

# **Chapter One**

## **INTRODUCTION**

This study examines the knowledge, attitudes and behavior towards STIs, HIV and AIDS among school going adolescents and would provide some more information on it specifically. Because of the school going students oriented, this study collects their aspirations, their attitudes and information regarding the suffering people in the village, community and suggestions to them as well as role to be played individually for decreasing the increasing trend of such diseases.

### **1.1 Background of the Study**

An adolescent is the period of rapid emotional growth and development. There are formative years when the maximum physical, psychological, and behavioral changes take place. Thus, this period can be considered as transitional phase between childhoods to adulthood. During this period, they need right informations which help them to become responsible, to distinguish right and wrong, to develop understanding power to increase the horizon of knowledge and it also time to ensure healthy and all round development.

The word adolescent is derived from Latin word “Adolescere”, which means, “grow to maturity”. Adolescent is defined as the stage of life span during this period each individual reaches sexual maturity; it is the period of transition from puberty to maturity. Due to the rapid physical changes, adolescents become sexually active in their early age. In many countries, unmarried girls and boys have sexual relationship during this period and have a greater possibility to be attacked with Human Immunodeficiency Virus (HIV) and other Sexual Transmitted Infections (STIs).

The period of early adolescents that starts after childhood is also called the puberty age. It refers to the physical rather than the behavioral changes that occur when the individual becomes sexually mature and is able to produce offspring. During this period, there is development of changes in body, changes in appearance, behavior and change in attitude towards sex and opposite sex (Acharya,2005).

The adolescents are at greater risk of STIs and HIV infection because of the lack of information, lack of counseling, lack of hygiene, risky behaviors as well as ignorance. Therefore, they are needed to be well informed about the various diseases that are easily transmitted through unprotected sexual intercourse. Thus, sexual behavior and activity during adolescence are the fundamental routes of STIs, HIV and unwanted pregnancies. STIs increase the likelihood of HIV transmission considerably as well as having other reproductive health consequences such as; chronic pain, infertility or life-long-threatening ectopic pregnancies (Khanal, 2005).

International Conference on Population and Development (ICPD) has recognized the special needs of adolescents and recommended for formulation of policies and programs by addressing their needs. With following the ICPD recommendations, various countries have formulated the policies and programmes. The World Population Day 2003 was celebrated all over the world and the main slogan was; “One Billion Adolescents Right to Health, Information and Services”.

In Nepal, adolescents occupy 23.62 percent of the total population that is quarter of the population. It should be noted that for a period of nearly three decades this part of the population will be in the reproductive age and will be bearing children. If we are to curb the rate of control of fertility, then these groups need to be targeted for the population related programmes (MOPE, March 2004).

In Nepal, 23 percent of rural adolescents have begun child bearing compared with the only 13 percent of urban adolescents. Only 17 percent of adolescents living in the hills have begun child bearing, compared with 20 percent in the mountains and 26 percent in the Terai areas. Regionally, the highest level of adolescents is observed in Central Development Region (24%), while the lowest is found in the Western Development Region (16%). The proportion of adolescents who have begun child bearing declines with increasing education, from 32 percent among these with no education to 8 percent among those with SLC and higher level of education (NDHS, 2001: 65).

## **1.1 Statement of the Problem**

The ages from (10-19) are rich in life transition. How and when young people experience these vary greatly depending on their circumstances. At age 10, the expectation in most societies is that children live at home, go to school, , are unmarried and have never worked. By their 20<sup>th</sup> birthday, many adolescents have left school and home. They have become sexually active, married and entered the labor force (UNFPA, 2003). Moreover, adolescents can be further divided into two groups, they are; early adolescents that is the age range from (10-14) years and late adolescents that is of (15-19) years.

It is said, “Change is the order of Nature”. Sometimes, changes are slow and silent, and sometimes they are changing rapidly. During the adolescent’s period, physical, emotional changes occur very rapidly. Adolescents start to realize that they are no more the children of living parents, but the independent persons leave the home, and start struggling to live themselves. The question of career choice hunts them. They start to wonder what is bad and good. They look for specific answers to every query what they have in mind. Old orders, established values and traditions loose their appeal. Adolescents dare to be different; they think their ideas are new, and innovative. They have their own views, dream as well as vision, so they need right information, which help to hold, or more in right way. At this juncture, the question of sex education is important topic to deal with the adolescence and young, which helps to increase awareness about such HIV and AIDS fatal diseases as well as other STIs (PAN, 2006:163).

In the context of Nepal, adolescents comprise of more than one fifth (22%) of the total population (CBS, 1995), which is rather more, that is (23.3%) in 2001 (CBS, 2003) due to high fertility and a youth population. The proportion of adolescents’ people in the total population is likely to increase in the up coming years.

Because of the various socio-economic, religious- traditional factors, the number of adolescents’ people has been in increasing rate in the involvement of sexual activity at young ages. Particularly, low income, poor socio-economic status, illiteracy as well as weakness factors have been playing a great role in the involvement to adolescent people in sexual activity. Because of involving in sexual activity at young age, they are not fully aware on various matters and they compel to face various problems, such

as; unwanted pregnancy as well as high risk of contracting STIs including HIV and AIDS. Thus, the most of the adolescents are the victims of STIs, HIV and AIDS.

STIs will never be known not only to inadequate reporting but also due to the secrecy, that surrounds them. Most of them are not noticeable. The epidemic is characterized by high incidence and prevalence of anti-microbial resistance and interaction with HIV infection. It is estimated that 333 million curable cases of STDs worldwide occurs every year. Most of which occurs in developing countries (UNFPA, 1999). STDs are curable and non-curable. STDs may lead to cancer, infertility, ectopic pregnancy, spontaneous abortion, still birth and low birth weight to infants (Northridge, 1999).

Many adolescents do not feel comfortable in discussing sexuality with parents, teachers. Likewise, parent's health care workers and educators are frequently unwilling or unable to complete, accurate, age appropriate reproductive health information to young people. In this respect, it is necessary to give\provide information to the young people who have been involving or are involving by forced or violence need of counseling, information and contraceptive services.

Finally, the adolescents are at the threshold of physical, mental and emotional change. So, a different type of feeling towards heterogeneous sex arises on them. Most of the adolescents are still not confused about the transmission and preventives of STIs, HIV and AIDS. So in the growing age, they can become victims of such disease. The large number of adolescents like in both city and rural areas, therefore, it has become necessary to know the level of knowledge on STIs, HIV and AIDS among adolescent people (students). In this way, it has become a growing concern at present.

### **1.3 Objective of the Study**

The main objective of this study is to assess the knowledge, attitude and behavior on STIs, HIV and AIDS among the Secondary and Higher Secondary School Students at Shakranti V.D.C. of Terhathum district.

The specific objectives are as follows:

- 1) To assess the demographic and socio-economic characteristics of the respondents.

- ) To study knowledge, behaviour and attitude on STIs, HIV and AIDS among school students.
- ) To identify the symptoms, modes of transmission and preventive measures of STIs, HIV and AIDS among the students.
- ) To know the views of adolescents' about STIs, HIV and AIDS and their sexual behavior.

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

Today, this study has become very important throughout the world because no one can leave without affection with these diseases if he or she does not practice of living safe from various activities. Everyone may affect by these diseases, but that depends upon his\her activities. Therefore, it is necessary to provide information to the people. It can be considered that it is their fundamental right. It is the most essential to create awareness about this pandemic every-parent of the world.

In Nepal, adolescents people constitutes one-fifth of the total population are known as the pillar of the nation. From various perspectives, they are the backbone of the national development. Without considering them, the making policies and programmes will not be useful.

Generally, this age group's people are vulnerable; they have at high risk of transmission of STIs, HIV and AIDS. Because of this research is directly based on school adolescents, it will help to know more about the level of knowledge and attitudes, views, as well as their behavior on STIs, HIV and AIDS at Dandagaun School in Terhathum district. Moreover, it has more significance in this particular area, because this type of studies has never been conducted.

Adolescents' population has less access of education regarding to puberty, physical changes, emotional changes, reproductive health, and safe sex, STIs, HIV and AIDS. If there is a great accessibility of education on above mentioned topics, created positive thinking, knowledge, attitude will help to maintain as well as reduce the currently facing problems by the people.

This study is very much significant because many people are still unaware about STIs, HIV and AIDS in this area and has a great significant for the existing GOs, NGOs and local community.

Eventually, because of the burning issue, this has become more important. This study represents all hilly region school adolescents so, findings of this study will help the policy makers in formulating the preventive measures regarding to STIs, HIV and AIDS in similar areas of the nation. Moreover, this study will help to understand the importance of knowledge, attitudes, and views as well as behaviors on STIs, HIV and AIDS among school adolescents, parents and community.

### **1.5 Limitation of the Study**

Almost all the studies have some sorts of limitations and this study has some limitations, which are mentioned as follows: Because of the short period of time, resources as well as money, study has some following limitations: -

- ) This study is carried out only among the students studying at grade 9, 11, and 12.
- ) Due to the school-based study, it won't present out of school adolescents and population other than adolescents.
- ) This study will only focus on knowledge, attitude and behavior towards STIs, HIV, and AIDS.
- ) There are several factors that may play to determine the level of knowledge and attitudes; however, such factors won't be included within the scope of this study.
- ) Because of the limited time of resource, study will be based on data collected from higher secondary school adolescents of Dandagaun, which lies in Shakranti VDC of Terhathum districts. Therefore, findings of this study can be generalized only for those areas having similar characteristics, but not for whole country.

### **1.6 Organization of the Study**

This study has been organized into six chapters. The 1<sup>st</sup> chapter holds introduction, which includes background of the study statement of the problem, objectives,

significance, limitation and organization of the study. The second chapter deals with literature review and conceptual framework of the study. The 3<sup>rd</sup> chapter deals with the part of methodology of this study. The 4<sup>th</sup> chapter of this study is with the description of Demographic and Socio-Economic characteristics of the respondents. The 5<sup>th</sup> chapter, knowledge, attitude, and behavior towards STIs, HIV and AIDS of the respondents are presented. The sixth chapter is the last chapter that deals with summary, conclusion, and recommendation.

## **Chapter-2**

### **LITERATURE REVIEW**

#### **2.1 Background of the HIV and AIDS**

**“AIDS is a disease caused by a virus that can down the body’s immune system and lead to fatal infections some forms of cancer”(UN, 1989).**

This virus occurs AIDS by disability of destroying certain kind of cell that normally help the body to fight diseases. If these particular cells are destroyed, the body cannot defend itself against infections and certain cancers. AIDS patients are then open to attack from infections and cancers that healthy persons can resist.

AIDS is the most severe illness caused by the AIDS virus HIV, but other milder illness also results from infection with the virus. These usually get worsen with time and develop into AIDS. When the AIDS virus, HIV enters a person’s body, it presents certain cells in the body, where it can remain for the life of the person. In some people who are infected the virus remains quite for ten (10) years or more-before it cause AIDS. They may nevertheless spread the virus to sexual partners during this period.

There are several types of illness, the virus can cause and it may eventually result in the disease lime pneumonia and some cancers. The majority of people with AIDS die within two years of diagnosis. A few persons have survived longer (UN, 1989).

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

#### **2.2 HIV and AIDS in the World**

AIDS was first recognized in the United States in 1981. However, it is clear that AIDS cases had occurred in several parts of the world before 1981. The evidence now suggests that AIDS epidemics begun at roughly the same time in several parts of the world, including the United States and Africa.



As the end of 2004, 39 million people worldwide were living with a symptomatic human immunodeficiency virus (HIV) infection or acquired immune deficiency syndrome (AIDS), and more than 20 million had died of AIDS since the beginning of the epidemic. More than 95 percent of people living with HIV and AIDS live in low and middle income countries nearly two-thirds are in Sub-Saharan Africa and nearly one fifth live in South or Southeast Asia. In 2004, 4.9 million people were newly infected 23.1 million people died of AIDS (UN, 2005).

An estimated, 38.6 million people worldwide were living with HIV at the end of 2005. In addition, estimated 4.1 million people become newly infected with HIV and 2.8 million lost their lives to AIDS. Overall, the HIV incidence rate (the proportion of people who have become infected with HIV) is believed to have peaked in the late 1990s and to have stabilized subsequently, notwithstanding increasing incidence in several countries (UNAIDS, 2006). Africa remains the global epicenter of the AIDS South Africa's AIDS epidemic-one world-shows no evidence of a decline.

AIDS is the most devastating health disaster in the human history. It continues from one individual to family, community, nation and the world. In the context of world, 25 million people who had died by the end of 2005, at least 40 million people are living with AIDS now. 4.9 million People were infected with it in 2005-95 percent of them in Sub-Saharan Africa, Eastern Europe, and Asia. Countries throughout the industrialized world face serious challenges from AIDS. Infection rates have not declined significantly in Western Europe or North America, where the epidemic has spread from the gay male population to ethnic minorities, the poor, and other marginalized groups.

Sub-Saharan Africa is the hardest hit region in the world. Most of the Africans die with this illness rather than other causes deaths. South Africa has the largest number of people living with HIV and AIDS between (4.5-6.2) million. Swaziland has the highest adult HIV prevalence rate. More than 30 percent of adults are infected with HIV and AIDS (PRB, 2006). Countries throughout the industrialized world face serious challenges from AIDS. Infection rates have not declined significantly in Western Europe or North America, where the epidemic has spread from the gay male population to ethnic minorities, the poor, and other marginalized groups.

Globally, the AIDS pandemic shows no sign of slowing, despite concerted efforts to control it and a few success stories. The difficulties in reducing the number of new infections are also compounded by poor access to lifesaving treatment. The Joint United Nations Programme on HIV \AIDS (UNAIDS) estimates that only about 15 percent of the 6.5 million people in developing who need treatment have access to anti-retroviral drugs.

### **2.3 HIV and AIDS in the Caribbean**

It is estimated that more than half million people are infected with HIV. Out of the twelve countries, the highest HIV prevalence is in Latin America and the Caribbean region. In Haiti, Bahamas, Barbados, Dominican Republic and Guyana the HIV/AIDS epidemic has spread to the general population. In other Caribbean countries, the HIV and AIDS epidemic is still concentrated among the population groups who engage in high-risk behavior-commercial sex workers, men who sex with men, and injecting drug users-but it is accelerating rapidly and is posed to strike the general population. Currently, the primary mode of transmission of HIV and AIDS in the Caribbean is sexual intercourse between men and women. Women account more than one third of all AIDS cases in the Caribbean, and the infants of HIV-infected mother can contract the disease during pregnancy, Childbirth or breast-feeding. Many young people do not tend to use condoms to protect themselves; they are at high risk of contracting HIV.

#### **HIV/AIDS Prevalence Rates among Adults (Age 15-19) in Caribbean Countries, December 1997.**

S.N.	Country	HIV/AIDS Prevalence Rate (%)
1	Haiti	5.17
2	Bahamas	3.77
3	Barbados	2.89
4	Guyana	2.13
5	Belize	1.89
6	Dominican	1.89
7	Honduras	1.46
8	Suriname	1.17
9	Jamaica	0.99
10	Trinidad and Tobago	0.94
11	Argentina	0.69
12	Venezuela	0.689

*Source: UNAIDS, Report on the Global HIC\AIDDS Epidemic, June 1998, PAHO\WHO, 2000 (UN, 2001:13)*

The Caribbean's epidemics and countries' AIDS response vary considerably in extent and intensity. HIV infection levels have decreased in urban parts of Haiti and in the Bahamas and have remained stable in neighboring Dominican Republic and Barbados. Because of the accessibility of antiretroviral treatment in both Bahamas and Barbados appears to be reduction AIDS deaths. It is known as the second most affected region in the world. Moreover, AIDS is the leading cause of death in this region (WHO|UNAIDS: 2006).

#### **2.4 HIV and AIDS in Asia.**

AIDS, or acquired immunodeficiency syndrome, is caused by the human immunodeficiency virus (HIV), which is spread blood, semen, vaginal secretions, and breast milk. The most common method of transmission is unprotected sexual intercourse with HIV-positive partner. Including other major routes are transfusions of HIV-infected blood, use of contaminated needles, syringes, or other skin piercing equipments, and mother to child transmission during pregnancy or breast feeding (PRB, 2006).

HIV infection level is in Asian countries comparatively lower than other continents. Nevertheless, in some Asian countries are very much suffered by this disease. In the context of Asian continents, 8.2 million people were living with HIV at the end of 2004. Asian countries can be divided into several categories; according to the epidemic prevalence. While some other countries such as; Cambodia, Myanmar and Thailand are just in starting phase and starting rapid experience of epidemic such as; Indonesia, Nepal, Viet Nam, and several province of China. Moreover, some countries including Bangladesh, East Timor, Laos, Pakistan, and Philippines are experiencing extremely low level of HIV prevalence (Khanal, 2005).

Later estimates show that some 8.3 million people were living with HIV in Asia at the end of 2005-more than two-thirds of them in one country, India. India is the country, which has the largest number of people suffering with this epidemic in the world. In Asia, about one in six people 16 percent in need of antiretroviral treatment are now receiving it. While progresses have been strong in Thailand, while the coverage of treatment still remains below 10 percent in India. China has expanded the HIV surveillance and improved in estimating of the AIDS pandemic disease. Approximately, 650,000 people were living with HIV in 2005 in China. Injecting drug users account for almost half 44 percent out of their total infected percents.

Injecting drug users and unprotected sex are the main courses of spreading of HIV in Asia. An example is Viet Nam, where HIV has spread into 59 provinces and all cities. In 2005, an estimated 360,000 adults and children were living with HIV in Myanmar and national adult prevalence stood at 1.3 percent. HIV epidemics remain relatively limited in Bangladesh, the Philippines, Indonesia and Pakistan, although each of these countries risks a more serious epidemic if prevention methods are not improved (UNAIDS, 2006).

HIV prevalence is also rising rapidly in many parts of eastern and southern Asia. China and India will see millions of additional infections unless they launch effective, large-scale prevention programmes (PRB, 2006).

#### **2.4.1 HIV and AIDS in South East Asia**

“The South East Asia HIV and Development Programme (SEAHIV) was started in 1999 to ensure a development sector initiative for HIV/AIDS that is tailored to the specificity and needs of South East Asian countries (SEAHIV), therefore, had to identify a development rich, which was crucial for addressing this epidemic in South East Asia. The programme covers 12 countries: 10 ASEAN members (Brunei, Darussalam, Cambodia, Indonesia, the Lao People’s Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Viet Nam) in addition to China and Timor-Leste” (UNDP, 2004).

“In 1998, a survey of countries particularly in the SEAHIV Programme found that the priority highlighted by these countries was the growing number of migrants and the increasing of mobile people. The countries requested SEAHIV to focus its programmes on population movement and HIV/AIDS. Thus began a journey of discovery of the relevant issues, the building of a knowledge base and variety of response to the linkages between spatial populations’ mobility, development and HIV vulnerability reduction. To capture the dynamic process of population movement and associated HIV vulnerability a methodology was developed by SEAHIV (UNDP, et al., 2004 a) to map HIV vulnerability along the major transport corridors of East Asia. In addition, assessments of HIV vulnerability and population movement were conducted in Brunei, Darussalam, Indonesia, Malaysia, the Philippines and Singapore, the so-called BIMPS cluster and countries. The key finding of these mapping assessments was that it was not the migrants who were the culprits in spreading HIV.

Rather the underlying mobility systems were relevant in the mobility associated HIV vulnerabilities an in facilitating the spread of HIV” (UNDP, 2004).

Finally, it is important to improve the principle of governance in HIV response in order to transform stigmatization and discrimination into hope and help in the future. The important logistical challenges can be resolved by people’s involvement and through empowerment of the people that had been stigmatized and discriminated against, through true participation, transparency in makings decision on resource allocation, and ensuring adherence to the rule of low, including that of human rights all these practices involve good governance in HIV prevention and AIDS mitigation.” (UNDP, 2004).

### **2.5 HIV and AIDS in Nepal**

HIV and AIDS have become a major public health problem in Nepal. Surveillance information about AIDS is scare in Nepal; however, limited data indicate that HIV is currently around 0.3 percent in general population. Nepal is one of the developing countries as well as medeterrian country because of the low economic status, high level of illiteracy, high level of poverty etc. The large proportion of population is at high risk of STI and HIV.

According to official report, HIV infection has increased by more than 100 percent among women and by 200 percent among children in the past 18 months. The number of HIV infected housewives reached 1,883 on May 14 this year from 765 in December 2005, according to data available at the National Center for AIDS and STD control (NCASC). Similarly, the number of children infected with HIV reached 428 from 138 in the same period.

According to data, infection through blood transfusion or organ transplant has increased by 144.44 percent while it increased by 47.66 percent among the clients of sex workers. Nine cases of infection among recipients of organs & blood were reported until 2005, but the number was 22 in May 2007.

Similarly, infection among Intravenous Drug Users (IDUs) has increased by 67.40 percent. Altogether, 1,134 such cases were reported in 2005, but the number had reached 1900 by May this year. The number of clients of sex workers infected with HIV has reached 4421 (4,317 males & 104 females) from 2,994 (2,898 males and 96 females) in 2005. In 2005, the number of sex workers infected with HIV was 606. This

had reached 615 by May, 2007. The overall number of HIV infected people in the country reached 9,329 by May, 2007 from 5,647 in 2005, according to NCASC records.

In the context of Nepal, the first HIV/AIDS was identified in July, 1988. Since then, spreadness of this disease has become very large because of the extensive use of commercial sex-workers, high rate of sexually transmitted disease, low level of using condom, lack of education, and increasing rate of drug users. Nepal is facing increases in HIV prevalence among high-risk groups such as, sex workers, injecting drug users (IDU) men who have sex with men (MSM), and migrants. There is an urgent need to scale up effective interventions, especially among IUDs. Nepal's poverty, political instability and gender inequality, combined with low level of education and literacy make a task even more challenging, as do the denial, surround HIV/AIDS. The National Center for AIDS and STD Control (NCASC) of the Ministry of Health and Population has estimated an average of 70,000 adult HIV-positive people in Nepal (NCASC, 2006a).

Nepal's HIV epidemic is largely concentrated in high-risk groups, especially female sex workers (FSW), IUDs, MSMs and migrants. Injection drug use appears to be extensive in Nepal and to significantly overlap with commercial sex. Another important factor is the high number of sex workers who migrant or are trafficked to Mumbai, India to work, thereby increasing HIV prevalence in the sex workers in Nepal more rapidly. According to UNAIDS, 75,000 people were living with HIV at the end of 2005 (The World Bank, November 2006). According to 31 July, 2006 (NCASC), 1115 cases of AIDS and 7373 HIV infectious and 340 have already died from AIDS (Bhandari, 2006).

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

The result of the IBBS conducted so far clearly indicated that the HIV epidemic in Nepal is in the early concentrated stage and is driven by injecting drug use, commercial sex, and migration. Finding from the last round of the IBBS conducted in

2005 among IDUs show that about 30 percent of male IDUs in Kathmandu (New ERA and SACTS, 2005a), Pokhara (New ERA and SACTS, 2005b) reported having sex with FSWs, and more than half do not use condom when they have sex with FSWs. Similarly, migrants who have sexual intercourse with sex workers in India have a higher risk of HIV infection and only a few use condoms when they have sex with their spouse (New ERA and SACTS, 2006).

### **2.5.1 National Responsive to HIV/AIDS**

**Government and Institution Framework:** In 1988, the government of Nepal launched the first National AIDS prevention and control program. In 1995, a national policy was formulated emphasizing the importance of multi-sectoral involvement, decentralized implementation, and partnership between the public non-governmental organizations and the private sector (including NGOs).

Towards this effect, Nepal established a multi-sector National AIDS coordinating committee (NAC) chaired the Minister of health in 1992. More recently, a National AIDS council (NAC) chaired by the prime Minister was established to raise the profile of HIV/AIDS. The NAC was meant to set overall policy, lead national level advanced, and provide overall guidance and direction to the program.

The main governmental agencies are responsible for HIV/AIDS and STIs control in under the ministry of health and population, National Center for Aids and STIs control (NACSC). The NCASC has developed a National strategy on HIV/AIDS, which has subsequently been translated into a five year HIV/AIDS operational plan for 2003-07. The strategy and operational plan seek to address management needs and define the response requirement for an expanded response to HIV/AIDS in the country.

### **2.5.2 Non- Governmental Organizations and Community –Based organizations (NGOs and CBOs)**

According to the 1997, state of world population report the United Nations Population Fund (UNFPA), an estimated 100,000-200,000 Nepalese women have been sold to brothels in India and the completely of police and local authorities in some of this trafficking has been reported.

Women are recruited from village or urban areas of Nepal where they have to work in the carpet and garment industries. Some women are sold by their families, whereas others are deceived by false marriages and promise of economic opportunities. Once a sex workers is found to be forced to remain in the sex industry as a means of survival (Synergy project, 1999).

Numerous private and voluntary organizations implement HIV/AIDS activities funded by donors. There are currently almost 100 NGOs working in the area of HIV/AIDS. HIV/AIDS and sexually transmitted infection are emerging as a major threat in Nepalese context. Since the first case of AIDS detected in 1988 in Nepal, the number of cases over the years have been gradually increasing.

For instance, the cumulative HIV/AIDS situation in 1996/97 was recorded to be 790 cases of which 61.6 percent were female. This situation in 1998/99 has sharply increased to 1108 cases, an increase of 1.4 percent times as HIV positive in 1996/97, 152 cases recorded have had AIDS. This figure for 1997/98 was recorded at 25 cases (Khanal, 2005).

## **2.6 The Situation of STIs in the World**

In many countries of the world, STIs have become more critical in the following some years then previous years. Especially, in developing countries, majority of the people are suffering from these problems. The epidemic of STIs in the developing countries is categorized by high incident and prevalence, high rate of complications, increasing problem of antimicrobial resistance due to inadequate treatment and increasing risk of transmission and acquiring HIV infection (Khanal, 2005).

“There are number of pressing sexual related public health and social policy issues facing countries around the world today. According to the United State Center for Disease Control and Prevention, in the United States a teen become pregnant every 30 seconds, and every 30 second a teen contract a STIs. For most people in United State, engaging in heterosexual intercourse without the use of condom that puts them at high risk of HIV infection which can lead the AIDS and is often ultimately fatal. Although there is currently no cure for AIDS, there are medications that can delay the onset of symptoms. Out of serious STIs, syphilis is a one which is left untreated for many years, can lead to paralysis, psychiatric illness and eventually death. Gonorrhoea and



Chlamydeous may produce to obvious symptoms in o women, but they can lead to sterility if she is not treated” (Parajuli, 2005).

## **2.7 The situation of STIs in Nepal**

Nepal is the least developing countries in the world with immense problem of poverty, illiteracy, ignorance and number of young unemployed population has all the predisposing factors of increasing proportion of population being at risk of STIs and HIV. There are 17,429 patients of sexually transmitted disease in 2002. The highest case is found in Terai 9418 followed by hill 6953 and Mountain 1067 (Parajuli, 2005).

“STIs prevalence among sex workers (SWs) is notably higher. Data from Pokhara, Kathmandu and Terai revealed that syphilis prevalence among SWs was about 18.8 percent in Terai, 1.9 percent in Kathmandu and 3.8 percent in Pokhara. Clients of sex workers were found to have 5.3 percent with Syphilis.

STIs Bacterial Vagueness was found in 21.6 percent, Triconomoniasis in 21 percent, Chlamydia in 0.8 percent and HIV in 0.8 percent among SWs in Pokhara. Triconomoniasis infection in female STIs varied from 6 percent in family planning attitudes, 9.3 percent in female STI patients, 9 percent in female SWs of Terai and 21 percent in SWs of Pokhara”(Parajuli, 2005).

Regarding the symptoms of STIs, nearly one-fourth 24 percent had suffered from sour/ulcer round vagina and slightly less then one fifth 18 percent from too much inside vagina during intercourse. The corresponding figures were 18 percent and 13 percent respectively. Similarly, about eight percent of CSWs in the protect area and five percent in the control area also had experienced purulent discharge (Khanal, 2005).

The sexual studies have found that 10 percent or more of the general adults population in the central Nepal and border area of Terai region of Nepal have a fury of STIs infection. The prevalence of STD is due to lack of awareness about how to protect form STD, social taboos against sex and low rate of using condom (Bhandari, 2006).

### **2.7.1 Knowledge of HIV/AIDS and Use of Condom**

The Nepal, Family Health Survey (NFHS, 1996) for 1<sup>st</sup> time included questions on the awareness of women about HIV/AIDS. The same survey showed that only one forth ever-married woman had heard about AIDS. More than two-third (67%) of the urban

women had heard about AIDS compared to only about one-quarter (23%) women residing in rural areas. Similarly, knowledge of AIDS was found highest among women in the hills (35%) than among women in the Tarai (21%) and mountains (18%). Women from the western region were found more knowledgeable with (36%) while women from the far-western development region were least knowledgeable (10%) about AIDS (NFHS, 1996). NDHS, 2001 showed that the knowledge of AIDS is much higher among males (72%) than among females (50%). It was indicated that the western-mountain sub-region has the least knowledge about it.

The survey indicated that more than 50 percent of males avoided, by using contraceptive methods like condoms which only 21 percent of females were found to agree with this statement. Similarly, 18% of women and 21 percent of men believe that avoiding multiple sexual partners can prevent HIV/AIDS. About 2/5 of women and 3/5 of men included that a healthy-looking person can have HIV/AIDS and can spread it from mother to child.

Survey showed that there is no difference between currently and never-married women's knowledge about HIV/AIDS, but it was vice versa among males. Because of the low level of awareness, only a few percentage of males and females ever discussed about HIV/AIDS.

### **2.7.2 Knowledge among the Major High Risk Groups**

In the context of Nepal, there is no reliable source of drug users, but it is estimated that around 50,000 people are involved in it. Most of the injecting drug users are found in cities like Kathmandu and Pokhara valleys. The awareness of HIV/AIDS and STDs is very high (>90%) among drug users. Ninety percent of males and 63 percent of female IDUs were found aware about the prevention of HIV/AIDS by taking various ways such as; consistent use of condoms, avoiding un-sterilized syringes, not having multiple sexual partners, but they were not serious about these routes. Most of the conducted studies reported that nearly 100 percent of female sex workers (FSWs) are aware about HIV/AIDS and are also aware it is an incurable disease. FSWs are also aware about the transmission of HIV/AIDS mostly through "having sex without using condoms".

### **2.7.3 Female Sex Workers (FSWs)**

The level of knowledge about HIV/AIDS among female sex workers is very much high. Almost all the FSWs and their clients, irrespective of their education profession

or the place of residence, have knowledge of condom. Most of the FSWs and their clients are also awarded that use of condom or prevent the transmission at STIs and HIVS/AIDS (New Era 2003). Those people who had sex with their wives, only 16 percent reported of using condom (Karki, 2002).

#### **2.7.4 Migrant Workers**

The findings of the study conducted in the districts of Kanchanpur, Kailali and Bardia and Dang the related Indo-Nepal border points shows that ever three- quarters of the migrant workers had knowledge about STDs. About half of them (48%) also mention one correct symptom of STDs. Almost same percentage of the migrant workers interviewed along the border points had heard the STDs. Similarly, nearly 90 percent of migrant workers interviewed in the community and about 80 percent interviewed at the boarder points had knowledge about HIV/AIDS. The survey result was very low use of condom. (VARG, 2001). In another study, conducted in Bajhag district, very few of the migrant workers reported of using condom while making sexual contacts (PSSN, 2005).

#### **2.8 Knowledge on STIs, HIV and AIDS**

“Knowledge about STIs is generally poor among young people. A study among young sex workers in Cambodia found that their limited knowledge was based on a mixture of facts, myths and unfortunate misconception among many young people, including in Kampala, Uganda, and Ho Chi Minh city, Viet Nam, is that STIs symptoms will go away over time or that good personal hygiene will presents STIs and HIV. In Nigeria, University students of Flonin one of five, 30 percent youth in Chile and 50 percent of men and women in Guatemala also hold this belief young people are more likely to seek traditional remedies for STIs or to ignore the symptoms. This pattern is attributed to feelings of guilt over haming on STIs and to the stigmatizing enactment they trend to receive in health care centers, including STIs clinics (UNFPA, 2003).

In the context of Nepal, knowledge of AIDS is much higher among men with 72 percent than among women with 50 percent.

Factory workers were also found to be aware of STIs & HIV/AIDS through radio, programme, television & friends.

Aknowledge, Attitude & Practice (KAP) survey (2004) among 1400 young people in 7 districts in Nepal show that, Nepalese teenagers are highly awareness of HIV risk.

Eventhough an overwhelming majority with (92) percent teenagers had heard of HIV and AIDS, only 14 percent teenagers know that they should used condom when having sexual entertainment & only 69 percent could say that they should not have sex with commercial sex workers. The study also showed that almost 20% of teenagers said pre-marital sex as proper one in five boys & nearly one in ten girls had sexual experience & almost 65 percent boys said they used condom while they involved in sex. 74 percent girls said that there partner used a condom during sexual intercourse of boys is higher than girls. Furthermore, 15 percent had taken drugs, however only 5.4 percent injected drugs. (UNICEF, 2001) According to UNICEF, 2006, more over 10,000 Nepalese people were suffering from this epidems. (Bhandari, 2006)

There are three way to avoid the transmission of HIV/AIDS viz, abstaining from sex, using condoms & limiting sexual partners. Pragmatically, women are less aware in avoiding HIV/AIDS than men. The youngers who reside in urban, hill & western region are more aware on the ways of avoiding HIV/AIDS. The relationship between respondent's level of education & AIDS prevention knowledge is very strong. 87 percent of women above S.L.C. Kew about the pragmatically important ways to HIV/AIDS prevention, compared with only 19 percent of education with no education. Similar pattern is observed for men. (NDHS, 2001)

## **2.9 Adolescents' Situation**

UNICEF, UNFPA, and WHO define “ Young people” as between the age of 10-24 years, “Youth” as those aged 15-24 years, and “Adolescents” as the population aged 10-19 years. Adolescent's aged 10-24 is known as early adolescents and 15-19 years as late adolescents (UNFPA, 1998). Adolescent is the second decade of life and it is a period of development. Moreover, it is a time when growth is accelerated, major physical changes take place differences between boys and girls are accentuated (WHO, 1998). Since about one third of world's population is between the ages of 10-24 with vast majority living in developing countries, they have not received specific attention in most population and health research and programs (CBS, 2003).

International Conference on Population and Development (ICPD) has also stressed and launched the adolescents' oriented programs.

Today's adolescents and young people have diverse experiences given the deferent political, economic, social and cultural realities they face in their communities. Yet there is a common throed running through all of their lives and that is the hope for a better future. This hope is absolutely by the Millennium Development goals agreed to by world leads in 2000 to reduce extreme poverty and hunger, slow the spread of HIV/AIDS, reduce maternal and child mortality, ensure universals primary education and improve sustainable development by 2015.

Within the framework of human rights established and accepted by the global community, certain rights are particularly relevant to adolescents and youth and the opportunity and risks they face. These include gender equality and the rights to education and health, including reproductive and sexual health information and services appropriate to their age, capacities and circumstances (UNFPA, 2003).

HIV/AIDS has become a disease of young people, with young adults aged 15-24 accounting for half of the some 5 million new cases of HIV infection worldwide each year. Young people often lack the information skills and services they need to protect themselves from HIV infection. An estimated, 6,000 youth a day become infected with HIV/AIDS-one-every 14 seconds- they majority of them young-women. At the end of 2001 and estimated 11.8 million young people aged 15-24 were living with HIV/AIDS one third of the global total of people living with HIV/AIDS. Only a small percentage of these young people know they are HIV-positive.

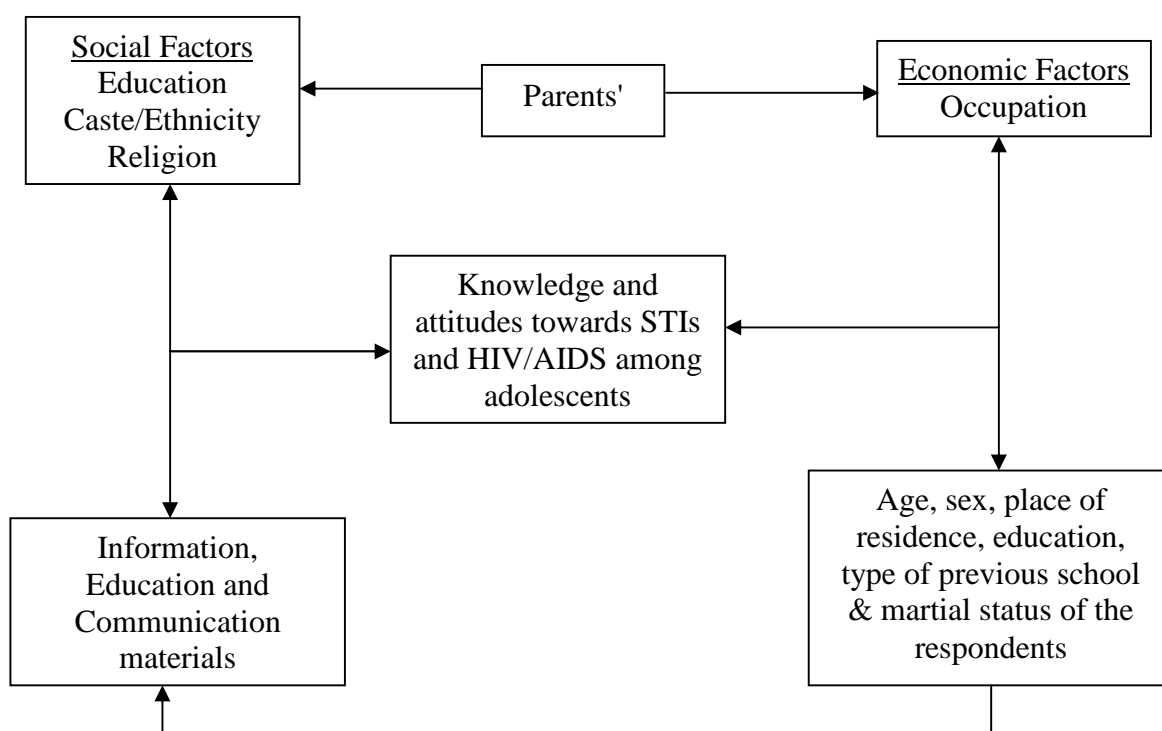
In addition, more than 13 million children under age 15 have lost one or both parents to AIDS. The overwhelming majority of these AIDS orphans live in Africa. By 2010, this number is projected to reach 25 million (UNFPA, 2003).

In Nepal, adolescents comprise of more than fifth 22 percent of the total population (CBS, 1995). Which is rather more 32.3 percent in 2001 (CBS, 2003) owing to high fertility and a youthful population. The proportion of adolescents in the total population is likely to increase in the coming years. According to the population projects made by MOPE and CBS, the adolescent's population will be 6094225 and 6985927 in the year 2011 and 2021 respectively (CBS and MIPE, cited in Khanal, 2005).

## 2.10 Conceptual Framework

The following conceptual framework attempted to show the parent's backgrounds including, educational level, occupation, their religion etc. that could play an important role to determine the knowledge and attitude towards STIs, HIV and AIDS. Another an important variable (Information, Education and Communication) which has played a great role to determine the knowledge and attitude of the respondents, but it depends upon the government's policy, If such policies are directly related to increase the knowledge and attitudes of students that will surely bring change on behaviors of students. Therefore, it has another great importance.

Figure-1



## **Chapter Three**

### **METHODOLOGY**

#### **3.1 Selection of the Study Area**

Terhathum is a hill district that lies in eastern part of Nepal, in Koshi zone with the area of 679 square k.m. Especially, in this district, male literacy level is very much high comparatively to other counterparts districts except urban areas throughout the kingdom. One can find different types of inhabitants including this area and they live together with very happy that means not fighting to each other. Despite the living of various communities, one can see overwhelming of “Limbu” community. Unfortunately, educational attendance level of respondents from this community is lower because of the backwardness than others.

There are ten (10) higher secondary schools in Terhathum district. Students are enrolled at all these higher schools in both grade 11 and 12. This study has been carried out at Shree Krishana Higher Secondary School with both grades 11 and 12. All Schools are situated in rural areas so; the selected one may represent the whole schools in Terhathum district.

#### **3.2 Sampling Procedure**

The description of sampling procedure is as follows:

##### **3.2.1 Sampling Technique**

The respondents were selected based on systematic random sampling technique (SRST).

##### **3.2.2 Sample Size**

According to the school enrollment registers, there were 173 students in (9, 11 and 12) classes. For this study, 55 percent of the total registered students, that is, 95 are selected students BY applying systematic random sampling technique. The schools enrollment of both boys and girls is almost similar in all classes and there is also enrollment of students from Dalit community such as Kami, Damai, Sarki as well as indigenous people (Limbu, Newar, Tamang, Gurung, etc.).

#### **3.3 Designation of Questionnaire**

The semi-structure questionnaire was designed for collecting quantitative data. Questionnaires were pre-coded and some opinion questions were also used. Before

going to field making all the questions were checked by supervisor. By following the suggestions of supervisor, some questions were modified and finalized them for getting reliable information from the selected respondents.

Included all type of questions were divided into 5 categories, they are;

- ) Individual Questionnaire
- ) Household Questionnaire
- ) Knowledge on STIs, HIV and AIDS
- ) Attitude on STIs, HIV and AIDS
- ) Behavior on STIs, HIV and AIDS

### **3.4 Data Collection Technique**

This study uses both types of primary and secondary sources. Existing data were collected through primary source whereas literature review is based on secondary sources. Quantitative technique was used as major approach in collecting information; however, qualitative technique was also used as supplement of quantitative method.

Mainly, this study was focused on school going adolescents of grade 9, 11 and 12. Respondents were selected by applying probability-sampling technique including systematic random sampling technique. Before filling up the questionnaire, they were suggested\convinced about the nature of questions. Questionnaires were distributed to all the students at one time and they were made to fill up all the questions of questionnaire very confidently with clarifying where they were confused.

### **3.5 Data Processing**

The completed questionnaire was entered into the computer immediately after editing and coding. Computer Software dBase IV was used for data entry. After cleaning, data was transferred into Statistical Package for Social Science (SPSS) for further processing and analysis. Frequency distributions, cross Tables are the main output of the analysis.

### **3.6 Data Analysis**

The data analysis is simply based on descriptive form. The frequency Tables, cross tabulations and other necessary information were extracted from the SPSS edited data. On the basis of Tables, extracted information as well as other necessary information the analysis and interpretation have been made.



### **3.7 Selection of Variables**

There are two types of variables namely;

- ) Independent Variable
- ) Dependent Variable

#### **3.7.1 Selection of Independent Variables**

- ) Age of respondents
- ) Sex of respondents
- ) Marital status of the respondents
- ) Caste/Ethnicity of the respondents
- ) Religion of the respondents
- ) Type of previous school
- ) Size of family
- ) Education of parents
- ) Occupation of the respondents

#### **3.7.2 Selection of Dependent Variables**

- ) Knowledge about STIs
- ) Knowledge about symptoms of STIs
- ) Knowledge on mode of transmission of STIs
- ) Knowledge on preventive measures of STIs
- ) Knowledge about HIV and AIDS
- ) Knowledge about mode of transmission of HIV and AIDS
- ) Behaviors to the infected persons of respondents
- ) Opinion on sexual intercourse.

### **3.8 Operational Definition of the Variable**

- ) Age of respondents: The completed age of respondents.

This study is limited to the adolescents. There are two in questionnaire for ages where respondents were suggested to fill up the given boxes with the complete age with two digits.

- ) Sex of respondents:

Respondents were categorized into two that is male and female.

) Marital Status:

Including this questions, there are kept two options they are married and unmarried.

) Cast\Ethnicity of the respondents:

This question has also been categorized into two main religions they are Hindu and Buddha. If some other religious groups are also appeared then they are coded separately.

) Type of previous School.

Especially, this question was built up by targeting for those pupils who came from private school.

) Size of family:

Including this question, two boxes have been made where respondents were suggested to fill the boxes with digits.

) Education of parents:

For the highest level of educational attainment of respondents mother and father, respondents could report it.

) Occupation of parents:

This question refers the current and major occupation of parents. For this purpose, question has been divided into six categories, when respondents could choose.

) Knowledge about STIs:

Under this question, to know the knowledge of respondents on STIs, a question was asked.

) Knowledge on symptoms of STIs:

The major symptoms were categorized and pre-coded where respondents were free to choose any one, more than one (multiple response).

) Knowledge on mode of transmission of STIs:

The major mode of transmission was pre-coded. There were three major modes of transmission and some more modes were found after data collection. Respondents were categorized on the basis of their choice of mode of transmission.

) Knowledge on preventive measures of STIs:

On the basis of various preventive measures, respondents have been categorized according to their background chrematistics.

) Knowledge on HIV and AIDS:

To know the knowledge on HIV and AIDS, some questions were asked. They were categorized into various background characteristics according to their response.

) Knowledge on mode of transmissions of HIV and AIDS:

Including this question, the same process was applied. Respondents were categorized into various background characteristics on the basis of their multiple response after finishing the field survey data collection such as; sex, grade, age group, caste etc.

) Behaviors of respondents towards sexual intercourse:

The respondents were categorized after the finishing of field survey into different characteristics such as; grade, age group, caste and religion.

## Chapter Four

### DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS

#### 4.1 Individual Characteristics of the Respondents

There were various types of variables included in questionnaire in order to examine the socio-economic characteristics of respondents as well as to find out what the relationship is between dependent and independent variables. And defining variables were used to collect more information of respondents' characteristics.

##### 4.1.1 Grade of Respondents by Sex

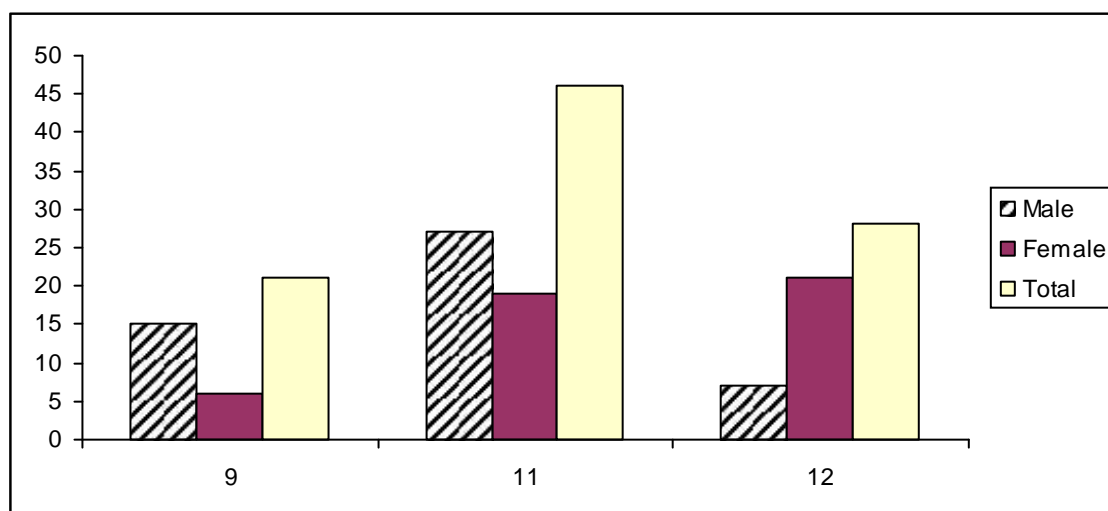
Grade of respondents is one of the key factors, which helps to know the level of knowledge, attitude and behavior on STIs, HIV and AIDS. Out of total 21, 46, and 28 were selected from grade 9, 11, and 12 respectively. Majority of the students was in grade 11.

Table 4.1: Distribution of respondents by grade and sex

Grade of respondents	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
9	15	30.6	6	13.0	21	22.1
11	27	55.1	19	41.3	46	48.4
12	7	14.3	21	45.7	28	29.5
Total	49	100.0	46	100.0	95	100.0

Source: Field Survey, 2007

Fig. 1: Distribution of respondents by grade and sex



### 4.1.2 Age-Sex Composition

The respondents were selected from grades 9, 11, and 12. The following Table gives more information on age-sex composition of respondents.

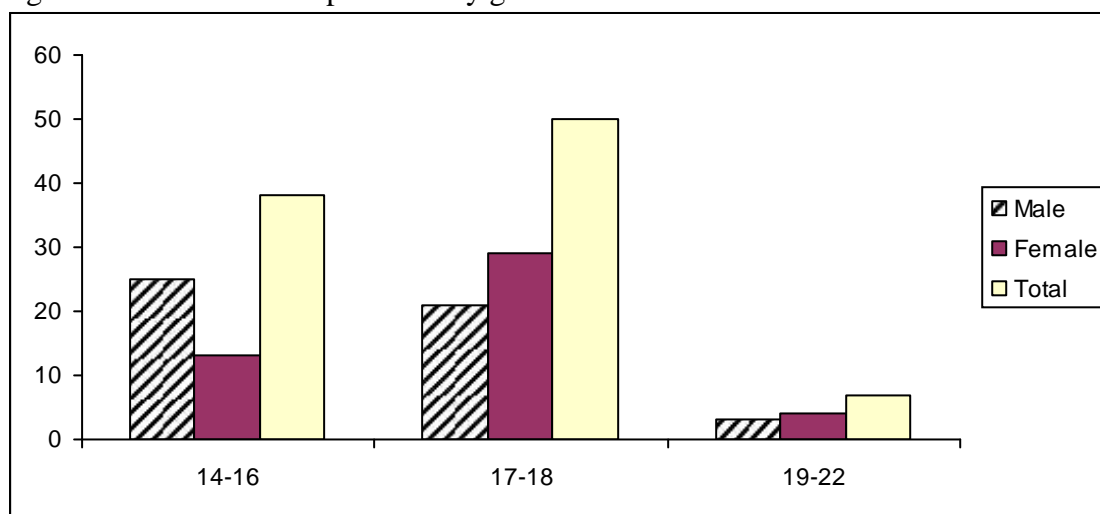
Table 4.2: Distribution of respondents by age group and sex

Age	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
14-16	25	51.0	13	28.3	38	40.0
17-18	21	42.9	29	63.0	50	52.6
19-22	3	6.1	4	8.7	7	7.4
Total	49	100.0	46	100.0	95	100.0

Source: Field Survey, 2007

According to Table 4.1, there is about 51 percent male of 49 in the 14-16 years age group. Similarly, about 43 percent in 17-18 years age group and the only 3 male respondents are from 19-22 years age group. In the case of female, majority of females' attendance is in 17-18 years age group with 63.0 percent followed by 14-16 years with 28.3 percent and the only four respondents are from 19-22 year age group.

Fig. 2: Distribution of respondents by grade and sex



### 4.1.3 Marital Status

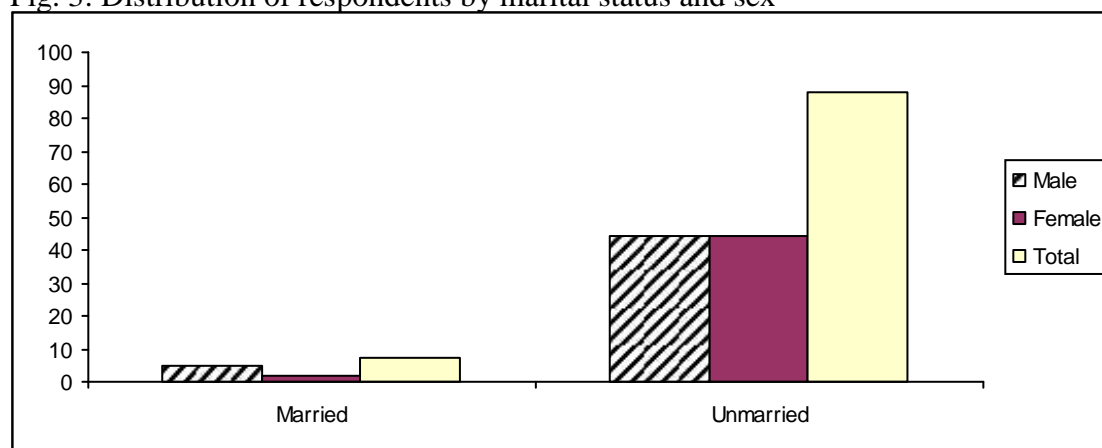
Marital status is one of the major factors for the research perspective because it helps to obtain very reliable information on behavioral questions. In total, 88 numbers of the total respondents (92 %) are unmarried while seven (7.4%) are married.

Table. 4.3: Distribution of, marital status by sex

Marital Status	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Married	5	10.2	2	4.3	7	7.4
Unmarried	44	89.8	44	95.7	88	92.6
Total	49	100.0	46	100.0	95	100.0

Source: Field Survey, 2007

Fig. 3: Distribution of respondents by marital status and sex



#### 4.1.4 Caste/Ethnicity of Respondents

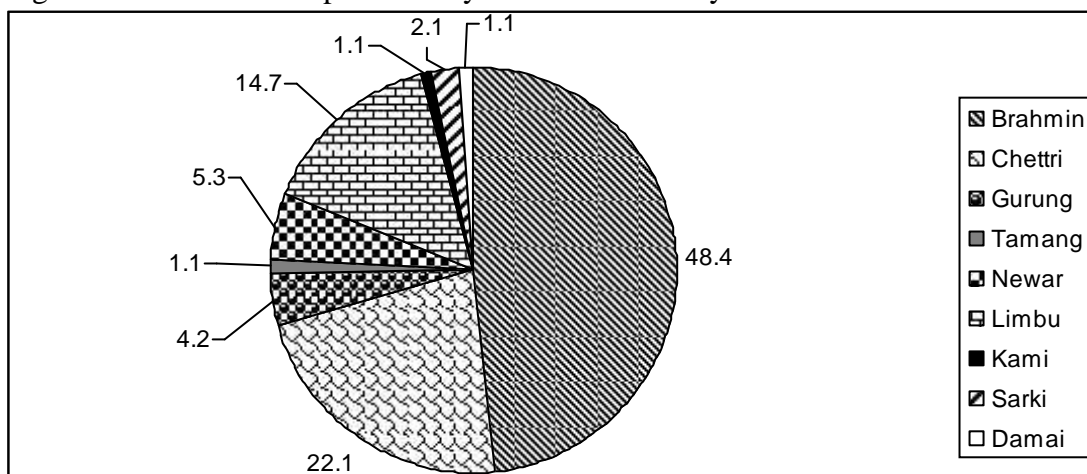
The given Table 4.4 gives more information about the caste and ethnicity of the selected respondents. The total respondents fall into nine caste\ethnic groups. Among them, the highest numbers of respondents are Brahmin 48.4 percent followed by Chhetri with 22.1 percent, Limbu with 14.7 percent.

Table.4.4: Distribution of respondents by Caste/Ethnicity

Caste/Ethnicity	Number	Percent
Brahmin	46	48.4
Chettri	21	22.1
Gurung	4	4.2
Tamang	1	1.1
Newar	5	5.3
Limbu	14	14.7
Kami	1	1.1
Sarki	2	2.1
Damai	1	1.1
Total	95	100.0

Source: Field Survey, 2007.

Fig. 4 Distribution of respondents by caste and ethnicity.



#### 4.1.5 Religion

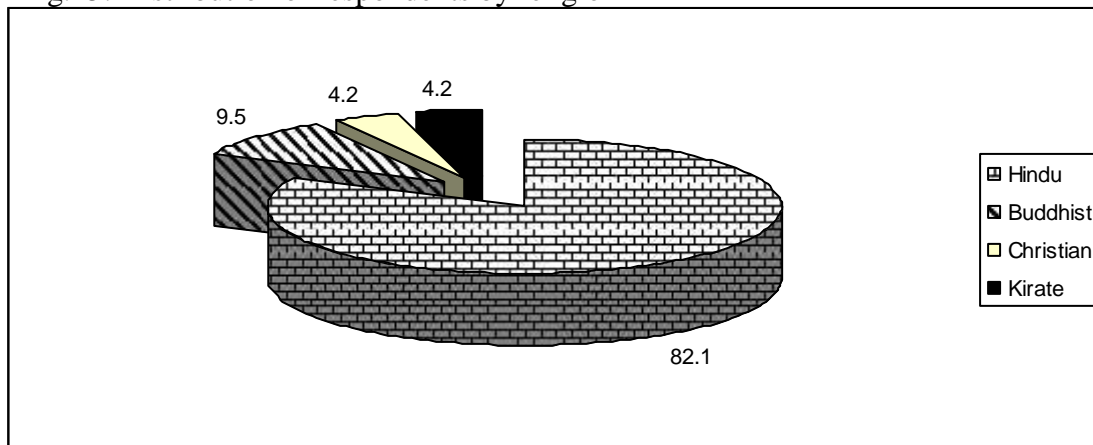
Table 4.5 shows that the majority of the students are from Hindu religion with 82.1 percent followed by Buddha with 9.5 percent, Christian with 4.2 percent and Kirant with 4.2 percent.

Table: 4.5: Distribution of respondents by religion

Religion	Number	Percent
Hindu	78	82.1
Buddha	9	9.5
Christian	4	4.2
Kirant	4	4.2
Total	95	100.0

Source: Field Survey, 2007.

Fig. 5: Distribution of respondents by religion



#### 4.1.6 Type of Previous School

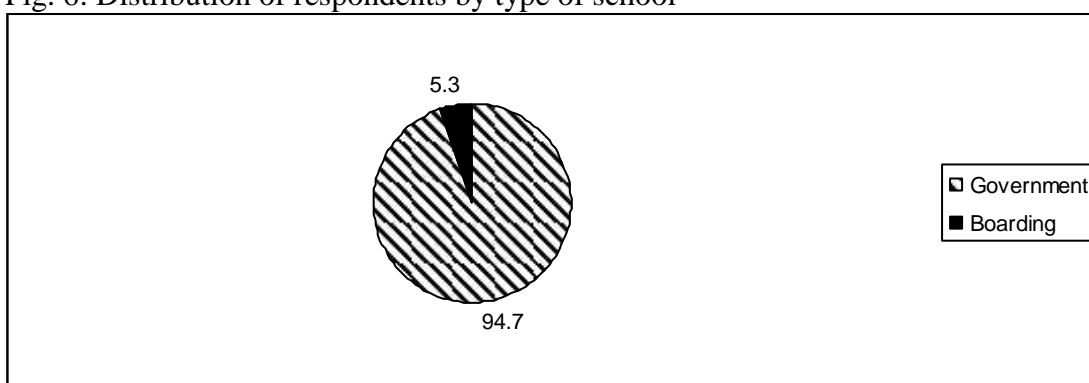
Especially, this question was asked to the selected respondents whether they have studied in government or boarding school. The following Table shows that the distribution of respondents by type of their previous school. Table: 4.6 Distribution of respondents by type of school.

Fig. 6: Distribution of respondents by type of school

Type of School	Number	Percentage
Government	90	94.7
Boarding	5	5.3
Total	95	100.0

Source: Field Survey, 2007.

Fig. 6: Distribution of respondents by type of school



#### 4.2 Household Characteristics

In this sub-section, the household background of the respondents is aimed to collect. Including household characteristics, parents' education, parents' occupation, and family size are important. The variable regarding household characteristics were included in this sub- section of questionnaire.

##### 4.1.2 Parents' Educational Level

The level of educational attainment of the parents' of the selected respondents is important socio-economic factor because this factor has played a gret role on the level of knowledge of their children. Including this sub-section of the questionnaire, education level of mother and father was asked separately by using different questions. The following Table shows the combined result of both questions in Table 4.7.



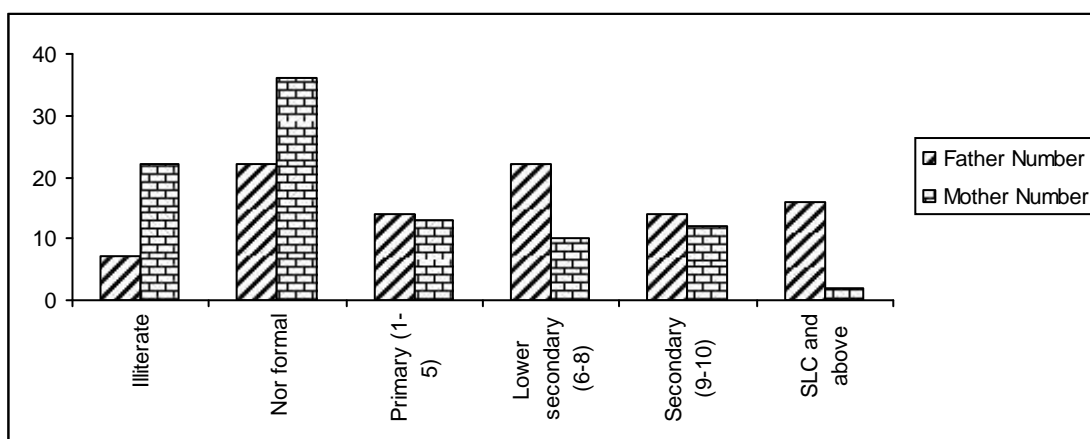
Table 4.7: Distribution of respondents by parents' education attainment

Level	Father		Mother	
	N	%	N	%
Illiterate	7	7.4	22	23.2
Non-formal	22	23.2	36	37.9
Primary (1-5)	14	14.7	13	13.7
Lower secondary (6-8)	22	23.2	10	10.5
Secondary (9-10)	14	14.7	12	12.6
SLC and above	16	16.8	2	2.1
<b>Total</b>	<b>95</b>	<b>100.0</b>	<b>95</b>	<b>100.0</b>

Source: Field Survey, 2007.

From the Table 4.7, it is seen that about 7 percent of the total respondent reported that their fathers are illiterate while nearly 23 percent of the whole respondents reported that their mother are illiterate. According to field survey, the highest proportion of mothers with 37.9 percent have non formal education. Nearly, 17 percent of the total respondents reported that their fathers have SLC and above educational qualification, whereas, only 2 percent reported that their mothers have the same qualification. Nearly, the same percentage of respondents reported that their fathers and mothers have same educational qualification in secondary level (9-10) specifically.

Fig. 7: Distribution of respondents by parents' education



#### 4.2.2 Parents' Occupation

It is another important variable that determine the socio-economic status of the household of the respondents and affects the knowledge on STI, HIV and AIDS. Table 4.8 shows the deferments types of occupation of father and mother of the respondents.

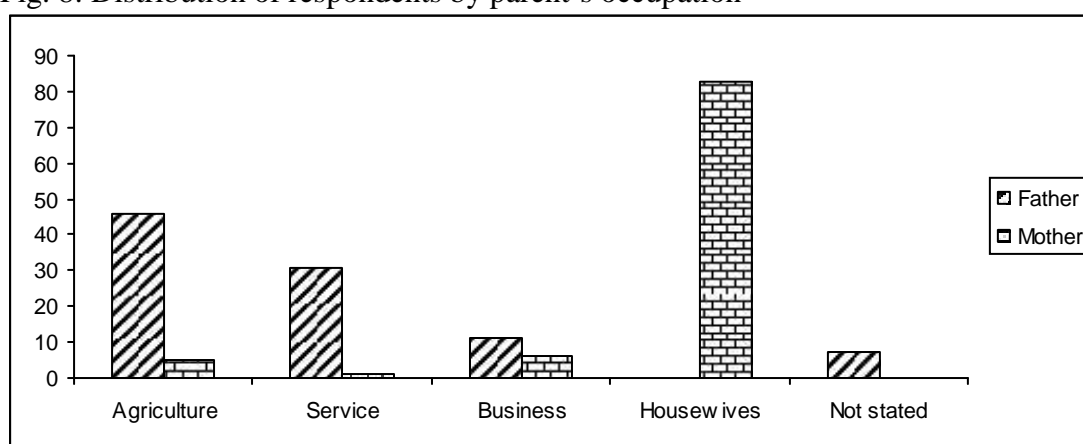
Table 4.8: Distribution of respondents by parent's occupation

Occupation	Father		Mother	
	Number	Percentage	Number	Percentage
Agriculture	46	48.4	5	5.3
Service	31	32.6	1	1.1
Business	11	11.6	6	6.3
Housewives	-	-	83	87.4
Not stated	7	7.4	-	-
Total	95	100.0	95	100.0

Source: Field Survey, 2007

As in Table 4.8, most of the respondents' parents'/father are dependent on agriculture, whereas, majority of the mother are dependent as housewives. The least number of mothers are involved in business. Nearly 33 percent of the respondent's fathers are engaged in service sector.

Fig. 8: Distribution of respondents by parent's occupation



### 4.2.3 Family Size

There are two types of family they are Joint and Nuclear. In this modern time, in almost all developed as well as some developing countries there is secular families than joint. In order to find out their size of household of the respondents, an opinion question was asked to fill the no of their family members and the result of this question is presented in Table 4.9.

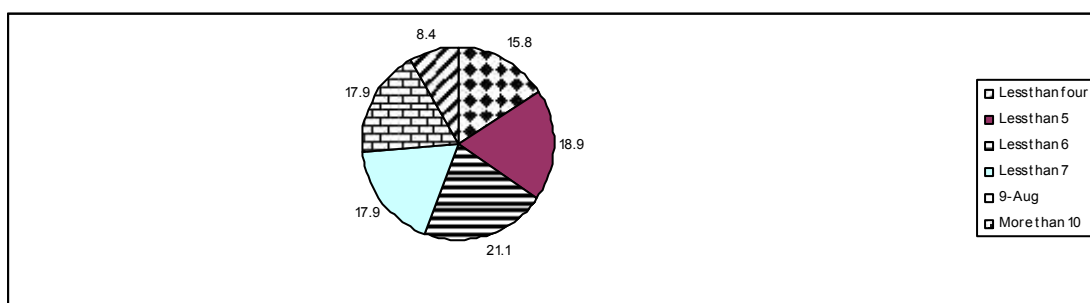
Table 4.9 Distribution of respondents by family size.

Household Size	Number	Percentage
<5	15	15.8
5-7	55	57.9
>7	25	26.3
Total	95	100.0

Source: Field Survey, 2007.

The Table 4.9 shows that about 16 percent of total respondents reported that they have family size with <5 members, whereas, majority of the respondents with about 58 percent said 5-7 numbers of their family size and the rest number of respondents said more than 7 members.

.Fig. 9: Distribution of respondents by family size



#### 4.2.4 Household Facility

All the selected respondents were asked a question in order to know the various household facilities whether they have or not including electricity, radio, TV and phone, which help them indirectly to increase their level of awareness on STIs, HIV and AIDS. Table 4.10 shows that the distribution of respondents by availability of various types of household facilities.

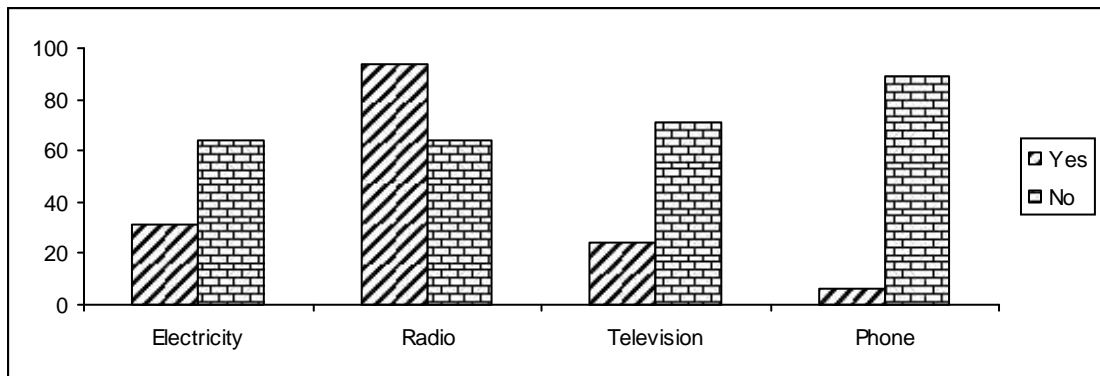
Table 4.10: Distribution of respondents by household facilities

Facilities	Yes		No	
	Number	Percentage	Number	Percentage
Electricity	31	32.6	64	67.4
Radio	94	98.9	64	67.4
Television	24	25.3	71	74.7
Phone	6	6.3	89	93.7
Total	95	100.0	95	100.0

Source: Field Survey, 2007

According to Table 4.10, majority of the respondents with 99 percent had reported that they have radio facilities whereas the least percentage of respondents with (6.3) reported that they have phone or communication facilities.

Fig. 10 Distribution of respondents by facilities available



## Chapter Five

### KNOWLEDGE AND ATTITUDES TOWARDS STIS, HIV AND AIDS

#### 5.1 Knowledge on STIs

The knowledge about sexually transmitted infections (STIs) is measured in terms of several variables. At first, it is most necessary to examine that whether they have heard STIs or not. Only, then, further questions are to be examined such as; knowledge about symptoms, knowledge on mode of transmission, knowledge on preventive measures etc.

##### 5.1.1 Heard of STIs

The first and foremost important variables are to assess the knowledge on STIs among these respondents. Without knowing their knowledge about STIs, it is not better to go ahead for further study. So, this variable is mentioned at first out of overall, which are all mentioned as well as described in chapter three as an operational definition.

From the 5.1 Table, we can say that 92 students out of total 95 have heard about STIs. Respondents were asked the further questions to make this thesis very specific. The following Table gives the distribution of respondents by reporting of different STIs. By grade perspective, all students in grade nine have heard STIs. Similarly, in grade 11, 44 students out of 46 have heard it whereas 27 out of 28, are in grade 12. The selected respondents have been categorized into these age groups; they are 14-16, 17-18, and 19-22. In this regard, 35 respondents out of 38 in age group 14-16 reported that they have heard STIs whereas all respondents in last two age groups same thing reported that all they had. By sexual view, 47 students out of 49 reported that they had heard. In case of female 45 out of 46 had reported same thing. By caste, except three respondents including Brahmin\Chettri, all the students were aware about it. By occupation of fathers perspective, 46 respondents reported that their fathers are currently involved in agriculture and out of this total number, 44 respondents said that they have heard about STIs and the rest 'No'. Similarly, by the literacy status of father perspective, 7 fathers are illiterate, but all respondents whose fathers are illiterate, have also heard about STIs. Out of total literate, only 3 respondents reported that they have not heard it.

Table 5.1: Distribution of respondents by hearing of STIs according to age group, sex, caste and religion

Variable	Respondents by hearing of STIs					
	Yes		No		Total	
Sex	N	%	N	%	N	%
Male	47	51.1	2	66.7	49	51.6
Female	45	48.9	1	33.3	46	48.4
Total	92	100.0	3	100.0	95	100.0
<b>Grade</b>						
9	21	22.8	0	0.0	21	22.1
11	44	47.8	2	66.7	46	48.6
12	27	29.3	1	33.3	28	29.5
<b>Age group</b>						
14-16	35	38.0	3	100.0	38	40.0
17-18	50	54.3	0	0.0	50	52.6
19-22	7	7.6	0	0.0	7	7.4
<b>Caste</b>						
B\C	64	69.6	3	100.0	67	70.5
Indigenous	24	26.1	0	0.0	24	25.3
Dalits	4	4.3	0	0.0	4	4.2
<b>Religion</b>						
Hindu	75	81.5	3	100.0	78	82.1
Buddha	9	9.8	0	0.0	9	9.5
Christian	4	4.3	0	0.0	4	4.2
Kirant	4	4.3	0	0.0	4	4.2
<b>Father occupation</b>						
Agriculture	44	47.8	2	66.7	46	48.4
Non-agriculture	48	52.2	1	33.3	49	51.6
<b>Father Literacy</b>						
Illiterate	7	7.6	0	0.0	7	7.4
Literate	85	92.4	3	100.0	95	100.0

Source: Field Survey, 2007.

Note: indigenous includes Limbu, Newarm, Tamang, and Gurung.

Dalit: Kami, Damai, and Sarki.

Non-agriculture: (Services, Business and Not stated).

B/C: Brahmin/Chhetri

Literate: Non-formal, Primary, Lower Secondary, Secondary, and SLC and above.

Finally, by the religious point of view, except some Hindu respondents, all other religion-holding students, which are taken including the scope of this study, reported that they had heard it.

### 5.1.2 Types of STIs

Generally, there are three types of STIs, which are mentioned with Table 5.2.

Table 5.2: Distribution of respondents by type of STIs

Type of STIs	Respondents	
	Number	Percentage
Gonorrhoea	78	82.1
Syphilis	51	53.7
HIV and AIDS	95	100.0

Source: Field Survey, 2007

(Note: Total percentage may exceed hundred due to multiple response).

N=95(The total number of respondents)

From the 5.2 Table, it is seen that HIV/AIDS is very common disease because cent percent of the respondents have heard it. Similarly, more tahn 82 percent of the respondents have heard Syphilis. Some of the other STIs are also reported very slightly.

### 5.1.3 Sources of STIs Hearing

Respondents had reported various sources from where they got knowledge on STIs.

Out of mentioned various sources, teachers were the main source of having knowledge on STIs if selected respondents, which is followed by Textbook.

Table 5.3: Distribution of respondents by sources of hearing STIs

Sources	Respondents	
	Number	Percentage
Health	1	1.1
Radio	59	64.1
TV	20	21.7
Newspaper	23	25.0
Textbook	60	65.2
Teacher	85	92.4
Friends	40	43.5
Parents	7	7.6
Doctors	12	13.0
<b>Total</b>	<b>92</b>	<b>100.0</b>

Source: Field Survey, 2007

(Note: The total percentage may exceed hundred due to the multiple responses)

N=95 (The total number of respondents)

### 5.1.4 Knowledge on Symptoms of STIs

It is an important task to ask the question about the symptoms of STIs after identifying the knowledge on STIs. All respondents were asked this questions who knew STIs.

Table 5.4: Distribution of respondents by knowledge on symptoms of STI Source:

Knowledge	Number	Percentage
Yes	81	85.2
No	14	14.7
<b>Total</b>	<b>95</b>	<b>100.0</b>

*Field Survey, 2007*

According to Table 5.4, more than 85 percent out of total, reported that they know it while remaining percentage reported that ‘no’ Out of the total selected respondents for this purpose, it was asked to mention the alternatives as well as specify if they knew more other symptoms except given in the question, who said yes. The distribution of respondents by who knew the symptoms of STIs is presented in the following Table.

### 5.1.5 Types of Symptoms of STIs

There were various symptoms mentioned about STIs and the following table gives more information about it.

Table 5.5: Distribution of respondents by symptoms of STIs

Symptoms	Respondents	
	Number	Percentage
Lower abdominal pain	53	65.4
Bleeding other than menstrual period	47	58.0
Sores/abrasion around vagina	46	56.8
<b>Total</b>	<b>81</b>	<b>100.0</b>

*Source: Field Survey, 2007*

*(Note: The total percentage may exceed hundred due to the multiple responses)*

*N=95(The total number of respondents)*

From Table 5.5, we can say that 65 percent out of total respondents who said yes (80 percent), reported that the symptoms of STIs is lower abdominal pain followed by bleeding other while 46 percent reported that sores abrasion around vagina as symptom of STIs.

Right here, the main objective of this study is to examine the level of knowledge on symptoms of STIs; the level of knowledge is divided into three characteristics. The level of knowledge has also been examined on the basis of various independent variables including this chapter.



### 5.1.6 Symptoms of STIs through Various Variables

Including this point, it has been tried to examine the symptoms of STIs by various variables. Table 5.6 shows that the distribution of respondents by level of knowledge on symptoms of STIs according to background characteristics.

Table 5.6: Distribution of respondents based on knowledge on symptoms of STIs by background characteristics

B	Respondents who have knowledge on symptoms of STIs							
	L		B1		S		Total	
	N	%	N	%	N	%	N	%
<b>Grade</b>								
9	8	66.7	5	41.7	9	75.0	12	100.0
11	29	65.9	24	54.5	25	56.8	44	100.0
12	16	64.0	18	72.0	12	48.0	25	100.0
<b>Sex</b>								
Male	28	63.6	18	40.9	24	54.5	44	100.0
Female	25	67.6	29	78.4	22	59.2	37	100.0
<b>Age-group</b>								
14-16	19	65.5	16	55.2	17	58.6	29	100.0
17-18	29	64.4	28	62.2	25	56.6	45	100.0
19-22	5	71.4	3	42.9	4	57.1	7	100.0
<b>Father Literacy</b>								
Illiterate	3	100.0	0	0.0	2	66.7	3	100.0
Literate	50	64.1	47	60.3	44	56.4	78	100.0
<b>Father occupation</b>								
Agriculture	27	67.5	23	57.5	21	62.5	40	100.0
Non-agriculture	26	63.4	24	58.5	25	61.5	41	100.0

Source: Field Survey, 200

(Note: The total percentage may exceed over hundred due to the multiple responses)

N=95(The total number of respondents)

B: Background characteristics

L: Lower abdominal pain during sexual intercourse

B1: Bleeding other than menstrual period

S: Sores/abrasion around vagina itching

Literate: (Non-formal, Primary, Lower Secodary, Secondary and SLC and above

Non-agriculture: (Services, Business and Not stated)

According to Table 5.6, majority that is 75 percent respondents out of grade 9, reported that the sores/abrasion around vaginal itching is a symptom of STIs, which is followed by lower abdominal pain during sexual intercourse about 66.7 percent. By sexual perspective, in all alternatives, female are more aware than male. However, from the age group perspective, majority of the respondents are from 17-18 years age group. Nearly, more than 65 percent, out of hundred percent reported that lower abdominal pain during sexual intercourse which is followed by vagina itching with 58 percent. Similarly, 64 percent of 45 respondents reported lower abdominal pain is the

main symptom of STIs, which is followed by bleeding other than menstrual period. The least number of respondents are from 19-22 years group, 5 respondents from seven reported that lower abdominal pain is the major symptom of STIs. According to literacy status of father, out of total respondents, 81 said “Yes” or they know the symptoms of STIs. Out of saying yes, there are three fathers who are illiterate and the rest are literate. All three respondents, whose fathers are illiterate, said lower abdominal pain during sexual intercourse is a symptom of STIs. Similarly, out of literate, 50, 47, and 44 respondents said that they have knowledge on lower abdominal pain during sexual intercourse, bleeding other than menstrual period and sores/abrasion around vagina itching respectively. By fathers’ education point of view, out of 40, the proportion of respondents, who said all alternative is similar and in the case of non-agriculture is same.

#### **5.1.5 Knowledge on Transmission of STIs**

Respondents were asked the question about transmission of STIs in order to assess their level of knowledge. Firstly, all the selected respondents for this purpose were asked whether they know the mode of transmission of STIs or not.

Table 5.7: Distribution of respondents by knowing on mode of transmission of STIs

Knowledge	Respondents	
	Number	Percentage
Yes	92	96.8
No	3	3.2
<b>Total</b>	<b>95</b>	<b>100.0</b>

*Source: Field Survey, 2007*

Above 5.6 Table clears that 92 out of 95 respondents reported that they know about its transmission.

#### **5.1.8 Mode of Transmission of STIs**

There were various transmission modes mentioned in the questionnaire and the resulting case mentioned below.

According to Table 5.8, cent percent respondents know that the transmission of STIs through sexual intercourse with infected persons, which is followed by infected mother to their baby with 73.9 percent (68).The least number of respondents have reported that ways of transmission are having sex with commercial sex worker pr having sex with multiple sex partner.

Table 5.8: Distribution of respondents by modes of transmission of STIs

Transmission ways	Respondents	
	Number	Percentage
Sexual contact with infected persons	92	100.0
Living together with infected persons	10	10.9
Infected mothers to their baby	68	73.9
Taking infected blood	4	4.3
Having sex with commercial sex workers	2	2.2
Having sex with multiple partners	2	2.2
<b>Total</b>	<b>92</b>	<b>100.0</b>

Source: Field Survey, 2007.

(Note: The total percent may exceed hundred due to multiple responses).

N=95(The total number of respondents)

### 5.1.9 Mode of Transmission through Various Variables

From the Table 5.9, all students know that the transmission of STIs through sexual intercourse, which is followed by, infected mothers to their baby. The very few percentage of respondents reported that the transmission of STIs through having sex with commercial sex workers and having sex with multiple sex partners of grade 11, while respondents of grade 9 and 12 have not mentioned it. From the age group point of view, all students of all age group know that sexual contact with infected person is the major cause of STIs transmission, which is followed by infected mothers to fetus. The following 5.9 Table, show that the distribution of respondents by level of knowledge on STIs transmission by background characteristics.

From the Table 5.9, all students know that the transmission of STIs through sexual intercourse, which is followed by, infected mothers to their baby. The very few percentage of respondents reported that the transmission of STIs through having sex with commercial sex workers and having sex with multiple sex partners of grade 11, while respondents of grade 9 and 12 have not mentioned it. From the age group point of view, all students of all age group know that sexual contact with infected person is the major cause of STIs transmission, which is followed by infected mothers to fetus. We can see from the above Table, by the father' literacy status, all respondents know sexual contact with infected persons is a transmission of STIs despite their father illiterate. In the case of literate fathers, all said the same way of STIs transmission followed by more than 76 percent of total said infected mother to baby. By the occupation point of view, out of 46 who are involved in agriculture, about 98 percent reported sexual contact with infected persons followed by infected mothers to baby.

Similarly, in case of non-agriculture, majority of respondents know sexual contact with infected persons as transmission of STIs.

Table 5.9: Distribution of Respondents by Background Characteristics

B	Respondents by mode of transmission													
	S		L		I		T		H		H1		Total	
Grade	N	%	N	%	N	%	N	%	N	%	N	%	N	%
9	21	100.0	3	14.3	7	33.3	0	0.0	0	0.0	0	0.0	21	100.0
11	43	97.7	3	6.8	39	88.6	2	4.5	2	4.5	2	4.5	44	100.0
12	27	100.7	4	14.8	22	81.5	2	7.4	0	0.0	0	0.0	27	100.0
Age-group														
14-16	34	97.1	4	11.4	22	62.9	1	2.9	-	-	-	-	35	100.0
17-18	50	100.0	4	8.0	41	82.0	3	6.0	-	-	-	-	50	100.0
19-22	7	100.0	2	28.6	5	71.4	-	-	2	28.6	2	4.0	7	100.0
Father Literacy Status														
Illiterate	7	100.0	0	0.0	3	42.9	0	0.0	0	0.0	0	0.0	7	100.0
Literate	85	100.0	10	11.8	65	76.5	4	4.7	2	2.4	2	2.4	85	100.0
Father occupation														
Agriculture	45	97.8	2	4.3	38	82.6	1	2.2	0	0.0	2	4.3	46	100.0
Non-agriculture	46	100.0	8	17.4	30	65.2	3	6.5	2	4.3	0	0.0	46	100.0

Source: Field survey, 2007

N=92(Respondents who know mode of transmissions).

B: Background characteristics.

S: Sensual contact with infected persons.

L: Living together with infected persons.

I: Infected mother to baby.

T: Taking infected blood.

H: Having sex with commercial sex workers.

H1: Having sex with multiple sex partners.

Literate: (Non-formal, Primary, Lower Secondary, Secondary, and SLC and above).

Non-agriculture: (Services, Business, and Not Stated).

### 5.1.10 Preventive Measures of STIs

It is already mentioned that in third chapter, preventive measure is another important variable. In order to know the preventive measures of STIs a question was asked to all the respondents providing various alternatives whether they know it or not. On the basis of choosing alternative respondents have been categorized into three division, high, who gives answers more than or equal to 3, intermediate less than or equal to 2, and low, who gives only one answer.

Table 5.10: Distribution of respondents by preventive measure of STIs

Preventive measures	Respondents	
	N	%
Using condom during sexual intercourse	91	95.8
Sex with only one partner	84	88.4
Abstinence during infection period of partners	57	60.0
Always clean own sexual organs	20	21.1
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Field survey, 2007.

Note: The total percentage may exceed hundred because of the multiple responsive. N=95(The total number respondents).

According to Table 9.10, using condom during sexual intercourse is one of the most preferred methods of preventing STIs with about 95.8 percent followed by sex with only one partner with nearly 88 percent. Comparatively a few number of respondents reported that always clean own sexual organs as a means of preventing method. Similarly, 60 percent respondents reported abstinence during infection period of partners.

#### 5.1.11 Distribution of Preventive Ways of STIs by Various Variables

According to Table 5.11, in class 9, out of 21 respondents nearly 85.7 percent reported using condom during sexual intercourse as the measure of preventing of STIs followed by sex with only partner with 71.4 percents. In addition, six respondents of total said always clean own sexual organs. Most of the respondents were selected from grade 11 that is 46. Out of this number, 45 respondents reported that using condom is the main preventing method of STIs, which is followed by sex with only one partner with 43 respondents. In case of grade 12, cent percent respondents reported using condom. By sexual point of view, all percent of female respondents reported that using condom is the preventing method while 45, out of 49 male respondents did it. From the cast point of view, indigenous people are slightly more aware with preventing method of STIs. Similarly, by age group, most of the respondents from various age groups reported that using condom is the preventiv method of STIs.

Table5.11: Distribution of respondents by level of knowledge on preventing ways of STIs by background characteristic

B	Respondents by level of knowledge on prevention of STIs									
	U		S		A		A <sub>1</sub>		Total	
	N	%	N	%	N	%	N	%	N	%
<b>Grade</b>										
9	18	85.7	15	71.4	8	38.1	6	28.6	21	100.0
11	45	97.8	43	93.8	32	69.6	9	19.6	46	100.0
12	28	100.0	26	92.9	17	60.7	5	17.9	28	100.0
<b>Sex</b>										
Male	45	91.8	44	89.8	28	57.1	8	16.3	49	100.0
Female	46	100.0	40	87.0	29	63.0	12	26.1	40	100.0
<b>Cast</b>										
B/C	64	95.5	57	85.1	38	56.7	12	17.9	67	100.0
Indigenous	22	95.8	23	95.8	16	66.7	8	33.3	24	100.0
Dalit	4	100.0	4	100.0	3	75.0	1	25.0	4	100.0
<b>Age-group</b>										
14-16	34	89.5	33	86.8	19	50.0	6	15.8	38	100.0
17-18	50	100.0	44	88.0	34	68.0	11	22.0	50	100.0
19-22	7	100.0	7	100.0	4	57.1	3	42.9	7	100.0
<b>Father Literacy Status</b>										
Illiterate	7	100.0	4	57.1	2	28.6	1	14.3	7	100.0
Literate	84	95.5	80	90.9	55	62.5	19	21.6	88	100.0
<b>Father Occupation</b>										
Agriculture	45	97.8	38	82.6	23	50.0	7	15.2	46	100.0
Non-agriculture	46	93.9	46	93.9	34	69.4	13	26.5	49	100.0

Source, Field survey, 2007.

B/C: Brahmin/Chhetri.

Indigenous: (Limbu, Newar, Tamang, and Gurung).

Dalit: (Kami, Damai, and Sarki).

Literate: (Non-formal, Primary, Lower Secondary, Secondary, and SLC and above).

Non-agriculture: (Service, Business, and Not stated).

B: Background characteristics

U: Using condom during sexual intercourse

S: Sex with only one partner

A: Abstinence during infection period of partner

A<sub>1</sub>: Always clean own sexual organs

According to literacy status of fathers, all the respondents who know the use of condom as a preventing method of STIs followed by sex with only one partner with more than 57 percent, whose fathers are illiterate. In case of literate, out of all, more than 95 percent reported the same answer. Similarly, by occupation perspective, more than 98 percent respondents know about use of condom to prevent from STIs despite their fathers are involved in agriculture followed by sex with only one partner with

more than 83 percent of total. In case of non-agriculture, the same number of respondents repeated the same answer about the prevention of STI

## **5.2 Attitude Towards STI**

After identifying the level of knowledge about sexual transmission infections, it is also necessary to know their attitudes towards this epidemic as well as suffering people in the house, in the village, in the community, in the nation and in the world. To know their attitude, an open-ended question was asked. All answers of the respondents are kept as suggestion to the suffering people.

### **5.2.1 Suggestions for Avoiding STIs**

Various suggestions of the respondents for the infected persons, have been categorized into different parts, which are given in the following Table. From the 5.12 Table, we can say that male reporters with nearly 86 percent suggested that sex with only one partner, which is comparatively a bit higher than that of female with 72 percent. In case of abstinence during infection period, male reporters were more than female, but in cleanliness of sexual organ points of view, female reporters were overwhelming with 13 percent while male were 2 percent. From age group perspective, 84 percent reporters suggested that using condom of age group 17-18 years. All percent of 19-22 years of age group, suggested that using condom, as means of avoiding STIs. About 8 percent respondents suggested not to keep sexual relation with multiple partners of 17-18 years age group, while other age groups did not have stated. About 92 percent of 14-16 years age group, students suggested that sex with only one partner that means avoiding multiple partners, which is comparatively higher than that of respondents of other groups. By examining the literacy status of father perspective, about 86 percent suggested sex with only one partner followed by using condom with more than 57 percent of total illiterate fathers. There is no one in other alternatives except these two. More than 78 percent repeated the same suggestion of total literate. By fathers' occupation, majority of the respondents suggested that the sex with only one followed by using condom with more than 76 percent of total whose fathers follow the agriculture occupation. In case of non-agriculture, about 80 percent suggested the same alternatives followed by using condom.

Table 5.12: Distribution of respondents by suggestions in avoiding STIs by background characteristics

B	Respondents by suggestions													
	S		U		A		N		A1		N1		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Sex</b>														
Male	42	85.7	33	67.3	5	10.2	1	2.0	1	2.0	1	2.0	49	100.0
Female	33	71.7	34	73.9	1	2.2	-	-	6	13.	3	6.5	46	100.0
<b>Age-group</b>														
14-16	35	92.1	18	47.4	4	10.5	-	-	1	2.6	-	-	38	100.0
17-18	35	70.0	42	84.0	2	4.0	1	2.0	4	8.0	4	8.0	50	100.0
19-22	5	71.4	7	100.0	0	0.0	0	0.0	2	28.6	0	0.0	7	100.0
<b>Father Literacy Status</b>														
Illiterate	6	85.7	4	57.1	0	0.0	0	0.0	0	0.0	0	0.0	7	100.0
Literate	69	78.4	63	71.6	6	6.8	1	1.1	7	8.0	4	4.5	88	100.0
<b>Father Occupation</b>														
Agri	36	78.3	35	76.1	2	4.3	0	0.0	2	4.3	4	8.7	46	100.0
N-agri	39	79.6	32	65.3	4	8.2	1	2.0	5	10.2	0	0.0	49	100.0

Source: Field Survey, 2007.

Literate: (Non-formal, Primary, Lower Secondary, Secondary, and SLC and above).

Agri: Agriculture.

N-agri: Non-agriculture.

B: Background characteristics

S: Sex with only one partner

U: Using condom

A: Abstinence during infection period of partner

N: Not to make sexual contact

A1: Always clean own sexual organs

N1: Not to keep sexual relation with multiple partner

### 5.3 Behavior of Respondents Towards STIs

After knowing both knowledge and attitude, it was tried to know their behavior towards STIs. Including this sub-section, some questions were asked to identify their behavior, which are directly related to STIs. From the behavior point of view, only 7.4 percent (7) respondents reported that they were married while others are not. The following Table 5.13 shows that their behavior towards STIs, HIV and AIDS. Table 5.13 shows that the sexual involvement of respondents who are not married. According to this Table 5.13, 4 respondents out of 19 unmarried reported that they have already involved in it. Similarly, 6 in grade 11 and 1 in 12. In total, 11 respondents reported that they involved in it. From the age group perspective, nearly, more than 54 percent of 11 respondents of age group 14-16 are involved in sexual intercourse while about 55 percent of 11 respondents are engaged in this of 17-18 years age group. About 73 percent of 11 respondents, who are involved in sexual intercourse before getting married. Involvement in it, from Brahmin\Chhetri caste is



very much high because of the overwhelming percentage of respondents. From the religious point of view, about 91 percent (10) out of 11 respondents involve from Hindu religion.

Table 5.13: Distribution of respondents according to their behavior who are ever involved in sexual intercourse of unmarried only

B	Respondents by their involvement in sexual intercourse					
	Yes		No		Total	
	N	%	N	%	N	%
By grade						
9	4	36.4	15	19.5	19	21.6
11	6	54.5	39	50.6	45	51.1
12	1	9.1	23	29.9	24	27.3
Total*	11	100.0	77	100.0	88	100.0
By age group						
14-16	6	54.5	30	39.0	36	40.9
17-18	5	45.5	42	54.5	47	53.4
19-22	0	0.0	5	6.5	5	5.7
Total*	11	100.0	77	100.0	88	100.0
By caste						
Brahmin\Chettri	8	72.7	54	70.1	62	70.5
Indigenous	2	18.2	20	26.0	22	25.0
Dalits	1	9.1	3	3.9	4	4.5
Total*	11	100.0	77	100.0	88	100.0
Religion						
Hindu	10	90.9	61	79.2	71	80.7
Buddha	1	9.1	8	10.4	9	10.2
Christian	0	0.0	4	5.2	4	5.2
Kirant	0	0.0	4	5.2	4	5.2
Total*	11	100.0	77	100.0	88	100.0
Father Occupation						
Agriculture	5	45.5	40	51.9	45	51.0
Non-agriculture	6	54.5	37	48.1	43	48.9
Total*	11	100.0	77	100.0	88	100.0
Father Literacy Status						
Illiterate	0	0.0	7	9.1	7	8.0
Literate	11	100.0	70	90.9	81	92.0
Total*	11	100.0	77	100.0	88	100.0

Source: Field Survey, 2007.

\* Total number of respondents who have ever involved and have not in sexual intercourse out of unmarried.

88: Total number of respondents who are not ever married.

77: Total number of respondents who are not ever involved in sexual intercourse.

11: Total number of respondents who are ever involved in sexual intercourse at least one time.

Indigenous: (Limbu, Newar, Tamant, and Gurung).

Dalit: (Kami, Damai, amd Sarki).

Non-agriculture: (Service, Business, and Not stated).

Literate: (Non-formal, Primary, Lower Secondary, Secondary, and SLC and above).

Occupational perspective, more than 45 percent respondents reported they are ever involved in sexual intercourse, whose fathers' occupation is agriculture, out of 11 respondents. Similarly, more than 54 percent respondents reported the same activity, but their fathers' occupation is non-agriculture, out of 11 respondents. In case of literacy, there is no one who has ever involved in sexual intercourse whose fathers are illiterate. Moreover, all the respondents who are involved in it, their fathers are literate.

### **5.3.1 Involvement Situation of Respondent in Sexual Intercourse**

From the field survey data, there are only 18 respondents who are involved in sexual intercourse and it was tried to specify their behavior towards STIs being asked some questions, "Did you use any family planning method?" etc. This is clearly shown by the following Table number 5.14.

According to Table 5.14, out of 18 respondents 6, 7, and 5 respondents reported that they involve in sexual intercourse in grade 9, 11, and 12 respectively, Out of this total number, 12 respondents said they did not use any means of family planning while 50 percent of this number reported they used family planning methods. By the age group point of view, 2, 3, and 1 respondent said that they used family planning in age groups 14-16, 17-18, and 19-22 respectively. 12 students reported that they did not use any family planning methods out of 18. By caste, four Brahmins said "Yes" that means they used family planning during the period of getting sexual entertainment, which is nearly 67 percent of 6 respondents. Similarly, 9 from Brahmin and 3 from Chettrei reported that they did not use any family planning during sexual intercourse. About 72 percent of 18 respondents, involved in sexual intercourse from Brahmin caste. Out of 18 respondents, 6-use family planning and all these 6 respondents reported that they used condom. Especially, they use it for avoiding STIs as well as for avoiding conception. Out of six respondents, only one use family planning at the time of having sexual intercourse while the rest number of respondents not. In case of literacy, out of 18 respondents who have ever involved in sexual intercourse, six respondents use condom and 12 said no. There is no one from illiterate.

Table 5.14: Distribution of respondents' according to use of family planning by background characteristics

Background Characteristics	Use of family planning method					
	Yes		No		Total	
	N	%	N	%	N	%
<b>Grade</b>						
9	2	33.3	4	33.3	6	33.3
11	2	33.3	5	41.7	7	38.9
12	2	33.3	3	25.0	5	27.8
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>18</b>	<b>100.0</b>
<b>Age-group</b>						
14-16	2	33.3	6	50.0	8	44.4
17-18	3	50.0	5	41.7	8	44.4
19-22	1	16.7	1	8.3	2	11.1
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>18</b>	<b>100.0</b>
<b>Cast</b>						
Brahmin\Chettri	4	66.7	9	75.0	13	72.2
Indigenous	1	16.7	3	25.0	4	22.2
Dalits	1	16.7	0	0.0	1	5.6
<b>Father Occupation</b>						
Agriculture	1	16.7	5	41.7	6	33.3
Non-agriculture	5	83.3	7	58.3	12	66.7
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>18</b>	<b>100.0</b>
<b>Father Literacy Status</b>						
Illiterate	0	0.0	0	0.0	0	0.0
Literate	6	100.0	12	100.0	18	100.0
<b>Total</b>	<b>0</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>18</b>	<b>100.0</b>

Source: Field Survey, 2007.

Note:

Indigenous: (Limbu, Newar, Tamang, and Gurung).

Dalit: (Kami, Damai, and Sarki).

Non-agriculture: (Service, Business, and Not Stated).

Literate: (Non-formal, Primary, Lower Secondary, Secondary, and SLC and above).

### 5.3.2 Opinion Question was Asked About Pre-marital Sex

Selected respondents were asked as opinion question to know their views "Is it right to keep sexual relation before getting married?" The result of the field survey is given in the following Table number 5.15

Table 5.15: Distribution of respondents by suggestion for sexual relation before getting marriage.

Varianles	Respondents	
	Number	Percentage
Yes	17	47.9
No	78	82.1
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Field Survey, 2007.

According to above 5.14 Table, 17 students out of 95 reported that it is “Yes” and the remaining all respondents nearly 82 percent said it is not good. It means most of the selected respondents were opposite about sexual relationship before getting married.

#### 5.4 Knowledge on HIV and AIDS

In this regard, some questions were made to ask the respondents to know their level of knowledge on HIV and AIDS, respondents were asked at first have you heard about HIV/AIDS whether they heard or not. In this regard, all respondents reported that they have heard it. Out of total respondents, nearly 58 percent said the full form of HIV.. Similarly, 43 respondents reported that the full form of AIDS, according to field survey 2007. Only 15.8 percent respondents could distinguish between HIV and AIDS.

Table 5.16: Distribution of respondents on the basis of hearing HIV and AIDS

Heard of HIV/AIDS	Respondents	
	Number	Respondents
Yes	95	100.0
No	0	0.0
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Field Survey, 2007.

#### 5.4.1 Knowledge on Transmission of HIV

The selected respondents were asked after identifying the level of knowledge about HIV and AIDS, about its transmission. The result of this question is presented in the following Table.

Table 5.17 Distribution of respondents by knowledge on different ways of transmission of HIV/AIDS

Ways of transmission	Number	Percent
Sexual contact with infected persons	92	98.9
Infected blood\organs transplant	93	100.0
Sharing un-sterilized needles (skin piercing instruments)	92	98.9
Infected mother to fetus	91	97.8
<b>Total</b>	<b>93</b>	<b>100.0</b>

Source: Field Survey, 2007.

(Note: The total percent may exceed hundred due to the multiple response).

N=93(The total number of respondents who have knowledge about transmission of HIV).

The Table 5.16 shows that 98.9 percent of 93 respondents reported that the main cause of HIV transmission is sexual contact with infected persons while 100 percent said that infected blood\organ transplant is the cause of transmission. Similarly, 92 and 91 out of 93 respondents reported skin piercing instruments and the infected mother to their baby are causes of its transmission respectively.

### 5.4.2 knowledge on Prominent Factors of HIV

It is also necessary to find out that what is the prominent factors o HIV transmission. For this purpose, a question was asked and the results of this question is given in the following Table number 5.18. Table 5.18: Distribution of respondents by saying prominent factor of HIV transmission

Prominent factors of HIV transmission	Number	Percent
Sexual contact with infected persons	75	78.9
Infected blood transfusion	8	8.4
Infected mother to fetus	9	9.5
Sharing needles	1	1.1
Unknown	2	2.1
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Field Survey, 2007.

As shown in Table, more than 78 percent reported that sexual contact with infected persons is the prominent factor of HIV transmission, whereas, only 8 percent said infected blood is prominent factor. Similarly, only one respondents reported that sharing needle is a major factor of HIV transmission. Only 2 respondents reported that they were unknown about it

### 5.4.3 Knowledge on Symptoms of HIV/AIDS

It was also tried to know the symptoms of HIV/AIDS from the respondents and a question was included in this sub-chapter in making questionnaire. Moreover, the result is given in the following Table.

Table 5.19: Distribution of respondents by knowledge of symptoms of HIV/AIDS

Symptoms of HIV/AIDS	Number	Percentage
Loss of body weight	94	98.9
Diarrhea more than one month	71	74.7
Fever more than one month	72	75.8
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Field Survey, 2007

(Note: The total percentage may exceed hundred due to the multiple response).

N=95(The total number of respondents).

Majority of the respondents with 98.9 percent reported that the loss of body weight is the, akpr symptom of HIV/AIDS which is followed by both potions are diarrhea more than one month with 74.7 percent and fever more than one-month with 75.8 percent.

### 5.5.4 Knowledge about Preventing Methods of HIV/AIDS

This question was asked to the respondents as a multiple response and the respondents have been categorized into various divisions based on their multiple response or background characteristic. This is clearly given in the following Table number 5.20.

Table 5.20: Distribution of respondents by knowledge of prevention methods of HIV/AIDS by background characteristics

B	Knowledge of preventing of HIV/AIDS											
	A		U		S		A <sub>1</sub>		S <sub>1</sub>		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
<b>Grade</b>												
9	20	95.2	19	90.5	19	90.5	2	9.5	-	-	21	100.0
11	43	93.5	42	91.3	22	47.8	11	23.9	5	10.9	46	100.0
12	28	100.0	27	96.4	9	32.1	3	10.7	-	-	28	100.0
<b>Sex</b>												
Male	48	98.0	47	95.9	31	63.3	12	24.5	2	4.1	49	100.0
Female	44	95.7	31	89.1	19	41.3	4	8.7	3	6.5	46	100.0
<b>Age-group</b>												
14-16	37	97.4	34	89.5	26	68.4	7	18.4	-	-	38	100.0
17-18	48	96.0	47	94.0	20	40.0	8	16.0	5	10.0	50	100.0
19-22	7	100.0	7	100.0	4	57.1	1	14.3	-	-	7	100.0
<b>Caste</b>												
Brahmin\Chettri	64	95.5	62	92.5	34	50.7	15	22.4	3	4.5	67	100.0
Indigenous	24	100.0	23	95.8	15	62.5	1	4.2	2	8.3	24	100.0
Dalit	4	100.0	3	75.0	1	25.0	-	-	-	-	4	100.0
<b>Father Literacy Status</b>												
Illiterate	6	85.7	6	85.7	6	85.7	0	0.0	1	14.3	7	100.0
Literate	86	97.7	82	93.2	44	50.0	16	18.2	4	4.5	88	100.0
<b>Father Occupation</b>												
Agriculture	42	91.3	43	93.5	24	52.2	5	10.9	4	8.7	46	100.0
Non-agriculture	49	100.0	45	91.8	26	53.1	11	22.4	1	2.0	49	100.0

Source: Field Survey, 2007.

(Note: The total percentage may exceed over hundred because of the multiple responses).

Indigenous: (Limbu, Newar, Tamang, and Gurung).

Dalit: (Kami, Damai, and Sarki).

Literate: (Non-formal, Primary, Lower Secondary, Secondary, and SLC and above).

Non-agriculture: (Service, Business, and Not Stated).

B: Background characteristics

A: Avoid sex with multiple partners

U: Using condom during sexual intercourse

S: Sexual abstinence

A<sub>1</sub>: Avoid sharing needles and intravenous drug use

S: Scan blood before transfusion

Above Table shows that by grade perspective, majority of the respondents of all grade reported that avoiding multiple sex partners is the main preventive method of HIV/AIDS followed by using condom of all grade. And the least number of respondents reported avoiding skin piercing instruments, whereas, there is no from

grade 9 and 12 in saying blood transfusion. Nearly, in all options male respondents are more aware than female. In all age groups majority of the respondents of total said avoiding multiple sexual partner followed by using condom, in preventing HIV/AIDS. According to cast perspective, all casts reported that avoiding multiple partners is the main preventive measure of HIV/AIDS, which is followed by using condom. There are no respondents from indigenous and Dali in saying avoiding skin piercing instruments and scan of blood before transfusion as measure of preventing HIV/AIDS. According to above Table 5.20, out of 7 respondents, 6 reported to avoid sex with multiple partners is a major preventive measure of HIV/AIDS, followed by use of condom and sexual abstinence with about 86 percent of total respondents, where fathers are illiterate. Out of 88, more than 86 respondents reported the same way followed by use condom during sexual intercourse, but their fathers are literate. In case of occupation, more than 93 percent reported use condom is a major preventive measure of HIV/AIDS followed with more than 91 percent, whose fathers follow agriculture as occupation. However, in case of non-agriculture, majority of the respondents reported avoiding sex is a major one followed by use condom.

#### 5.4.5 Respondents' Self-Opinion About AIDS

In order to know the respondent's opinion about AIDS, a question was asked and the result is given in the following Table number 5.20.

Table 5.21: Distribution of respondents by self-opinion about AIDS

Self opinion	Respondents	
	Number	Percentage
Fatal	27	28.4
STIs	56	58.9
Communicable	12	12.6
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Field Survey, 2007.

As given in above Table number 5.21, the highest percentage with 58.9 out of total, reported that AIDS as STIs, while 28.4 percent reported that is fatal disease. Similarly, only 12.6 percent respondents said it is communicable disease.

#### 5.4.6 Appropriate Measures to Tackle HIV/AIDS

In regarding this question, selected respondents reported various measures to tackle HIV/AIDS, which is presented in the following Table number 5.21.

Table 5.22: Distribution of respondents by appropriate measures to tackle it

Appropriate measures	Respondents	
	Number	Percentage
Public awareness	90	94.7
Voluntary service	18	18.9
Counseling service	50	52.6
Providing contraceptive	4	4.2
Education	7	7.4
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Field Survey, 2007.

(Note: The total percentage may exceed over hundred because of multiple responses).  
N=95(The total number of respondents).

Majority of the respondents, about 95 percent reported that public awareness is the best one to tackle it followed by counseling service with 52.6 percent. About 19 percent of total respondents reported that voluntary service is also appropriate measures to stop it. While the least number of respondents said providing contraception and 7.4 percent respondents emphasized on education.

### Knowledge About the Vulnerability Group of HIV/AIDS

Respondents were asked, “Who are the most vulnerable people of HIV and AIDS?” in this regarding, students chose various options, which are given in Table following Table number 5.23.

Table 5.23: Distribution of respondents by knowledge about the vulnerability group of HIV/AIDS

Vulnerable Group	Respondents	
	Number	Percentage
Persons who keep unsafe sexual relation	89	93.7
Commercial sex workers	34	35.8
More mobile persons	18	18.9
Adolescents and youth	2	2.1
Migrants	5	5.3
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Field Survey, 2007.

(Note: The total percentage may exceed hundred because of multiple responses).  
N=95(The total number of respondents).

Majority of the respondents reported that the persons who keep sexual relationship very unsafely are more vulnerable than who do not that is followed by commercial sex workers with 35.8 percent. In addition, the very few number of students reported adolescents and youths are more vulnerable group of people of HIV/AIDS.

### 5.4.8 Source of Knowledge of HIV/AIDS



All students reported that they all have heard HIV and AIDS so, here, it is necessary to know that what the sources of it. The following Table solves this problem.

Table 5.24 Distribution of respondents by source of information of HIV and AIDS.

Source	Respondents by source of knowledge of HIV/AIDS	
	Number	Percentage
Radio	88	92.6
TV	56	58.9
Newspaper	68	71.6
Textbook	72	75.8
Teacher	90	94.7
Friends	75	78.9
Parents	22	23.2
Others	6	6.3
<b>Total</b>	<b>95</b>	<b>100.0</b>

Source: Field Survey, 2007.

(Note: The total percent may exceed hundred because of multiple response).

N=95(The total numklber of respondents).

Table 5.2: tab le shows that the majority of respondents 94.7 percent reported that teacher is the main source of HIV and AIDS followed by Radio win 92.6 percent of total. Nearly, 79 percent reported friends are the source while about 75 and 71 percent said textbook and newspaper respectively. Only 6 percent reported others as source.

#### 5.4 Attitudes Towards HIV and AIDS

It was also tried to assess the attitudes of respondents towards HIV and AIDS infected persons. Moreover, the question was asked such as; “Can HIV/AIDS be cured?”

##### 5.5.1 Attitudes on Cure of HIV and AIDS

The following Table 5.25 shows that the attitudes of respondents towards HIV and AIDS. Table 5.25 shows that the attitudes of selected respondents towards HIV and AIDS by various characteristics or variables. In this regard, by grade perspective, students of grade 9 reported that it is a curative disease while 15 percent of total said unknown and the remaining umber of students (14) said “No” means it is not curable. From the age-group perspective, 38 students out of total are in 14-16 years age group and all respondents who said, “Yes” are also in this age group. More than 53 percent students out of 50 in 17-18 age group said “No”. There is no one who said, “Yes” in both age groups hat is 17-18 and 19-22 years. Remaining number of students in 17-18, age group said “unknown” while only one student in 19-22 years age group.

Table 5.25: Distribution of respondents by cure of HIV and AIDS by background characteristics

Background Characteristics	Attitude of Respondents on cure of HIV and AIDS							
	Yes		No		Unknown		Total	
	N	%	N	%	N	%	N	%
<b>Grade</b>								
9	4	100.0	14	19.7	3	15.0	21	22.1
11	0	0.0	32	45.1	14	70.0	46	48.4
12	0	0.0	25	35.2	3	15.0	28	29.5
Total	4	100.0	71	100.0	20	100.0	95	100.0
<b>Age-group</b>								
14-16	4	100.0	27	38.0	7	35.0	38	40.0
17-18	0	0.0	38	53.5	12	60.0	50	52.6
19-22	0	0.0	6	8.5	1	5.0	7	7.4
Total	4	100.0	71	100.0	20	100.0	95	100.0
<b>Caste</b>								
Brahmin\ Chettri	2	50.0	50	70.4	15	75.0	67	70.5
Indigenous	2	50.0	18	25.4	4	20.0	24	25.3
Dalit	0	0.0	3	4.2	1	5.0	4	4.2
Total	4	100.0	71	100.0	20	100.0	95	100.0
<b>Religion</b>								
Hindu	2	50.0	60	84.5	16	80.0	78	82.1
Buddhist	0	0.0	8	11.3	1	5.0	9	9.5
Christian	1	25.0	2	2.8	1	5.0	4	4.2
Kirat	1	25.0	1	1.4	2	10.0	4	4.2
Total	4	100.0	71	100.0	20	100.0	95	100.0
<b>Father Occupation</b>								
Agriculture	2	50.0	34	47.9	10	50.0	46	48.4
Non-agriculture	2	50.0	37	52.1	10	50.0	49	51.6
<b>Father Literacy Status</b>								
Illiterate	0	0.0	3	4.2	4	20.0	7	7.4
Literate	4	100.0	68	95.8	16	80.0	88	92.6
<b>Total</b>	<b>4</b>	<b>100.0</b>	<b>71</b>	<b>100.0</b>	<b>20</b>	<b>100.0</b>	<b>95</b>	<b>100.0</b>

Source: Field Survey, 2007.

Indigenous :( Limbu, Newar, Tamang, and Gurung).

Dalit: (Kami, Damai, and Sarki).

Non-agriculture: (Serveve, Busiess, and Not Stated).

Literate: (Non-formal, Primary, Lower Secondary, Secondary, and SLC and above).

According to cast of point of view, two respondents from Brahmin \Chettri and two from Indigenous cast out of 67 and 24 respectively reported that “Yes” while majority of the respondents reported “No”. By religion 2 form Hindu, 1 from Christia and one from Kirat said “Yes” or it is curative while 60, 8, 2,and 1 respondents out of total reported “ No” who were Hindu, Buddhist, Christian and Kirat religion respectively. Finally, 16 from Hindu, 1 from Buddhist, 1 from Christian, and 2 from Kirat reported they were unknown. Table 5.25 entails that out of four respondents, same number of

respondents reported that it is a curative disease from both occupation. Out of 95 hundred percent of respondents said “No”. Out of this total, 34 from agriculture. In addition, similar respondent were unknown from both occupation. By literacy perspective, out of four respondents, there I nko one from illiterate who said “Yes’ and these four from literate. Similarly, out of 71 respondents, three said “No” and 68 said “No” from illiterate and literate respectively. Similarly, out buff 95 respondents, hundred percent respondents reported they were unknown about its cure. Moreover, out of this unumber, twenty percent from illiterate and rrest from literate.

## Chapter Six

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 Summary of the Findings

A small research was carried out at higher secondary school in Terhathum district (venue: Shree Krishana Hinger Secondary School, Dandagaun in Shakrnti VDC). The 95 students were selected as a sample for this specific study.

##### 6.1.1 Individual Characteristics

- ) Highest number of respondents from grade 11 with 46 (48.4 %).
- ) Most of the respondents were unmarried 88 (92.6 %).
- ) The proportion of male and female was very similar that is: male 49 (51.0%), and female 46 (48.4 percent)
- ) Most of selected respondents were Brahmin with 48.4 percent.
- ) Indigenous castes (Limbu, Tamang, Newar, Gurung) in this study.
- ) Dalit castes (Kami, Damai, and Sarki) in this study.
- ) There is overwhelming percentage of respondents from Hindu religion with (82.1 %) of total.
- ) The very large number of students' school base was government (94.7 %).

##### 6.1.2 Household Characteristics

- ) Most of the respondents reported that their household size was (5-7) members with 57.9 percent.
- ) Educational achievement by father similar in both non-formal and lower secondary level (6-8) grade.
- ) About 38 percent mothers of respondents non-formal education
- ) Agriculture was the main occupation of respondents father with 48.4 percent
- ) There was majority of housewives in case of mother occupation with 87.4 percent.

### **6.1.3 Knowledge, Attitude, and Behavior of Respondents Towards STIs, HIV and AIDS**

- ) Most of the respondents had heard STIs 96.8 percent.
- ) Teacher was the main source of listening STIs with 92.4 percent.
- ) More than 84 percent of total respondents know the symptoms of STIs.
- ) Including knowledge, most of the respondents reported that lower abdominal pain is the major symptom of STIs.
- ) About 97 percent of respondents reported that they know the transmission ways of STIs.
- ) Hundred percent of respondents had reported that sexual contact with infected persons is the major route of STIs transmission.
- ) There was no one suffering from STIs.
- ) About 96 percent of respondents reported that use of condom during sexual intercourse is the most one preventing measure.
- ) Most of the respondents 78.9 percent suggested the main way in avoiding STIs in the community is sex with only one partner.
- ) Majority of the respondents reported with 93.7 percent that the persons who keep unsafe sexual relationship with multiple partners are more vulnerable.
- ) Behaviorally, only 11 unmarried and 7 respondents married were involved in sexual intercourse.
- ) Only 6 respondents used condom as family planning method in case of avoiding STIs and avoiding conception.
- ) Only 17 respondents out of total, reported it is good to keep sexual relationship before getting married.
- ) Hundred percent reported that they have heard HIV/AIDS.
- ) The main source of hearing HIV and AIDS was teacher with 94.7 percent.
- ) Out of total respondents, 55 reported they know the full form of HIV and write.
- ) More than 45 percent of respondents reported that they knew the full form of AIDS and wrote.
- ) About 16 percent of respondents reported that there is a difference between HIV and AIDS.
- ) Hundred percent respondents reported that infected blood and organs transplant are the major ways of transmission of HIV.

- ) About 79 percent respondents reported that sexual contact with infected persons is the prominent factor of HIV/AIDS
- ) Most of the respondents about 99 percent reported that loss of body weight is the main symptom of HIV and AIDS.
- ) Avoiding sex with multiple partners is the main way of preventing method of HIV/AIDS, they reported.
- ) They reported public awareness is the main measure to tackle the HIV and AIDS.

## **6.2 CONCLUSIONS**

This is totally based on school study so; most of the respondents are young (secondary and higher secondary). Despite the young age students, almost all of them are aware about STIs, and HIV/AIDS. They know this disease as in general form, but not in specific form. They know just it is sexually transmitted disease in overall. Majority of the respondents have heard STIs, HIV and AIDS from teacher. Including attitudes towards STIs, most of the respondents suggested that sex with only one partner, which is followed by using condom in avoiding STIs. In the case of symptoms of STIs and HIV and AIDS, 65.4 percent reported that lower abdominal pain during sexual intercourse is the major one of STIs, whereas, 98.9 percent reported the loss of body weight is the major symptom of HIV/AIDS. Most of the respondents are unmarried. Therefore, consensus of this small study on behavioral cases of the respondents is not much more substantial. Despite the lack of behavioral aspects of the respondents, it is very good by various perspectives such as; respondents' knowledge and attitude on STIs, HIV and AIDS, Knowledge about symptoms of STIs, HIV and AIDS respectively.

In the case of transmission and prevention of STIs, cent percent and 95.8 percent respondents, know these events respectively whereas, in case of HIV/AIDS, (98.9 and 96.8) percent respondents reported that they know it respectively.

## **6.3 RECOMMENDATIONS**

- There is less discussion on STIS, HIV and AIDS in the family, community, and society because of various obstacles such as; religious beliefs, culture, social norms as well as values etc. Therefore, it is necessary to provide education related to STIs, HIV and AIDS.

- Literacy level of parents' is not satisfactory and discussion about this topic is not substantial with their children relatives as well as others, thus, it should be implemented STIs related programme. In the society, the role of NGOs, INGO, and government, in order to increase the level of awareness of parents' is very much important, which directly or indirectly helps to their children's perception on it.
- The role of Information, Education and Communication (IEC) is very much important so, it should be emphasized from the government level to increase awareness.
- Field Survey, 2007, showed that the source of hearing STIs, HIV and AIDS are teachers, Radio, Textbook, Friends, TV and others. It should provide regularly in preventing STIs, HIV and AIDS.
- There is lack of health facilities so; it is necessary to establish more hospitals, which directly helps to reduce its level.
- It is necessary to formulate adolescents' oriented programmes from the government and launch them in society level.

## References

- Acharya, Bharat R., 2005, *Knowledge of STDs and HIV/AIDS and Attitudes Towards Sexuality of Early Adolescents*, Unpublished M.A. Dissertation Submitted to the Central Department of Population Studies (Kathmandu: CDPS).
- Acharya, Sunil, 2005, "The HIV/AIDS Situation in Nepal", *Population Magazine*, Vol. III, pp. 25-33.
- Bhandari, Bimala, 2006, *Knowledge, Attitude, Behaviour and Practice towards STIs and HIV/AIDS among Child Porter in Solukhumbu District*, Unpublished M.A. Dissertation Submitted to the Central Department of Population Studies (Kathmandu: CDPS).
- CBS, 1995, *Population Monograph of Nepal* (Kathmandu: CBS).
- CBS, 2003, *Population Monograph of Nepal, Vol. 2* (Kathmandu: CBS).
- Gautam, Bimala, 2005, *Knowledge and Attitude on STDs and HIV/AIDS Among Secondary School Adolescents*, Unpublished M.A. Dissertation Submitted to the Central Department of Population Studies (Kathmandu: CDPS)
- Khanal, Sharawan K., 2005, *Knowledge and Attitude Towards on STIs and HIV/AIDS Among Higher Secondary School Students*, Unpublished M.A. Dissertation Submitted to the Central Department of Population Studies (Kathmandu: CDPS).
- Manandhar, Pancha Kumari, 2006, "A Note on Adolescents and Sex Education Programmes: Controversy and Challenges," in Ram Sharan Pathak (ed.), *Nepal Population Journal*, Vol.12, pp 163.
- MOH/New ERA/ORG Macro Nepal, 2002, *Nepal Demographic and Health Survey, 2001*(Kathmandu: MOH/New ERA/ORG Macro).
- NCASC 2005, *Data, National Public Health Laboratory* (Kathmandu: NCASC).
- NCASC, 2005, *The Situation of HIV throughout the Country* (Kathmandu: NCASC).



- MOHP, New ERA, Macro Intl., 2007, "HIV/AIDS Related Knowledge, Attitude, and Behaviors", *Nepal Demographic and Health Survey, 2006* (Kathmandu: MOHP/New ERA/ORG Macro Intl.).
- New ERA, 2003, *A Review of Literature on HIV/AIDS and STIs Respect to Female Sex Workers in Nepal* (Kathmandu: New ERA).
- Population Reference Bureau (PRB), 2006, "The Global Challenges of HIV/AIDS", *Population Bulletin*, Vol 6, No. 1, pp 1-3.
- PRB, 2002, "Young Adults, Facing the HIV/AIDS Pandemic," *Population Bulletin*, Vol.57, No. 3, pp. 8-9.
- The Synergy Project, 1999, *Nepal and HIV/AIDS*, Prepared by TvT Associates (Kathmandu: The Senergy Project).
- The World Bank, 2006, *HIV/AIDS in Nepal* (Kathmandu: The World Bank).
- UN, 1989, "World Health Organization Global Programme on AIDS," *AIDS Prevention Through Health Promotion* (New York: UN), pp. 5.
- UN, 2001, "HIV/AIDS in the Caribbean Issues and Opinions," *The Global HIV/AIDS Epidemic* (New York: UN), pp. XV.
- UN, 2005, *Committing to Result: Improving the Effectiveness of HIV/AIDS Assistance* (New York: UN), pp 5-7.
- UNAIDS/Nepal, 2004, *The HIV/AIDS Situation and the National Responsive in Nepal* (Kathmandu: UNAIDS).
- UNDP, 2004, *Development, Spatial Mobility and HIV/AIDS* (Kathmandu: UNDP).
- UNFPA, 2003, "Overview of Adolescents," *State of World Population* (Kathmandu: UNFPA), pp. 1
- UNFPA, 2003, *State of World Population* (Kathmandu: UNFPA).
- UNFPA, 2005, *State of World Population* (Kathmandu: UNFPA).