world. More African die of AIDS related illness than of any others causes. South Africa has the largest number of people living with HIV between 4.5 million to 6.2 million. Switzerland has the highest adult HIV prevalence rate. More than 38 percent adults are infected with HIV (PRB, 2006).

There are over 330 million cases of treatable STDs, each year, 33.4 million persons are living with HIV/AIDS and there are 5.8 million new infections each year. Everyday, 16000 people are infected with HIV and almost a million people have become infected with other STDs. Per minute, 11 people are infected by HIV positive. Women are more vulnerable than men to HIV infection (UNFPA, 1999:30).

Sexually Transmitted Infections (STIs), can play a role in facilitating the spread of HIV and in determine the severity of a country's epidemic. In fact, the probability of transmission is large indicated by the incidence of STIs in the population, i.e. a high incidence of STIs means a high probability of HIV transmission from one person to another. This is partly due to the fact that STIs are an indicator of unprotected sex and partly due to the fact that STIs are an indicator of physiologically more vulnerable to HIV transmission than those without STIs. Studies indicate that more than 50 percent of the world's STIs among adults were at one time recorded in south and South-East Asia, Widespread unprotected sex and frequent partner exchange are realities across the region that must be addressed (WHO, 2002).

In most of the countries for which an assessment of the demographic impact of HIV/AIDS has been carried out, HIV prevalence is estimated to have exceed 1.9 percent among the adult population aged 15-49. In addition, a few populous countries with prevalence levels under

1 percent were included because of the large number of persons living with HIV. Of the 48 countries with high prevalence, 38 are in Africa, 3 are in Asia and 7 are in Latin America and the Caribbean. Almost 60 percent of them (28 countries) are in the group of least developed countries, including 27 countries in Sub-Saharan, Africa and 1 (Haiti) in Latin America and the Caribbean (UN, 2004).

HIV affects rich and poor, young and old, and all regions of the world, HIV has disproportionately affected groups that already face social and economic disadvantages. While HIV prevalence has remained relatively low in many countries, infection has rapidly spread in others. Although less affected in the early years of the epidemic, women now make up one half of all people living with HIV and 57 percent of those infected in Sub-Saharan Africa (UNAIDS, 2004).

Sexual transmission accounts for most HIV infections world-wide even though the risk of transmission per sex act is estimate at between 1 in 100 and 1 in 1000. The risk increase considerably for those who have sexually transmitted infections (STIs), especially where there are open sores or ulcers. As cuts or abrasions can provide a ready entry point for the virus, sexual assaults may pose a higher risk of transmission than consensual sexual intercourse. Anal intercourse carries a higher risk of transmission than penile-vaginal intercourse, which in turn riskier than oral sex. In general, the receptive partner is at higher risk than the active partner. Women therefore have a higher risk of becoming infected during intercourse than men, and adolescents girls are especially susceptible (Valdiserri, 2004).

HIV infection is growing rapidly among women because they are both biologically and socially more vulnerable to infection, and often lack control over the terms of sexual activity. Everyday, one million people contract a sexually transmitted infection (STI); people infected with RTIs

are at an increased risk for HIV. This section summarizes basic information related to HIV infection and common RTIs (Mehta, 2005).

The Secretary General recommended that the Millennium Summit adopts as an explicit goal:

- * the reduction of HIV infection rates in persons 15 to 24 years of age - by 25 percent within the most affected countries before the year 2005 and by 25 percent globally before 2010.
- * and to that end, he also recommended that government are explicit prevention targets: by 2005 at least 90 percent, and by 2010 at least 95 percent of young men and women to have access to the information, education and services they need to protect themselves against HIV infection.

Over 30 percent of people living with HIV/AIDS are young, under the age of 25. In other words, reaching the young under the age of 25 before they are sexually active, among whom about half of new infections are found, is put at the top of the agenda (UNESCO, 2001).

AIDS was first diagnosed in 1981 in USA in a homosexual male who was suffering from disease like Kaposi, sarcoma, and other serious diseases, which were not usual among young American, similar occurrence was noted in Europe during 1982-1983. AIDS is health condition where the body's immune system is gradually destroyed following an HIV infection over a period of time, the immune system weakness and the body loses its natural ability to fight against disease. The infected person may lose weight and become ill with disease like persistent severe diarrhea, fever, skin disease, pneumonia, TB or tumor. At this stage, he or she developed AIDS (WHO, 1999). The full form of AIDS is :

- A - Acquired - not born with
- I - Immune - body defense system
- D - Deficiency - not working properly
- S - Syndrome - group of signs and symptoms.

In developing countries, four out of five of world's young people live and where more than half of the population is under the age of 25 years. With 28 percent of the world's population between 10-24. 1.5 percent people growing up today will be the leaders, citizens and parents in the future. Hence, young men and women will become parents of the next generation. Around the world, a significant number of adolescents are sexually active at early ages, with an increasing proportion of this activity occurring outside of marriage. More and more young people are suffering from STDs including HIV/AIDS. Seeking unsafe abortion, resulting into the consequences of early, close and frequent pregnancies and social problem. About half of all HIV infections so far have occurred in young people under age 25. Since, the start of the pandemic at least six million youth have even infected with HIV (Khanal, 1997).

An estimated 11.8 million young people age 15-24 are living with HIV/AIDS. Moreover, about half of all new adult infection-around 600 daily-are occurring among young people. While, it is difficult for many adults to admit it, large numbers of young people begin sexual activity at a relatively early age, are sexually active before marriage, are not monogamous, and do not use condoms regularly enough to ensure protection. In many countries, a significant proportion of young people start sexual activity before the age of 15, and many of them are already married. In addition, experimentation with drug use, including injecting, is often a feature of youth. This underscores the capital importance of implementing prevention programmes long before sexual drug injecting

activity might commence, because too many young people are aware of the threat posed by HIV (UNAIDS, 2002).

South Africa has the world's largest number of patients co-infected with TB and HIV. TB is the most common opportunistic infection among persons with HIV : 60000 South Africans have both diseases. South African's cure rate for TB ranges from 35 percent Kwazulu - Natal to 70 percent in western cape, according to Health Ministry Man to Tshabalala Msimang. The resulting average cure rate is 54 percent; WHO goal is 85 percent. (Khan, 2005).

The sexual attitude and behaviours of young adolescents in Jamaica have already been significantly shaped by socio-cultural and gender norms that sent mixed messages about sexuality and imposed different standards of behaviours for boys and girls. The risk of acquiring high among STDs including HIV infection is specially high among sexual partners significantly large. It is also the risk of contacting with sexually transmitted diseases is especially higher for young people who became sexually active in early age and are therefore more likely to change partners. Further more people have very poor knowledge about sex and sexuality contraception and STDs and their prevention (New Era, 1998:75).

Current Global Snapshot

- * There are an estimated 38.6 million people living with HIV/AIDS world wide, twice and number as in 1995.
- * During 2005, an estimated 4.1 million people newly infected with HIV, including 540,000 children.
- * 2.8 million people died of AIDS related illness in 2005.
- * World wide, most people living with HIV are unaware that they are infected.

UNAIDS and WHO published situation about HIV/AIDS every year about world's countries. Following table presents more information about regional HIV/AIDS statistics and features at the end of 2006.

Table 2.1: Estimated Number of Adults and Children to be Living with HIV, Newly Infected with HIV and Deaths from AIDS During 2006

Region	Adults and Children Living with HIV	Adults and Children Newly infected with HIV	Adults and Children Deaths due to AIDS
Sub-Saharan Africa	24.7 million (21.8-27.7 million)	2.8 million (2.4-3.2 million)	2.1 million (1.8-4 million)
North Africa and middle East	460000 (27000-760000)	68000 (41000-220000)	36000 (20000-60000)
South and South East Asia	7.8 million (5.2-12.0 million)	550000-2.3 million	(390000-850000)
East Asia	750000 (460000-1.2 million)	(56000-30000)	(26000-64000)
Latin America	1.7 million (1.3 -2.5 million)	14000 (10000-410000)	65000 (51000-84000)
Eastern Europe and Central Asia	1.7 million (1.2 -2.6 million)	270000 (17000-820000)	84000 (58000-120000)
North America	1.4 million (880000-2.2 million)	43000 (34000-65000)	18000 (11000-26000)
Western and Central Europe	740000 (580000-970000)	22000 (18000-33000)	12000 (<1500)
Ocean	81000 (50000-170000)	7100 (3400-54000)	4000 (2300-6600)
Total	39.5 (34.1 -47.1) million	4.3 (3.6-66) million	2.9 (2.5-3.5) million

Source: UNAIDS and WHO, 2006.

Table 2.1 defines the boundaries within which the actual number of lie, based on the best available estimated information. The ranges are more precise than those of previous years and work is under way to increase even further the precision at the estimates that will be published in mid 2007.

HIV transmission through sexual intercourse accounts for about three quarters of all HIV infection worldwide (UNFPA, 1991:1). More than 80 percent of all HIV infection is transmitted through sexual intercourse. In the other words HIV infections are sexually transmitted diseases.

AIDS was first recognized internationally in 1981. As at 2000, an estimated 36 million adults and children around the world were living with HIV and AIDS (UNAIDS 2000). AIDS is caused by HIV, a large proportion of people dies within 5-10 years (WHO, 1992). The HIV/AIDS pandemic is one of the most serious health concerns in the world today because of the high number of cases, fatality rate and the lack of a curative treatment or vaccines. Epidemiological studies have identified sexual intercourse, intravenous injections, blood transfusion and fetal transmissions from infected mothers as the main routes of transmission of AIDS. Studies have also indicated that HIV cannot be transmitted through food water, insect vectors or casual contact.

2.2 The Context of Asian Countries

According to UNAIDS (2006) An estimated 8.3 million people are living with HIV/AIDS across South/South East Asia. There are increasing concerns about the spread of the epidemic in this region, particularly in China and India, the two most populous nations in the world. Like Russia, they are considered part of the epidemic's "next wave" and despite having relatively low prevalence rates today the epidemic could explain significantly over the next decade without increased intervention. India already has the highest number of people estimated to be living with HIV/AIDS in the world (5.7 million) although its prevalence rate is still relatively low 0.9 percent.

2.3 Situation of SAARC Countries

The first HIV infection on south region was reported in India in 1986. It is estimated that there are about 3 to 5 million people infected by HIV/AIDS. The pandemic was introduced in the region some what later in other part of the word. The infection rate in South Asia are lower than Africa but the spread of HIV is rapid in Maharastra and Tamilnadu States are main area to rapidly increasing the HIV infection. Multiple sexual contacts have been the main routes of HIV transmission in India. According to Aryal, 2001, 50 percent of the commercial sex workers have been found to be infected in Mumbai.

There are some factors which are very similar in the countries of south Asia and these factors are among others girl trafficking, Commercial sex work, seasonal migration and mobility of youth in search of job, drug use.

Data on prevalence on STDs, including HIV/AIDS are not available for all SAARC countries and are also limited in scope. However, the limited information that is available reveals a high level of prevalence of RTIs and STDs among both married and unmarried adolescent girls and boys. For example, in Bangladesh over 40 percent of unmarried and married adolescent girls and 20 percent of unmarried adolescent boys are reported to have had symptoms of RTIs and STDs respectively. In Sri Lanka, about 7 percent of adolescents are reported to have had STDs. The incidence if HIV/AIDS among adolescents is limited but increasing particularly among girls. For example, in Nepal, adolescent constitute about 16 percent of the HIV/AIDS case with adolescent girls representing 72 percent of the cases. Knowledge of HIV/AIDS is found to be limited among adolescents. For example only 19-24 percent of married adolescent girls are reported to have ever heard of HIV/AIDS in Bangladesh and Nepal (UNFPA, 1998).

A recent data on HIV/AIDS estimation of SAARC countries by UNAIDS is presented in Table 2.2.

Table 2.2: Estimation of Adult Population Living with HIV in SAARC Countries

Countries	Estimated Number of People Living with HIV Centre					
	Adults (15-49), end 2003			Adults (15-49), end 2001		
	Estimate	Low Estimate	High Estimate	Estimate	Low Estimate	High Estimate
Bangladesh	-	2400	15000	-	2200	13000
India	-	2200000	7300000	-	2000000	6700000
Nepal	60000	29000	98000	44000	22000	72000
Pakistan	73000	24000	140000	62000	20000	120000
Sri Lanka	3500	1100	6800	2200	700	4300

Source: UNAIDS, 2005.

Data indicates that among SAARC countries, Nepal will be vulnerable to HIV/AIDS, if some measures to control it is not taken immediately. If we compare with pervious two years, infected population has estimated nearly double. If this trend remains same in future, this disease would be an uncontrollable and our country would face the situation of Africa now.

Table 2.3: Distributions of Death in the SAARC Countries

Countries	AIDS, Deaths					
	Death in adults and children end 2003			Death in Adults and children end 2001		
	Estimate	Low Estimate	High Estimate	Estimate	Low Estimate	High Estimate
Bangladesh	-	-	<400	-	-	<400
India	-	1600000	560000	-	140000	480000
Nepal	3100	1000	6400	2000	900	4200
Pakistan	4900	1600	11000	3900	1300	8500
Sri Lanka	<200	-	<400	<200	-	<400

Source: UNAIDS, 2005.

Table 2.3 shows that the data are not available for Bhutan and Maldives. The death by AIDS are low in Bangladesh and Sri Lanka, however, the data on deaths by AIDS in Nepal seems lower than India and Pakistan due to the high rate of infection, the HIV/AIDS deaths would be high in the future.

2.3 The Case of Nepal

HIV/AIDS have become a major public health problem in Nepal. The first case was reported in 1988. The potential for the spread of HIV in Nepal is large because of extensive use of commercial sex workers, high rate of sexually transmitted disease, low level of condom use and pockets on intravenous drug users. As of June 2007, a total 1410 AIDS cases and 9532 of HIV infection are reported by the ministry of Health and population, Nepal Centre for AIDS and STD control.

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

One estimate shows approximately 34,000 cases of HIV/AIDS infection in Nepal (UNAIDS, 2000), and another study of female sex workers with sexually transmitted diseases in Kathmandu shows a 17 percent among intravenous drug user (Gurubacharya, 1999). Therefore, the risk of AIDS spreading into the general population through the sexual partner of intravenous drug users and clients female sex workers in large (NDHS, 2001).

Like much of South Asia, Nepal is experiencing low HIV/AIDS prevalence among the general population but concentrated epidemic

among several high - risk groups. Given the existing medical and public health infrastructure and the limitations of the national HIV/AIDS surveillance system, it is possible that the actual number of cases is much higher. The experience of other countries has been that once a strong HIV/AIDS surveillance system is in place, the epidemic is recognized as being more widely spread than earlier believed.

Information from the wider South Asia region is similarly worrying. Despite an assumed low prevalence rate in India, its large population means that it is second only to South Africa for the absolute number of people living with HIV/AIDS (PLWHA). Like Nepal, the epidemic is marked by low general prevalence but high prevalence among female SWs, IDUs, MSM, and mobile population. This is particularly worrying for Nepal as an estimated 600,000-1,300,000 Nepali men and boys migrate to India every year, approximately 400,000 of these going to Mumbai, Nepali migrants to Mumbai have a significantly larger risk of HIV infection. This is believed to be due to the HIV prevalence among female SWs in Mumbai (HIV/AIDS and WCN, 2004).

The transmission of HIV in Nepal follows a pattern quite common in other developing countries. A country beset with malnutrition, diarrhoea diseases, a high death rate among children and women, the AIDS epidemic will burden Nepal's already inadequate health system and tax its stretched resources to curtail HIV further. In developed countries like Nepal, the development community feels strongly that the prevention of HIV/AIDS is the more a public health concern (UNICEF and UNAIDS, 2001).

In many countries the movement of people particularly migrant labour has an important influence on risk behaviours. They are the major

causes for rapidly spreading STDs and HIV/AIDS from one place to another to the less vulnerability groups (UNAIDS, 1998:1).

Study conducted by WHO, shows level of education, place of residence, mass media, source of information exerts a strong effect on level of knowledge of HIV/AIDS. Education is the strongest and most consistent predictor of HIV/AIDS awareness and level of knowledge. Women that more schooling are more likely to be aware of HIV/AIDS. There is positive relationship between education and knowledge about HIV/AIDS. Mass media and national awareness programme have a positive association with the awareness and the level of knowledge of HIV/AIDS as well as maternal health service is positively and significantly related to the awareness of HIV/AIDS among currently married women (Pant, R. 2004).

Adolescent and youth age 10-14 constitute one third of total population in Nepal. The share of adolescent cohort along (aged 10-19) years came to be about one - fourth of the total population. The NDHS shows that the contraceptive prevalence rate (CPR) among late adolescents (age 15-19) is reported to be at only 12 percent while it is 23.4 percent among 20-24 age group. Adolescents and youth are scattered in the community and they are also mobile. The risk taking behavior of the youth and the situation of being away from homes in search of economic opportunities make them susceptible to contact disease like STI/HIV/AIDS. More over two -thirds of adolescents girls in the age group 10-19 years of age illiterate where as the figure is only 24 percent among adolescent boys (Pathak, 2005:1-2).

In response to the HIV/AIDS epidemic, His Majesty Government of Nepal (HMG/N) established the national AIDS control Program

(NACP) in 1987 with Financial and Technical support from the world Health Organization (WHO).

Beside the several studies that STD case reports collected and complained from referred centers for STD and five STD clinics reveals increasing number of STD cases coming to health facilities in the year 1997, a total of 2118 cases were reported with increased to 3250 cases in 1999 and 5547 cases in 2000. The percentage of STD cases was high in Mid-Western and Far-Western in Nepal. For example, 8.5 percent in Nepalgunj and 4.8 percent in Mahendrangar. One record shows of STDs cases in Kaski district that 92.6 cases contracted of different places, hospital, medical halls, private clinics etc. (Devkota, 2005).

There are 9344 reported HIV/AIDS cases in Nepal in May 2007. Among them, 430 cases are between the age of 15 to 19 years and 3816 cases are between the 20 to 29 years. It shows that youth are highly vulnerable and most infected group in Nepal. Youths are passing through the psychological changes occur at the time, it is difficult for them to practice risk free livelihood which bring about undesired results (NCASC, 2007).

The HIV situation in Nepal is characterized by the high prevalence among groups involved in high - risk behaviour. Among street sex workers in Kathmandu. It rose from about one percent in 1992 to about 16 percent in 1988. Among intravenous drug users (IDUs), it rose from about two percent in 1991 to 50 percent in 1997. The prevalence in general population in Nepal is still low, but is rising rapidly. There are indications that the transmission among housewives is increasing. Though, the infection is found every where, it is concentrated in the capital (UNAIDS, 2005).

Young women and men age 15-24 are relatively more knowledgeable of various modes of prevention than older respondents. For instance, about 35 percent of women and 65 percent men age 40-49 mentioned that using condom and limiting sex to one uninfected partner can reduce the risk of HIV/AIDS infection, compared with 65 percent of women and 83 percent of men age 15-24. Knowledge of HIV/AIDS prevention methods among both women and men is highest among never - married respondents and lowest among those divorced, separated or widowed.

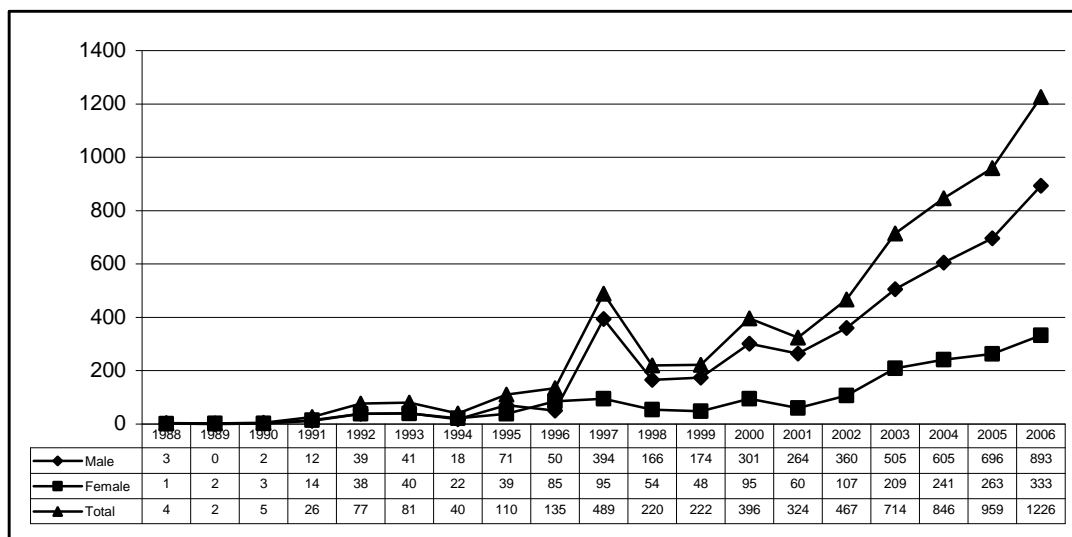
Levels of higher risk sexual intercourse are quite high among young men age 15-24, one in five reports sexual intercourse with someone other than their spouse or cohabiting partner in the last 12 months. Higher risk sexual intercourse is especially common among men in the age group 15-19 years, among whom one in three reports higher risk sexual intercourse in the previous year.

The proportions of women and men in the 15-24 age cohort who had sex before age 15, and before age 18. Eight percent of young women and 4 percent of young men had sex by age 15; while 47 percent of young women and 27 percent of young men had sex by age 18. The female - male difference in the age at first sexual debut is primarily due to the earlier age at marriage among women (NDHS, 2006, 202:219).

(Bista 1997:3) had conducted an assessment of knowledge, attitude and behaviour study concerning STDs and HIV/AIDS in selected population. The study indicates that 84 percent male and 76 percent female students of high school responded correctly about sexual transmission of HIV/AIDS. Likewise, 93.6 percent male and 76.3 percent female students of campus responded positively about transmission of HIV/AIDS. Female campus students responded non sexual transmission. Likewise, 57.4

percent male and 44 percent female students of high school had responded correctly about non sexual transmission.

Figure 1: HIV/AIDS Situation in Nepal
Year-wise Detection of HIV Infection by Sex 1988-2006



Source: NCASC and DHS data.

Table 2.4: Cumulative HIV and AIDS Situation of Nepal June 14, 2007

Condition	Male	Female	Total	New Cases in June 14, 2007
HIV Positives (Including AIDS)	6600	2932	9532	188
AIDS (Out of Total HIV)	1020	390	1410*	48

Source: National Center for AIDS and STD Control, Kathmandu

* Death 412 (New Death Cases in June, 2007).

Table 2.5: Cumulative HIV Infection by Sub-group and Sex

Sub-Group	Male	Female	Total	New Cases in June 14, 2007
Sex workers (SW)	-	680	680	5
Clints of SWs /STD	4378	104	4482	61
House wives	-	1931	1931	48
Blood or organ recipients	17	6	23	1
Injecting Drug use	1884	33	1917**	17
Men having sex with men (MSM)	18	-	18	3
Children	283	166	449	21
UK***	20	12	32	32
Total	6600	2932	9532	188

** Modes of Transmission - IUD or Sexual.

*** Sub-group Not Identified

Source: NCASC, 2007.

Table 2.6: Cumulative HIV Infection by Age Group and Sex

Age Groups (Years)	Male	Female	Total	New Cases in June 14, 2007
0-4	117	64	181	7
5-9	133	81	214	7
10-14	37	36	73	7
15-19	214	219	433	3
20-24	1000	559	1559	20
25-29	1562	745	2037	30
30-39	2672	955	3627	79
40-49	685	262	947	24
50 and over	136	65	191	11
Total	6556	2976	9532	188

Source: NCASC, 2007

2.4 HIV/AIDS and STDs Control Initiatives in Nepal

The current situation of HIV in Nepal is different from the first case which was diagnosed in 1988. There are gaps and challenges to be addressed in the fight against HIV and AIDS. Nepal is low prevalence

country for HIV/AIDS (0.5%). However some of the groups show evidence of a concentrated HIV epidemic, e.g. sex workers (19.5%), migrant population (4-10%) and Intravenous Drug Users (IDUs), both in rural and urban areas since 1988 when the first case was diagnosed. MOHP/DOHS and deferent stakeholders came forward to address HIV/AIDS issues. The main focus was given to preventive aspects. In 1995 MOHP in consultation with different stake holder developed a policy for the control of HIV/AIDS. How ever, the activities were implemented in sporadic and disorganized manner.

MOHP come to the conclusion that every stakeholder working in the field of HIV and AIDS should come forward to the world under one umbrella within the framework of a single policy. As a result, in 2002 a new strategy for HIV and AIDS was developed for 5 years (2002 to 2006) and consequently and operational work plan was developed for 5 years (2003 to 2007). However, there are many gaps that were not identified during the development of new strategy guidelines that need to be addressed while revising it in 2006 (MOPE, 2006).

The new strategy shot - lights to the following main areas.

- Vulnerable group
- Young people
- Treatment, care and support
- Epidemiology, research and surveillance
- Management and Implementation of an expanded response of an expanded response.

Broad political commitment is required for a multi-sector approach, civil society involvement, public - private partnership, reduction of stigma and discrimination against people infected and affected by HIV/AIDS and human right based approach have been outlined as some of the guiding principles in the development of strategy.

To enable high level National AIDS Council (NACC) chaired by the Prime Minister was formed there is National AIDS Coordination Committee (NACC) chaired by the minister of Health which is responsible for reviewing and approving work plans and budgets, reviewing report and guiding implementation of the national strategy. The NACC has the authority for technical review and advice on policy and funding issues and acts as the secretariat to the NACC. The NACC reports to the NAC. There is also a steering committee chaired by health secretary that meets on a regular basis to review program activities as well as to guide and direct program implementation (DHS, 2004).

Milestones of AIDS and STD Prevention Activities of Nepal

For the prevention of AIDS and STDs some efforts have been implemented in different times and dates. In 1986 organization of STD/AIDS control committee has been formed. In 1987/88 Implementation of short Term Plan was started to be functioning and its medium term plan implemented in 1990/92. From 1993 a policy is adopted for 100 percent screening of the donated blood. The second medium term plan for AIDS and STD control has been implemented. In 1995 a National level policy on AIDS/STD prevention is adopted. A new strategic plan for HIV/AIDS prevention was adopted from 2002 to 2006. The two National VCT Guidelines and National ARV Guidelines were formed in 2003 and 2004 respectively. In 2004 standard operating procedures on ART was started in Sukraraj Tropical Hospital. The STI case management Guidelines was developed in 2004 (NCASC, 2005).

2.5 Variable Identify

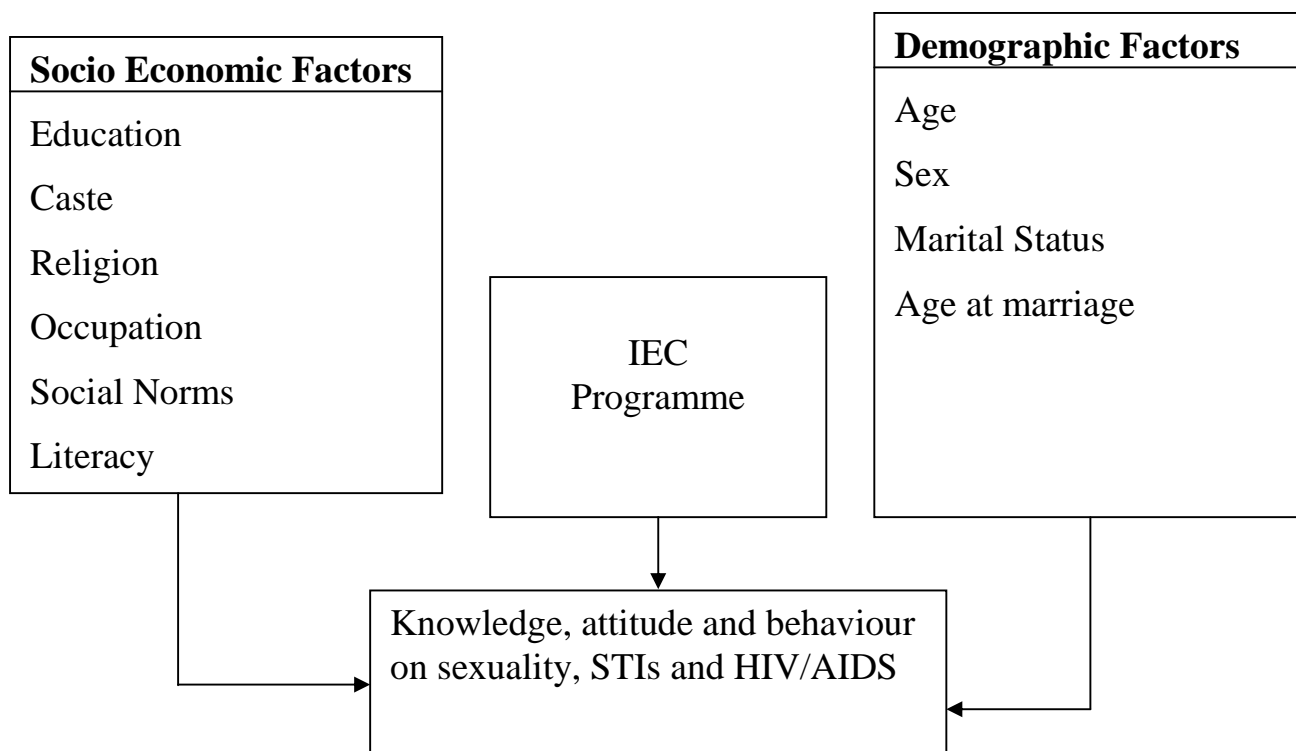
This conceptual framework is based on the literature review and variable are selected for the analysis of knowledge, attitude and behavior

of Tharu adolescents and youth on sexuality, STIs and HIV/AIDS. (A Case Study of Duruwa VDC) of Dang District aged 15 to 24. This study concludes that among many variables education is the most important variable for increasing the knowledge on sexuality, STIs and HIV/AIDS.

The conceptual framework helps to show the relationship between dependent and independent variables and also shows that independent variables are socio-economic factors like education, caste, religion, occupation, social norms and literacy, IEC programmes and demographic factors like age, sex, marital status and age at marriage. All these variables affect the knowledge, attitude and behaviour on sexuality, STIs and HIV/AIDS.

Socio-economic factors like education, caste, religion, occupation, social norms, literacy, demographic factors like age, sex, marital status and age at marriage and IEC programme influence the knowledge, attitude and behaviour on sexuality, STIs and HIV/AIDS.

Figure 2: Conceptual Framework



CHAPTER-III

METHODOLOGY

3.1 Background of the Study Area

Dang district is located in the Mid-Western development region of Nepal. It lies in Rapti Zone and its district headquarter is Ghorahi. The total area of his district is 2955 square Kilometer. It has two municipalities and 39 VDCs.

Duruwa VDC, the study area is situated 10 Kilometer south from the Tulsipur municipality and 3 kilometer east from the Rapti Highway.

Total population of Dang district is 4,62,380. Among them 228,958 are males and 233,422 are females. The total population of Duruwa VDC is 13006. Among them 6372 are males and 6634 are females. The total population of adolescents and youths (aged 15-24) of this VDC is 1217 are male and 1505 are females. The total number of households in this VDC is 2188. The main occupation of Tharu community of this study area is agriculture.

3.2 Questionnaire Design

Questionnaires constituted the major tool of this study. Questionnaires have been designed to obtained household and individual information. Both, household and individual questionnaire have been asked to the respondents of age group 15-24. The questionnaire have been asked both male and female separately. Household questionnaire has been designed to take the information about father's and mother's education, occupation, household facilities. The main objective of household questionnaire is to identify the eligible men and women. The objective of

individual questionnaire is to know the knowledge, attitude and behaviour of adolescent's and youth 15 to 24 age group.

The questionnaire has been designed into five section.

- i. Household information
- ii. Individual information
- iii. Knowledge and attitude on STDs and HIV/AIDS.
- iv. Knowledge of condom
- v. Attitude and behaviour towards sexuality.

3.3 Sample design

The total households of Tharus in the study area i.e. ward No. 8 are 120. Among them 80 household have been selected purposively to take information. The total number of respondents are 112. Among them 56 males and 56 females have been selected as respondents.

3.4 Sources of Data

The study is based on primary and secondary data. Basically, the primary data have collected to find out facts and figure about knowledge, attitude and behaviour of adolescents on sexuality, STIs and HIV/AIDS of Tharu adolescents' and youth aged 15 to 24. Primary data have been collected through direct interview with 112 adolescents and youth aged 15 to 24 from 80 households. The secondary data was taken from published annual report of the different organization like UNFPA, CBS, UNESCO, UNICEF, UNAIDS, NCASC, books, journals, previous reports, articles, census data were also taken as the basic sources of secondary data.

3.5 Tools of Data Collection

The main tool of data collection of this study was questionnaire. To achieve the objective of the study, 59 questions were constructed to cover three objectives. After construction of questionnaire, to provide its reliability before the data collection. The questionnaire was pretested among tharu adolescent's and youth of ward No. 8 of Duruwa VDC.

3.6 Selection of Variables

Two types of variables are included in this study. They are dependent and independent variables which are given as follows.

Dependent variable

Knowledge, attitude and behaviour on sexuality, STIs and HIV/AIDS.

Independent variable

Independent variables are divided into 3 parts i.e. Socio-economic, Demographic and IEC programmes.

- I. Socio-economic variables: education, caste, religion, occupation, social norms, literacy.
- II. Demographic Variables: age, sex, marital status and age at marriage.
- III. IEC Programmes

3.7 Data Analysis and Interpretation

The collected data and information are presented in different tables. The data and information are analyzed according to percentage and frequency. Tabulation is the final stage for the interpretation of the data. Datas are tabulated into different headings.

CHAPTER-IV
DEMOGRAPHIC AND SOCIO-ECONOMIC
CHARACTERISTICS OF THE RESPONDENTS

This chapter presents the socio-economic and demographic character of the respondents. Socio-economic background provides information about respondents occupation, parents education, parents occupation, where demographic characteristics provides information about age - sex structure, marital status, intended age at a marriage of the respondents.

4.1 Social Characteristics

Dang is a district of Inner - Tarai. It has diversity in ethnicity. They have been categorized in major caste/ethnic groups such as Tharu, Chhetri, Brahman, Damai, Kami, Sarki, Sanyasi, Magar, Newar, Thakuri, etc. This study has been conducted among Tharu adolescents and youth (15-24) age groups. In this study, all respondents are Hindu.

4.1.1 Respondent's Occupation

From table 4.1 in the Tharu community of the study area the main occupation in Agriculture. Among 112 respondents, 66.1 percent are engaged in agriculture followed by 23.2 percent in students, 10.7 percent in service.

Table 4.1: Distribution of Respondents by Occupation Status

Occupation	No. of Respondents	Percent
Student	26	23.2
Agriculture	74	66.1
Service	12	10.7
Total	112	100.0

Source: Field Survey, 20007.

4.1.2 Father's Education

Table 4.2 shows the distribution of adolescents and youth (15-14 age groups) according to their parent's education. From the table, it is clear the literacy of fathers (53.8%) is much higher than the literacy of mothers (12.2%). Among literate fathers, 46.5 had attained primary level, 39.3 percent had informal level, 7.1 percent lower secondary level, of educating and also 7.1 percent had secondary level of education.

Table 4.2: Distribution of Respondents by Their Father's Education

Characteristics	No. of Respondents	Percent
Literate	56	53.8
Illiterate	48	46.2
Total	104	100.0
Completed Level of Education		
Informal	22	39.3
Primary	26	46.5
Lower Secondary	4	7.1
Secondary	4	7.1
Total	56	100.0

Source: Field Survey, 2007.

4.1.2 Mother's Education

Most of the mothers (87.8%) are illiterate only 12.2 percent mothers are literate. Among literate mothers (12.2%), 66.7 percent had informal, 16.7 percent and primary level of education, 8.3 percent had lower secondary level and secondary level of education and no one had above secondary level education.

Over all result shows that representation of adolescents and youth (15-24 age group) in this study was both educated and non educated family background.

Table 4.3: Distribution of Respondents by their Mother's Education

Characteristics	No. of Respondents	Percent
Literate	12	12.2
Illiterate	86	87.8
Total	98	100.0
Completed Level of Education		
Informal	8	66.7
Primary	2	16.7
Lower Secondary	1	8.3
Secondary	1	8.3
Total	12	100.0

Source: Field Survey, 2007.

4.2 Economic Characteristics

Although in the context of Nepal, most of the adolescents and youth populations are active considered to be economically active but school going adolescents and youth are economically inactive. Economically inactive population depend upon their parents. Thus, in this study the occupation of parents is considered.

4.2.1 Father's Occupation

In this study, five types occupation were recorded as the major occupation. Table 4.4 shows the total respondents, most of their father were found to be engaged in agriculture (75.0 %), 7.7 percent total respondents of their father were found to be engaged in Business and daily wages. Only 3.8 percent were found to be engaged in service.

Table 4.4: Number and Percentage Distribution of Respondents by their Father's Occupation

Occupation	Number	Percent
Agriculture	78	75.0
Service	4	3.8
Business	8	7.7
Daily wage	8	7.7
Others	6	5.8
Total	104	100.0

Source: Field Survey, 2007.

4.2.2 Mothers Occupation

Similarly, table 4.5 shows that most of the mothers of the adolescents and youth (15-24 age group) were housewife (69.4%), in agriculture (20.4%) and only 6.1 percent in daily wage. No one had involved in service and business. It shows low level of socio-economic condition of Tharu community in the study area.

Table 4.5: Distribution of Respondents by Their Mother's Occupation

Occupation	Number	Percent
Agriculture	20	20.4
Daily wage	6	6.1
Housewife	68	69.4
Other	4	4.1
Total	98	100.0

Source: Field Survey, 2007.

4.3 Demographic characteristics of Adolescent and Youth

In this study, demographic characteristics of the adolescents and youth such as age - sex structure, marital status and intention for marriage have been included.

4.3.1 Age-sex Composition

Table 4.6 shows that out of total respondents (112) below 20 year of age males are 60.7 percent and females 39.3 percent. Similarly, above 20 year of age males are 39.3 percent and females are 60.7 percent. Both male and female are equal in number.

Table 4.6: Distribution of Respondents by Singled age and Sex

Age group	Male		Female		Total	
	No.	%	No.	%	No.	%
< 20	34	60.7	22	39.3	56	50.0
20 +	22	39.3	34	60.7	56	50.0
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

4.3.2 Marital Status by Sex

Table 4.7 shows the marital status of sample population. Out of the total adolescents and youth, overwhelming majority of them (60.7%) were married and 39.3 percent respondents reported themselves as unmarried.

Among the total females, 67.9 percent were found to be married and 53.6 percent male were married. this finding indicates prevalence of early marriage practices among females more than males in the study area.

Table 4.7: Distribution of Respondents by Marital Status

Description	Male		Female		Total	
	No.	%	No.	%	No.	%
Married	30	53.6	38	67.9	68	60.7
Unmarried	26	46.4	18	32.1	44	39.3
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

4.3.3 Intended age for Marriage

Table 4.8 shows that out of total respondents, intended age for marriage below 25 year of age group males are 61.5 percent and females are 88.9 percent. Similarly, intended age for marriage above 25 years of age group males are 38.5 percent and females are 11.1 percent. Intended respondents below age of 25 years 13 greater than those of above 25 years of age.

Table 4.8: Distribution of Respondents by their Intended age of Marriage

Intended age for marriage	Male		Female		Total	
	No.	%	No.	%	No.	%
< 25	16	61.5	16	88.9	32	72.7
25 +	10	38.5	2	11.1	12	27.3
Total	26	100.0	18	100.0	44	100.0

Source: Field Survey, 2007.

CHAPTER-V
LEVEL OF KNOWLEDGE ON STIS AND HIV/AIDS AMONG
ADOLESCENTS AND YOUTHS

5.1 Knowledge on STIs

This chapter includes information on knowledge and attitude of adolescents and youth (15-24 age group) at Duruwa VDC ward no. 8, Dang district. In this study some questions are asked to the respondents to examine the knowledge on STIs.

5.1.1 Heard of STIs

Table 5.1 shows the frequency and percentage distribution of adolescents and youth (15-24), who have heard about the different STIs. It was found that 44.6 percent respondents had heard of STIs and 55.4 percent had not heard of it. Out of total adolescents and youth, 96.0 percent had heard about gonorrhoea, 68.0 percent syphilis and

Table 5.1: Distribution of Respondents by Knowledge of STIs and type of STIs

Knowledge of STIs	Number	Percent
Yes	50	44.6
No	62	55.4
Total	112	100.0
Heard the name of STIs Gonorrhoea		
Yes	48	96.0
No	2	4.0
Total	50	100.0
Syphilis		
Yes	34	68.0
No	16	32.0
Total	50	100
Candidiasis		
Yes	4	8.0
No	46	92.0
Total	50	100.0

Source: Field Survey, 2007.

Only 8.0 percent had heard about candidacies. Above table clearly shows that the large proportion of respondents have knowledge about Gonorrhoea and least proportion of respondents have knowledge about candidacies.

5.1.2 Heard of STIs by Sex

Table 5.2 shows, out of the total respondents, 44.6 percent have heard of STIs, the proportion is higher among males i.e. 67.9 percent as opposed to their female counterparts (21.4%). Table 5.2 further shows that majority of (67.9 %) males and only i.e. 21.4 percent female have heard of Gonorrhoea.

**Table 5.2: Distribution of Respondents About Heard of STIs
Gonorrhoea, syphilis and Candidacies by Sex**

Heard of STIs	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	38	67.9	12	21.4	50	44.6
No	18	32.1	44	78.6	62	55.4
Total	56	100.0	56	100.0	112	100.0
Heard of Gonorrhoea						
Yes	38	67.9	12	21.4	50	44.6
No	18	32.1	44	78.6	62	55.4
Total	56	100.0	56	100.0	112	100.0
Heard of Syphilis						
Yes	24	42.9	10	17.9	34	30.4
No	32	57.1	46	82.1	78	69.6
Total	56	100.0	56	100.0	112	100.0
Heard of Candidacies						
Yes	2	3.6	2	3.6	4	3.6
No	54	96.4	54	96.4	108	96.4
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

5.1.3 Heard of STIs by Age

Table 5.3 shows that out of the total respondents, 44.6 percent have heard of STIs. Among them heard of STIs above 20 year of age is 57.1 percent and those respondents who are under 20 years of age 32 percent reported that they have heard STIs. Similarly, heard of Gonorrhea above 20 year of age is 58.9 percent and below 20 year of age who have heard Gonorrhea is 26.8 percent. Similarly, heard of syphilis above 20 years of age is 35.7 percent and below 20 year of age who have heard it is 25 percent. Heard of Candidacies above 20 year of age is only 3.6 percent and below 20 year of age who have heard, is only 1.8 percent. The number of respondents who have heard of STIs is higher than those of not heard.

**Table 5.3 : Distribution of Respondents About Heard of STIs
Gonorrhoea, Syphilis and Candidacies by Age**

Heard of STIs	< 20		20 +		Total	
	No.	%	No.	%	No.	%
Yes	18	32.1	32	57.1	50	44.6
No	38	67.9	24	42.9	62	55.4
Heard of Gonorrhoea						
Yes	15	26.8	33	58.9	48	42.9
No	41	73.2	23	41.1	64	57.1
Heard of Syphilis						
Yes	14	25.0	20	35.7	34	30.4
No	52	75.0	36	64.3	78	69.6
Heard of Candidacies						
Yes	1	1.8	3	5.4	4	3.6
No	55	98.2	53	94.6	108	96.4
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey 2007.

5.1.4 Heard of STIs by Occupation

Table 5.4 shows that heard of STIs involved in agriculture is 16.2 percent and student is 100 percent and involved in service is also 100 percent.

Above table also shows that by occupation. those respondents who have heard of gonorrhoea, syphilis and candidacies are less than those of not heard.

**Table 5.4 : Distribution of Respondents about Heard of STIs.
Gonorrhoea, Syphilis and Candidacies by Occupation**

Heard of STIs	Agriculture		Students		Services		Total	
	No.	%	No.	%	No.	%	No.	%
Yes	12	16.2	26	100.0	12	100	50	44.6
No.	62	83.8	-	-	-	-	62	55.4
Heard of Gonorrhoea								
Yes	11	14.9	25	96.2	12	100	48	42.9
No.	63	85.1	1	3.8	-	-	64	57.1
Heard of Syphilis								
Yes	10	13.5	18	69.2	6	50.0	34	30.4
No.	64	86.5	8	30.8	6	50.0	78	69.6
Heard of Candidacies								
Yes	1	1.4	2	7.7	1	83	4	3.6
No.	73	98.6	24	92.3	11	91.7	108	96.4
Total	74	100.0	26	100.0	12	100.0	112	100.0

Source: Field Survey, 2007.

5.1.5 Heard of STIs by Marital Status

Table 5.5 shows that married respondents who have heard of the STIs is 44.1 percent and unmarried respondents who have heard of STIs is 45.5 percent. Similarly, married respondents who have heard of Gonorrhoea is only 20.5 percent and unmarried is 68.2 percent. Among the total respondents (N=112), those of heard of syphilis and candidacies are less than those of heard is syphilis and candidates are less than those of not heard.

**Table 5.5: Distribution of Respondents About the Heard of STIs
Gonorrhoea, Syphilis and Candidacies by Marital Status**

Heard of STIs	Married		Unmarried		Total	
	No.	%	No.	%	No.	%
Yes	30	44.1	20	45.5	50	44.6
No	38	55.9	24	54.5	62	55.4
Heard of Gonorrhoea						
Yes	18	26.5	30	68.2	48	42.9
No	50	73.5	14	31.8	64	57.1
Heard of Syphilis						
Yes	14	20.6	20	45.5	34	30.4
No	54	79.4	24	54.5	78	39.6
Heard of Candidacies						
Yes	1	1.5	3	6.8	4	3.6
No	67	98.5	41	93.2	108	96.4
Total	68	100.0	44	100.0	112	100.0

Source: Field Survey, 2007.

5.1.6 Knowledge on Modes of STIs Transmission

Table 5.6 shows the knowledge of modes of STIs transmission by background categories. About 71 percent respondents below 20 years of age have reported "Sexual contact with infected person" as a modes of STIs transmission. About 51 percent respondents are "living with infected person" and about 46 percent from "infected mothers to fetus" respectively. Similarly, about 88 percent respondents above age 20 year of age have the knowledge of transmission from "sexual contact with infected person", about 80 percent "living together with infected person" and about 70 percent from "infected mothers to fetus" respectively.

Table 5.6: Distribution of Respondents by Knowledge of Modes of Transmission of STIs.

Background Categories	Sexual contact with infected person	Living together with infected person	Infected mother's to fetus
	%	%	%
Age			
< 20	71.4	51.7	46.4
20+	87.5	80.4	69.6
Sex			
Male	67.9	64.3	62.5
Female	60.7	46.4	46.4
Occupation			
Agriculture	68.9	56.8	40.5
Student's	92.3	88.5	84.6
Services	100.0	91.7	83.3
Marital Status			
Married	73.5	61.8	52.9
Unmarried	68.2	59.1	52.3

Source: Field Survey, 2007.

Note: The total percentage is more than 100 due to multiple responses of respondents.

According to sex, 67.9 percent male respondents have the knowledge of transmission from sexual contact with infected person, 64.3 percent living together with infected mothers to fetus respectively. Similarly 60.7 female respondents have the knowledge of transmission from sexual contact with infected person, 46.4 percent living together mothers to fetus respectively. Similarly, 92.3 percent students have the knowledge of transmission from sexual contact with infected person, 88.5 percent living together with infected person and 84.6 percent together with infected person and 84.6 percent from infected mothers to fetus. Similarly, 100 percent respondents who are involved in service have the knowledge of transmission from sexual contact with infected person, 91.7 percent living together with infected person and 93.3 percent from infected mothers to fetus respectively.

According to marital status, 73.5 percent married respondents have the knowledge of transmission from sexual contact with infected person, 61.8 percent living together with infected person and 52.9 percent from infected mothers to fetus respectively. Similarly, 68.2 percent unmarried respondents have the knowledge of transmission from sexual contact with infected person, 59.1 percent living together with infected person and 52.3 percent infected mothers to fetus respectively.

5.1.7 Knowledge on preventive measures of STIs by Sex

Table 5.7 shows that, out of 112 respondents, who have heard of STIs, 71.4 percent males and 21.4 percent female reported that "use of condom" as preventive measures of STIs. Similarly, 67.9 percent male and 21.4 percent female had knowledge to have strict to sex partner as a preventive measure of STIs.

Table 5.7: Distribution of Respondents who have knowledge on preventive measures of STIs.

Method of Prevention	Respondents					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Use condoms	40	71.4	12	21.4	52	46.4
Strict to sex partner	38	67.9	12	21.4	50	44.6
Avoid walking together infected person	18	32.1	6	10.7	24	21.4
use sterilized system	4	7.1	10	17.9	14	12.5

Source: Field Survey, 2007.

Note: The total percentage is more than 100 due to multiple response of respondent

5.2 Sources of Information on STIs by Sex

Out of the total respondents, who had heard of STIs, 64.2 percent males and only 21.4 percent female responded that radio as their main sources of knowledge for STIs. This table 5.8 shows that male adolescents and youth listen radio more than female adolescents and youth. Overall, the sources of knowledge on STIs was radio (42.9%), health worker (30.4%), teacher (28.6%), television (16.1%) and newspaper and magazine (14.3%) respectively.

Table 5.8: Distribution of Respondents by Source of Information on STIs by Sex

Source of Knowledge	Male		Female		Total	
	No.	%	No.	%	No.	%
Radio	36	64.2	12	21.4	48	42.9
Television	14	25.0	4	7.1	18	16.1
Newspaper	10	19.9	6	10.7	16	14.3
Magazine	14	25.0	2	3.6	16	14.3
Teachers	22	39.3	10	17.9	32	28.6
Parents	0	0	2	3.6	2	1.8
Health Worker	26	46.4	8	14.2	34	30.4

Source: Field Survey, 2007.

Note: Those respondents, who hadn't heard of STIs, are not included. Note: The total percentage is more than 100 due to multiple responses of respondents.

5.3 Knowledge on HIV/AIDS

In this study to measure the knowledge indicators such as adolescents and youths who have heard of HIV/AIDS, transmission of HIV/AIDS, its symptoms and preventive measures to protect from HIV/AIDS are described.

5.3.1 Heard of HIV/AIDS

Table 5.9 shows that out of the total respondent, 91.1 percent had heard of HIV/AIDS, remaining 8.9 percent had not heard about it.

Table 5.9: Distribution of Respondents by Knowledge of HIV/AIDS

Knowledge of HIV/AIDS	Respondents	Percent
Yes	102	91.1
No	10	8.9
Total	112	100

Source: Field Survey, 2007.

5.3.2 Heard of HIV/AIDS by Sex

Table 5.10 shows that out of total respondents (91.1 percent who had heard of HIV/AIDS) 92.9 percent male respondents had heard of HIV/AIDS while 89.3 percent female respondents had heard of HIV/AIDS.

Table 5.10: Distribution of Respondents, Who have heard of HIV/AIDS by Sex

Heard of HIV/AIDS	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	52	92.9	50	89.3	102	91.1
No	4	7.1	6	10.7	10	8.9
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

5.3.3 Heard of HIV/AIDS by Age

Table 5.11 shows that out of total respondents, 91.1 percent who had heard of HIV/AIDS. By age about 89.3 percent under 20 years of age had heard of HIV/AIDS and 92.9 percent above 20 years of age group had heard of HIV/AIDS. In comparison between two age group above 20 years of age group had heard of HIV/AIDS more than under 20 years of age group.

Table 5.11: Distribution of Respondents who have heard of HIV/AIDS by Age

Heard of HIV/AIDS	<20		20+		Total	
	No.	%	No.	%	No.	%
Yes	50	89.3	52	92.9	102	91.1
No	6	10.7	4	7.1	10	8.9
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007

5.3.4 Heard of HIV/AIDS by Occupation

Table 5.12 shows that 87.8 percent have heard of HIV/AIDS whose main occupation is agriculture. Similarly, 96.2 percent students have heard of HIV/AIDS and all the respondents (i.e. 100%) involve in service have heard of HIV/AIDS. In comparison, the least number have heard of HIV/AIDS who are involve in agriculture and highest number have heard of HIV/AIDS who are involve in service.

Table 5.12: Distribution of Respondents who have heard of HIV/AIDS by Occupation

Heard of HIV/AIDS	Agriculture		Students		Service		Total	
	No.	%	No.	%	No.	%	No.	%
Yes	65	87.8	25	96.2	12	100.0	102	91.1
No	9	12.2	1	3.8	-	-	10	8.9
Total	74	100.0	26	100.0	12	100.0	112	100.0

Source: Field Survey, 2007.

5.3.5 Heard of HIV/AIDS by Marital Status

Table 5.13 shows that majority of married have heard of HIV/AIDS (i.e. 94.1 %) and only (5.9%) have not heard about it. Similarly 86.4 percent unmarried have heard HIV/AIDS and only 13.6 percent have not heard about it. In overall 91.1 percent have heard of HIV/AIDS and only 8.9 percent have not heard. In comparison between married and unmarried, married have heard HIV/AIDS more than unmarried.

Table 5.13: Distribution of Respondents who have Heard of HIV/AIDS by Marital Status

Heard of HIV/AIDS	Married		Unmarried		Total	
	No.	%	No.	%	No.	%
Yes	64	94.1	38	86.4	102	91.1
No	4	5.9	6	13.6	10	8.9
Total	68	100.0	44	100.0	112	100.0

Source: Field Survey, 2007

5.3.6 Knowledge on Transmission of HIV/AIDS

Distribution of adolescents and youth (15-24 age group) knowledge on transmission of HIV/AIDS by sex is given in table 5.14. Out of total respondents (N = 102) 88.5 percent male and 76.0 percent female reported their knowledge on modes of HIV/AIDS transmission. And out of the total respondents, who have heard of HIV/AIDS, 82.4 percent reported knowledge on transmission of HIV/AIDS and only 17.6 percent had no knowledge about transmission of HIV/AIDS.

Table 5.14: Distribution of respondents about Knowledge on transmission of HIV/AIDS by Sex

Transmission of HIV/AIDS	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	46	88.5	38	76.0	84	82.4
No	6	11.5	12	24.0	18	17.6
Total	52	100.0	50	100.0	102	100.0

Source: Field Survey, 2007.

5.3.7 Knowledge on ways of transmission of HIV/AIDS.

This question was put forward to those respondents, who have knowledge about HIV/AIDS. Out of total (N=102), 50.9 percent respondents who said HIV/AIDS is transmitted from sexual intercourse, from mother to child 29.4 percent, from blood transfusion 43.1, by the use of unsterilised syringe 41.2 percent and from breast feeding 23.5 percent. And remaining respondents were in opposing of each ways respectively, 49.0 percent said ways of transmission of HIV/AIDS is from sexual intercourse, 47.1 percent reported by blood transfusion, 39.2 percent it is by use of unsterilized syringe, 15.7 percent is from mother to child and only 13.7 percent reported it is due to breastfeeding.

Table 5.15: Distribution of Respondents about Knowledge on Ways of transmission of HIV/AIDS by Sex

Response	Yes		No	
	No.	%	No.	%
Sexual intercourse	52	50.9	50	49.0
Mother to child	30	29.4	16	15.7
Blood transfusion	44	43.1	48	47.1
Use of Unspecialized syringe	42	41.2	40	39.2
Breast feeding	24	23.5	14	13.7

Source: Field Survey, 2007.

Note: The total percentage is more than 100 due to multiple responses of respondents.

5.3.8 Knowledge on Symptoms of HIV/AIDS

Out of total respondents (N = 102) had heard of HIV/AIDS, only 19.6 percent mentioned loss of body weight as symptom of HIV/AIDS. Similarly, 17.6 percent reported diarrhea from more than one month and

23.5 percent fever for more than one month were reported as a symptom of HIV/AIDS.

Table 5.16: Distribution of Respondents about Knowledge on Symptoms of HIV/AIDS by sex

What are the major symptoms of HIV/AIDS ?				
Response	Yes		No	
	No.	%	No.	%
Loss of body weigh by 10 percent	20	19.6	12	11.76
Diarrhea for more than one month	18	17.6	6	5.8
Fever from more than one month	24	23.5	14	13.7
Don't know	26	25.5	34	33.3

Source: Field Survey, 2007

Note: The total percentage is more than 100 due to multiple responses of respondents.

5.3.9 Knowledge on Preventive Measures of HIV/AIDS

Table 5.17 shows that majority of adolescents and youth (15-24 age group) (N = 102), 84.6 percent male had knowledge of using condom during sexual intercourse as a preventive method of HIV/AIDS. The percentage of male is higher than the percentage of female in each of the preventive measures.

Table 5.17: Distribution of Respondents Regarding Their Knowledge on Preventive measures of HIV/AIDS by Sex

What are the methods to prevent from HIV/AIDS ?				
Response	Male		Female	
	No.	%	No.	%
Loss of body weigh by 10 percent	42	80.8	36	72.0
Use Condom	44	84.6	36	72.0
Diarrhea for more than one month	32	61.5	28	56.0
Fever from more than one month	32	61.5	24	48.0
Don't know	40	76.9	36	72.0

Source: Field Survey, 2007

Note: The total percentage is more than 100 due to multiple responses of respondents.

5.4 Perceptions about the Consequences of AIDS

A question was asked to the respondents about the cure of AIDS. In response, 64.7 percent respondents reported that no medical treatment of AIDS and they said that AIDS is not a curable disease. About twenty percent respondents said that AIDS may be cured and the remaining 15.7 percent respondents said they did not know about it. (Table 5.18)

Table 5.18: Distribution of Respondents by Opinion About the Cure of AIDS

Variable	Number	Percent
AIDS can't be cured	66	64.7
AIDS can be cured	20	19.6
Don't know	16	15.7
Total	102	100.0

Source: Field Survey, 2007

CHAPTER-VI

KNOWLEDGE AND ATTITUDE ON CONDOM USE

This chapter presents the analysis of knowledge and attitude of adolescents and youth (15-24 age group) towards use of condom.

6.1 Knowledge about Condom

The question, do you know about condom? was put forward to all respondents (N=112). Out of the total respondents 96.4 percent male and 92.9 percent female reported that they know about condom. Similarly, 3.6 percent male and 7.1 percent female had no knowledge about condom.

Table 6.1: Distribution of Respondents by Knowledge on Condom

Response	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	54	96.4	52	92.9	106	94.6
No	2	3.6	4	7.1	6	5.4
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

6.2 Source of Knowledge about Condom by Sex

Table 6.2 shows that, out of total respondents, who had knowledge on condom, through different sources of knowledge; 96.3 percent male and 94.2 percent female responded radio as the main source of their knowledge health worker 81.5 percent male and 46.1 percent female, teacher 74.1 percent male and 34.6 percent female, Textbooks 74.1 male, 26.9 percent female, television 66.7 percent male and 42.3 percent female.

Table 6.2: Distribution of Respondents on Sources of Knowledge about condom by Sex

Source of Knowledge	Male		Female		Total	
	No.	%	No.	%	No.	%
Radio	52	96.3	49	94.2	101	95.3
Television	36	66.7	22	42.3	58	54.7
Magazine	26	48.1	4	7.7	30	28.3
Health worker	44	81.5	24	46.1	68	64.2
Teachers	40	74.1	18	34.6	58	54.7
Parents	4	7.4	0	-	4	3.8
Text books	40	74.1	14	26.9	54	50.9
Others	2	3.7	2	3.8	4	3.8

Source: Field Survey, 2007.

Note: The total percentage is more than 100 due to multiple responses of respondents.

6.3 Perception about use of Condom

In order to know the perception about use of condom the question "what is it used for?" was asked. Among of them 98.1 percent male and 96.1 percent female reported that condom is used for preventing pregnancy, 96.2 percent male and 92.3 percent female reported condom is used for used, for birth spacing, 92.6 percent male and 88.5 percent female reported condom is used for preventing HIV/AIDS and 74.1 percent male and 38.5 percent female reported condom is used for preventing STIs. (Table 6.3)

Table 6.3: Distribution of Respondents by their Perception about Condom by Sex

Response	Male		Female		Total	
	No.	%	No.	%	No.	%
To prevent pregnancy	53	98.1	50	96.1	103	97.2
To prevent STIs	40	74.1	20	38.5	60	56.6
To prevent HIV/AIDS	50	92.6	46	88.5	96	90.6
Birth Spacing	52	96.2	48	92.3	100	94.3

Source: Field Survey, 2007.

Note: The total percentage is more than 100 due to multiple responses of respondents.

CHAPTER-VII
ATTITUDE AND BEHAVIOUR OF RESPONDENTS TOWARDS
STIs AND HIV/AIDS

This chapter deals with the attitude and behaviour of adolescents and youth on STIs and HIV/AIDS. The attitude and behaviour depends upon the knowledge of adolescents on STIs and HIV/AIDS.

7.1 Knowledge on curative measures of STIs by Sex

Out of total respondents (N=112), 78.6 percent male and 60.7 female reported STIs to be curable. Only 7.1 percent male and 14.3 percent female reported not curable and 14.3 percent male and 25.0 percent female response don't know about it.

Table 7.1: Distribution of Respondents about Knowledge on curative Measures of STIs by Sex

Response	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	44	78.6	34	60.7	78	69.6
No	4	7.1	8	14.3	12	10.7
Don't Know	8	14.3	14	25.0	22	19.7
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

7.2 Opinion Regarding STIs and HIV/AIDS

Table 7.2 shows the opinion of respondents regarding STIs and HIV/AIDS. Following question was asked to them "Is it possible for a healthy looking person to have HIV/AIDS ? Out of total respondents (N=112), among majority of them 85.7 percent male and 71.4 percent female reported their views positively in the answer of the question. Only

14.3 percent male and 10.7 percent female reported negatively. It shows that in their opinion healthy looking person can have HIV/AIDs.

Table 7.2: Distribution of Respondents regarding their Opinion on HIV/AIDs

Is it possible for a healthy looking person to have HIV/AIDs ?						
Response	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	48	85.7	40	71.4	88	78.6
No	8	14.3	6	10.7	14	12.5
Don't Know	-	-	10	17.9	10	8.9
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

7.3 Behaviour on STIs

To know the behaviour on STIs following question was asked to the respondents "If you will suffer from STIs, what would you do ?" Hundered percent respondents reported that they will "Consult to a doctor". It means that the respondent would seek treatment of rather than keeping it secret.

Table 7.3: Distribution of Respondent about Behaviour on STIs by Sex

"If you suffer from STIs, what would you do ?						
Response	Male		Female		Total	
	No.	%	No.	%	No.	%
Keep Secret	-	-	-	-	-	-
Consult to a doctor	56	100.0	56	100.0	112	100.0
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

CHAPTER-VIII

KNOWLEDGE ATTITUDE AND BEHAVIOUR ON SEXUALITY

This chapter has attempted to analyze the reported knowledge of adolescents and youth about puberty in male and female. The chapter also includes information on intercourse and pre-marital sexual behaviour.

8.1 Knowledge on Puberty

This section presents the analysis on the knowledge of adolescents and youth about puberty. Table 8.1 shows that out of the total respondents, majority (60.7%) of them had heard about puberty. About 57.1 percent female while 64.3 percent male had heard about puberty.

Table 8.1: Distribution of Respondents who have Knowledge of Puberty by Sex

Response	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	36	64.3	32	57.1	68	60.7
No	20	35.7	24	42.9	44	39.3
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

8.2 Attitude on Sexuality

One question was asked to assess their attitude about sexual intercourse. Out of total respondents (N = 112), total 84.8 percent, (89.3 percent male and 80.4 percent female) reported the need for propagating next generation, 71.4 percent (75.0 percent male and 67.9 percent female) reported sex is basic needs, 22.3 percent (17.3 percent male and 26.8 percent female) reported sex is absurd and only 1.8 percent (1.8 percent male and 1.8 percent female) reported sex is for giving child birth and mental satisfaction. (Table 8.2)

Table 8.2: Distribution of Respondents by Attitude Towards Sexual Intercourse

Response	Male		Female		Total	
	No.	%	No.	%	No.	%
Basic needs	42	75.0	38	67.9	80	71.4
Need for propagating next generation	50	89.3	45	80.4	95	84.8
Absurd	10	17.3	15	26.8	25	22.3
Others	1	1.8	1	1.8	2	1.8

Source: Field Survey, 2007.

Note: The total percentage is more than 100 due to multiple responses of respondents.

8.2.2 Opinion About Pre-marital Sex

Table 8.3 shows that out of total respondents, 64.3 percent respondents (39.3 percent male and 89.3 percent female) reported that they do not have pre-marital sex. And 35.7 percent (60.7 percent male and 10.7 percent female) reported that they have.

Table 8.3: Distribution of Respondents on Opinion about pre-marital Sex by Sex.

Response	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	34	60.7	6	10.7	40	35.7
No	22	39.3	50	89.3	72	64.3
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

8.3 Experience of Pre-marital Sexual Intercourse

Everyone hesitates to give real answer pre-marital sexual behaviour. In question "Have you ever had sexual intercourse ?" In response 64.3 percent (60.7 percent male and 67.9 percent female) reported that they have experience of sexual intercourse and 35.7 percent male and 32.1 percent female have not experience of sexual intercourse. (Table 8.4)

Table 8.4: Distribution of Respondents on Premarital Sexual Behaviour by Sex

Response	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	34	60.7	38	67.9	72	64.3
No	22	39.3	18	32.1	40	35.7
Total	56	100.0	56	100.0	112	100.0

Source: Field Survey, 2007.

CHAPTER-IX

SUMMARY, CONCLUSION AND RECOMMENDATION

This study analyzed the knowledge attitude and behaviour on sexuality, STIs and HIV/AIDS; among Tharu Adolescents and youth of Duruwa VDC in Dang District. Data for the study was collected from field survey and the survey was conducted in June 2007. The total respondents were sampled from selected ward No. 8 of Duruwa VDC. Major findings, conclusions and recommendation of the study are as follows:

9.1 Summary of the Findings

The overall objective of this study is to examine the knowledge, attitude and behaviour of Tharu adolescents and youth towards sexuality, STIs and HIV/AIDS, preventive measures against STIS and HIV/AIDS and to access the pre-marital sexual behaviour of adolescents and the youth. The socio-economic and demographic characteristic of adolescents and youth, knowledge, attitude and behaviour on sexuality STIs and HIV/AIDS posses by them was different. The findings are summarized below.

9.1.1 Socio-economic and Demographic Characteristics of the Adolescents

Study showed that adolescents and youth were from Tharu community. All adolescents youths were from 15 to 24 age group. Out of the total adolescents and youth all adolescents and youth were Hindu.

The study shows that the main occupation in study area of Tharu the community is agriculture (i.e. 66%). Out of the total Adolescents fathers, most of them (53.8%) were found literate and 46.2 percent were found illiterate and 46.3 percent were found having education upto

primary level. Similarly, out of the total Adolescent's mothers, most of them (87.8%) were found illiterate and 12.2 percent were found literate. The main occupation of their father was agriculture. Most of adolescent's and youth mothers occupation 69.5 percent were found housewife. Out of total respondents, below 20 years of age group, males are higher than females but above 20 years of age group females are higher than males. Most (60.7%) of the adolescents were married. Out of total unmarried respondents intended age for marriage below 25 years of age group are 72.7 percent and above 25 years of age group are 27.3 percent.

9.1.2 Knowledge on STIs and HIV/AIDS

- The percentage of adolescents and youth (15-14) 44.6 percent respondents had heard of STIs and 55.4 percent had not heard of it.
- The percentage of adolescents and youth who had heard of STIs was higher among males 67.9 percent as opposed to their female counterpart 21.4 percent.
- Out of total heard of STIs, heard of STIs below 20 years of age group is 32.1 percent and above 20 years of age group is 57.1 percent.
- Majority of the adolescents and youth (67.9%) have heard of gonorrhoea.
- Heard of STIs involved in agriculture is 16.2 percent, student and involved in service is 100 percent.
- Married respondents who have heard of the STIs is 44.1 percent and unmarried respondents is 45.5 percent.
- Respondents below age group 20 have the knowledge of transmission for sexual contact with infected person is 71.4 percent, 51.7 percent living together with infected person and 46.6 percent from infected mothers to fetus.

- Radio (42.9%) and health workers (30.4%) had reported their main source of information for STIs.
- Out of total adolescents, 92.9 percent male and 89.3 percent female had heard of HIV/AIDS.
- Out of total respondents, 89.3 percent under 20 years of age had heard of HIV/AIDS and 92.9 percent above 20 years of age group had heard of HIV/AIDS.
- Out of total respondents, 87.8 percent had heard of HIV/AIDS whose main occupation is agriculture, 96.2 percent students and 100 percent involve in service had heard of HIV/AIDS.
- Majority of 94 percent married respondents and 86.4 unmarried respondents had heard of HIV/AIDS.
- Out of 112 adolescents and youth, 96.4 percent male and 92.9 percent female had knowledge about condom.

9.1.3 Attitude and Behaviour on STIs and HIV/AIDS

Out of the total adolescents (N=112) 64.7 percent responded AIDS can't be cured, 19.6 percent responded that AIDS can be cured and only 15.7 percent responded that don't know. Majority of the adolescents and youth who had knowledge about HIV/AIDS are 92.9 percent male and 89.3 percent female. Both of them have reported less use of condom during sexual intercourse.

9.1.4 Knowledge on Sexuality

Out of the total adolescents (N=112), 60 percent had heard of puberty and 39.3 percent had not heard of puberty. Among them 64.3 percent male and 57.1 percent female had heard of puberty. Similarly, 35.7 percent male and 12.9 percent female had no knowledge of puberty.

9.1.5 Attitude and Behaviour on Sexuality

Out of the total respondents, 64.3 percent (39.3 percent male and 89.3 percent female) had no experience of sex before marriage. And 35.7 percent (60.7 percent male and 10.7 percent female) had experience of sexual intercourse before marriage. Some of the respondents hesitated to give response to the question 'what is sex ?

9.2 Conclusions

This field study conducted in Tharu adolescents and youth of Durwa VDC in Dang District shows that the knowledge of HIV/AIDS was 46.5 percent higher than STIs and 9 percent than knowledge on transmission system. In comparison to males and females males have more knowledge about STIs and HIV/AIDS. The pre-marital sexual intercourse in males is greater than the females. It shows that higher the level of education in Tharu community, higher the knowledge about HIV/AIDS, STIs and symptoms.

9.3 Recommendation for the Policy Implementation

Adolescents and youth population has been increasing rapidly in Nepal. Today's adolescents and youth are the parents of future generation and back bone of the society and nation, therefore, adequate service, efforts and intervention must be focused. Some recommendations are given below.

- Education plays vital role to determine every change in society. I recommend that sex education should be provided in tharu community including all minor communities.
- Majority of adolescents, and youth reported that they use condom as contraceptive method therefore it is necessary to give them more knowledge in the context of condom use. Condom should be

accessible for them and it is necessary to provide special attention to them about method of safe use and disposal to it.

- Social and cultural norms are obstacles in the society to discuss about STIs and HIV/AIDS. Therefore, AIDS education should be provided to the different cultural and social group of the society.
- Transmission and prevention knowledge and other information of STIs and HIV/AIDS should be provided regularly.
- Programms must be designed to sustain over long term favour of adolescents and youth.
- Government should make the distinct vision about awareness making process of cure and also implementation process should be strict in health sector of government.
- AIDS programmes should be conducted not only in the centred level and urban area but also in rural area, as well as awareness campaign programs should be conducted together.

9.4 Area for Further Research

Some suggestions for further research are mentioned below.

- In Nepal, the HIV/AIDS cases are increasing day by day due to poverty, open border, conflict, low age at marriage, pre-marital sexual behaviours. So, further study should be centralized.
- The religious and cultural tradition and highly affected to explore the detail view of respondent. So, adolescents and youth in society should be made positive in HIV/AIDS.
- In this study, the research has taken 112 sample sizes. It would be better to increase the size of sample for further studies.

REFERENCE

- Acharya, L.B., 1999, *Knowledge of HIV/AIDS: Case of Married Female of Age 15-19 in Nepal*, in Bal Kumar K.C. (ed.) *Population and Development in Nepal*, Vol. 6 (Kathmandu: CDPS): 127-136.
- Aryal, Ram, Hari, 2000, *HIV/AIDS: An Emerging Issue in the Health Status with Special Reference to Nepal*, in Bal Kumar K.C. (ed.) *Population and Development in Nepal*, Vol. 7 (Kathmandu: CDPS), 89-110.
- Bista, Bal Govind, 2003, *Population Policy and Reproductive Health*, in *Population Monograph of Nepal*, Vol. II (Kathmandu: CBS): 209 & 211.
- Bista, K.P., 1996, *Perception and Attitude Concerning STIs, and AIDS in Urban Centre in Nepal: A Qualitative Study of Nepalgunj Banke District* (Kathmandu: Nepal Centre for AIDS and STD Control and University of Hedelberg).
- Budhathoki, K. 1998, *STDs in Nepal, A Country Profile Report*, Kathmandu: Nepal.
- Gilligan, Brian J. and Rajbhandari, Retika, 2004, *HIV/AIDS, and Working Children in Nepal*, (Kathmandu: ILO/Nepal): 4-5.
- Gurubacharya, VL, 1994, *HIV/AIDS: Everybody Concerns*, Red Light Traffics (Kathmandu: ABC/Nepal): 42-48.
- Joshi, S.R., 2004, *Knowledge, Altitude and Behaviour of Secondary School Adolescents to STIS and HIV/AIDS*, An Unpublished M.A. Dissertation Submitted to CDPS (Kathmandu).
- Khan, T., 2005 *SOUTH AFRICA: South African on WHO's High Burden TB List*, in *Business Day Weekly*, March 25,2005, An Internet Source ([www. engender health.com](http://www.engender health.com)).
- Khanal, H. 1997, *Adolescents Reproductive Health in Asia: Current Needs and Staus*, in *Nepal Population and Development Journal* (Kathmandu): PP. 3-4.
- Mehta, Manisa, 2005, *In Nepal, Teen are Experts*, in *Engender Health Update* (An Iternate Source: www.engender health.com).

- MoH, New Era and ORC Macro, 2006, *Nepal Demographic and Health Survey, 2001*, Family Health Division (Department of Health and MoH), Kathmandu, Nepal: 202-299).
- MoH, New Era. and ORC Macro, 2001, *Nepal Demographic and Health Survey, 2001*. Family Health Division (Department of Health, MoH), Kathmandu, Nepal.
- NCASC, 2004, *Cumulative HIV/AIDS Situation of Nepal*, (NCASC; MoH).
- NCASC, 2005, *Cumulative HIV/AIDS, Situation of Nepal*, (NCASC; MoH).
- Nepal, Sarad Raj, 2000, *STDs HIV/AIDS, Between Censuses Household's Information, Monitoring and Evaluation System (BECHIMES)*, CBS/UNICEF, 97-110.
- New Era, 1998, *A Situation Analysis of Sex Workers and Trafficking in Nepal With Reference to Children* (Kathmandu: UNICEF).
- Pandey, L., 2004, *Knowledge of STDs-HIV/AIDS and Sexual Behaviours among Higher Secondary School Students, A School Based Study*, an Unpublished M.A. Dissertation Submitted to the Central Department of Population Studies (Kathmandu: CDPS).
- Panta, R. 2004, *Level of Knowledge of HIV/AIDS Among Currently Married Women in Nepal*, Tathyanka Gatibidhi, Vol. 76, (Kathmandu; CBS) : 54-65.
- Pathak, R.S. and Dhanendra Veer Shakya, 2005, *Baseline Survey Report on Sexual and Reproductive Health Knowledge, Attitude, Behaviour and Practice Among Adolesents and Youth People in FPAN Operational Area* (Kathmandu: CDPS): 1-2.
- PRB, 2006, *World Population Data Sheet*, (Washington D.C.: PRB).
- Subedi, B.P., 2004, *A Note on Youth Bulge in Nepal and its Implications*, Punya Prasad Bhandari and Pradip Raj Tiwari, (ed.) Population, Magazine Vol. II (Kathmandu: PSAN and CDPS): 1
- UNAIDS, 2002, *Report on the Global HIV/AIDS Epidemic*, 2002. pp. 70.
- UNAIDS, 2003, *AIDS epidemic Update*, (Geneva: UNAIDS)
- UNAIDS, 2004, *Report on the Global AIDS Epidemic*, 2003.
- UNAIDS, 2005, *Report on the Global HIV/AIDS Epidemic*, July 2005.

- UNAIDS, 2006, *Epidemiologic Slides*, (Geneva: UNAIDS).
- UNAIDS, 2006, *Report on Global AIDS Epidemic*, May 2006 (Geneva: UNAIDS)
- UNAIDS/WHO 1998 & 2000, *Epidemiological Fact Sheet of HIV/AIDS and Sexually Transmitted Diseases*. (Geneva: UNAIDS/WHO).
- UNAIDS/WHO, 1998 and 2000, *Epidemiological fact Sheet of HIV/AIDS and Sexually Transmitted Diseases*. (Geneva: UNAIDS/WHO)
- UNESCO, 1998, *Adolescents Situation in South Asia Region*, UNESCO: 3
- UNESCO, 2001, *UNESCO's Strategy for HIV/AIDS Preventive Education* (e-mail: Information @ iiep.unesco.org.)
- UNFPA, 1998 & 1999, *The State at the World Population* (New York: UNITED).
- UNFPA, 1999, *The State at the World Population* (New York: UNFPA).
- UNFPA, 2005, *The State of the World Population* (New York: UNFPA): 45-55.
- United Nations (2004). *World Population Prospects: The 2002 Revision*, Vol. III, Analytical Report.
- Valdiserri, R. (2004), *International Scale-up for Antiretroviral Treatment*. Where does Prevention Fit ? *Journal of Acquired Immune Deficiency Syndromes*, Vol. 37:S138.
- WB, 2004, *World Development Indicators* (World Bank)
- WB, 2006, *While Sub-Saharan Africa Struggles, HIV/AIDS Spreads in other Regions*, *World Development Indicator*, Vol. 6. : 12-15.
- WHO, (2002), *HIV/AIDS Strategic Framework for WHO South-East Asia Region 2000-2006*, Regional Office for South East Aisa, New Delhi.
- WHO, 1994, *Management of Sexually Transmitted Disease*, (Geneva: WHO)
- WHO, 1997, *Adolescence the Articles Phase, How to Prevent STD and HIV/AIDS*, (New Delhi: Regional Office for south East Asia): 15.
- WHO, 1997, 1998/1999, *Survey of 77 Governmental and NGO Health Promotion Programmes for Adolescent Boys* (UNAIDS).
- WHO, 1998, *World Health Report*, (Geneva, WHO)

QUESTIONNAIRE

**TRIBHUVAN UNIVERSITY
CENTRAL DEPARTMENT OF POPULATION STUDIES
KIRTIPUR, KATHMANDU**

**“Knowledge, Attitude and Behavior of Tharu Adolescents & Youth on
Sexuality, STIs and HIV/ AIDS.”
(A Case Study of Duruwa VDC in Dang District)**

A. Individual questionnaire:

1. Respondents number or symbol:-
2. Municipality/ VDC:-
3. Ward No:-
4. Age:-
5. Sex: - Male- 1
Female- 2

Q.No.	Questions and Filters	Coding categories	Skip
6.	Occupation?	Student Agriculture Service Business Others (Specify)	1 2 3 4 5
7.	Religion?	Hindu Buddhist Muslim Others (specify).....	1 2 3 4
8.	Marital Status?	Married Unmarried	1 2
9.	If Married, at which age did you get married?years	
10.	If unmarried, at which age is it appropriate to get married?years	
11.	Where are you living now?	At home At hostel Rented house Relatives Others (specify).....	1 2 3 4 5
12.	Can you read and write?	Yes No	1 2
13.	If yes what level have you passed?	
14.	Are you currently going school or college?	Yes No	1 2

B. Household questionnaire:-

15.	How many members are there in your family?members		
16.	How many brothers and sisters do you have?	Brothers..... Sisters.....		
17.	Is your father now?	Yes No	1 2	
18.	Can your father read and write?	Yes No	1 2	→20
19.	If yes, which class has he completed?	Primary(1-5) Lower Secondary(6-8) Secondary(9-10) Intermediate(PCL) Bachelors Degree Others (specify).....	1 2 3 4 5 6	
20.	Can your mother read and write?	Yes No	1 2	→22
21.	If yes, which class has she completed?	Primary(1-5) Lower Secondary(6-8) Secondary(9-10) Intermediate(PCL) Bachelor Degree Others (specify).....	1 2 3 4 5 6	
22.	What is your father's occupation?	Agriculture Service Business Daily wages Others (specify).....	1 2 3 4 5	
23.	What is your mother's occupation?	Agriculture Service Business Daily wages House wife Others (specify).....	1 2 3 4 5 6	
24.	Do you have land in village?	Yes No	1 2	
25.	If yes how much land do you have?		
26.	Do you have the following facilities at home?	Electricity Television Telephone Computer	1 2 3 4	
27.	How often do you read newspaper?	Daily Sometimes Rarely Never	1 2 3 4	

C. Knowledge, Attitude on STIs and HIV/AIDS:

28.	Have you ever heard about STI s and STDs?	Yes No	1 2	→36
29.	If yes, which STIs have you heard about?	Gonorrhea Syphilis Candidacies Others (specify).....	1 2 3 4	
30.	From which source have you heard about STIs (Multiple Responses)	Radio Television Newspapers Magazine Teachers Parents Health worker Others (specify).....	1 2 3 4 5 6 7 8	
31.	Do you know about the ways of transmission of STIs?	Yes No	1 2	
32.	If yes, how are STIs transmitted? (Multiple Responses)	Sexual contact with infected persons Living together with infected person. Infected mothers to fetus Don't know Others (specify)...	1 2 3 4 5	
33.	Do you know about methods of preventive measure of STIs (Multiple Responses)	Use Condoms Strict to sex partner Avoid walking together with infected person Use sterilized syringe Others (Specify)	1 2 3 4 5	
34.	In your opinion, are STIs curable?	Yes No	1 2	
35.	What will you do when you will be suffered from STIs?	Keep Secret Consult to Doctor	1 2	
36.	Have you heard about HIV/ AIDS?	Yes No	1 2	→45
37.	Do you know the full form of AIDS?	Yes No	1 2	
38.	If yes, what is the full form of AIDS?		
39.	Do you know how HIV/AIDS is transmitted? (Multiple Responses)	Sexual contact with infected person From mother to child Infected blood transfusion Sharing un-sterilized Needle/Instruments Breast feeding from infected mother Others (Specify)....	1 2 3 4 5 6 7	

40.	What are the major symptoms of HIV/AIDS?	Loss of body weight by 10 percent Diarrhea for more than one month Fever from more than one month	1 2 3	
41.	Is AIDS curable?	AIDS can't be cured AIDS can be cured Don't know	1 2 3	
42.	Do you know the preventive method of HIV/AIDS?	Yes No	1 2	→43
43.	If yes, what are the methods for preventing HIV/AIDS transmission? (Multiple Responses)	Avoid sex with multiple partner Use Condoms Sexual abstinence Avoid sharing needles and intravenous drug use Check blood before transfusion	1 2 3 4 5	
44.	Is it possible for a healthy looking person to have HIV?	Yes No Don't know	1 2 3	

D. Knowledge about Condoms Use

45.	Have you heard about Condoms?	Yes No	1 2	→ 50
46.	If yes, what is the source of your knowledge?	Radio Television Magazine Health Worker Teachers Parents Text Books Others (Specify).....	1 2 3 4 5 6 7 8	
47.	In your society what are the sources of getting Condoms? (Multiple Responses)	Hospital Medical Tea Shop NGO/INGOs Health Workers Others (Specify)...	1 2 3 4 5 6	
48.	Except condom do you also heard about following contraceptive?	Pills Depo-Provera Norplant Gulaf IUD Ointment Femidom	1 2 3 4 5 6 7	

49.	What is it used for? (Multiple Responses)	To prevent pregnancy	1	
		To prevent STDs	2	
		To prevent HIV/AIDS	3	
		Birth Spacing	4	
		Others (Specify).....	5	

E. Attitudes and behaviour of Sexuality:

50.	Have you heard about puberty?	Yes No	1 2	→52
51.	What are the major symptoms of puberty in boys and girls? (Multiple Responses)	Boys Symptoms	Girls Symptoms	
		-Masculine Voice -Beard and moustache -Attraction towards girls - Wet Dream -Others (Specify).....	-Breast enlargement -Shyness -Menstruation -Attraction towards boys -Others (Specify).....	
52.	In your opinion what is sex? (Multiple Responses)	-Basic Needs -Need for propagating the next generations -Absurd -Others (Specify).....	1 2 3 4	
53.	How old were you at first sexual intercourse?		
54.	Have you ever had sexual intercourse?	Yes No	1 2	→56
55.	If yes, with whom did you have intercourse first time?	-Boy Friend/Girl Friend -Neighbors -Sex Worker -Others (Specify).....	1 2 3 4	
56.	In your first intercourse did you use Condoms?	Yes No	1 2	→58
57.	Why did you use Condom?	To prevent pregnancy? To prevent STDs, HIV /AIDS Others (Specify).....	1 2 3	
58.	In your opinion, what would be the appropriate age for getting married?	For Boys..... Years For Girls..... Years		
59.	Is it right to have sex before marriage?	If yes, Why?..... If no, Why?.....		

Thank You