

CHAPTER- I

INTRODUCTION

1.1: General Background

The worldwide incidence of sexually Transmitted Infections (here after referred to as STIs) is high and increasing. There has been a worldwide outbreak of STIs during the recent past. It is estimated that 333 million curable cases of STIs occur worldwide, most of which are occurring in the developing countries (UN, 1994:68). More than twenty micro organisms that cause infection are known to be transmitted through sexual intercourse. The major STIs are Gonorrhoea, Syphilis, Chlamydia, Virginals, Hepatitis B, Hepatitis C and Genital warts. The situation has worsened considerably with the emergence of HIV epidemic. Although incidence of some STIs is stabilized in some part of the world, there have been increasing cases in many other regions.

AIDS, the acquired immune deficiency syndrome is a fatal illness caused by a Retro-virus known as the Human Immune Deficiency Virus (HIV), which breaks down the body of life threading opportunistic infection, neurological disorder or usual negligence's. Among the special features of HIV infection are that once infected, it is problem that a person will be infected from the life .Strictly speaking, the term can be called our modern pandemic affecting both industrialized and developing countries(Park, 2005:271).

The first cause of AIDS was reported in 1981 in USA since than AIDS become the most divesting treating diseases of the human beings. More than 60 million people are already infected and about 40million people are estimated to be living with HIV. Among which one fourth are reproductive age groups married women (15-49 years) ,(UN AIDS,2005).

As in many other developing countries, both STIs and HIV\AIDS are emerging as major looming threat in Nepal. Ever since in Nepal in1988,the number of

cases of HIV/AIDS has increasing rapidly. The latest statistics of December 30,2006 shows that there are 8509 cases of HIV positive out of which 2337 women of reproductive age groups (15-49 years),(NCASC, 2006).

The alarming situation may be attributed to the lack of people education and unemployment. Biological cultural and socio-economic condition contributes to women's greater vulnerability to HIV. During unprotected vaginal intercourse, a woman's risk of becoming infected is up to four times higher than that of man. The vaginal has a large area of susceptible tissue compared with the male urethra and often sustains micro trauma during intercourse. In addition, HIV infected semen typically contains a higher viral concentration than vaginal secretions.

The risk of HIV infection increases for people who have other sexually transmitted infections (STIs). Research shows that some untreated STIs are either partner can increase the risk of HIV transmission as much as tenfold. This is especially significant for women because many STIs cases in women go untreated. Women's symptoms are often latent or difficult to see and many women who have been diagnosed with STIs do not receive medical treatment (population Bulletin vol.61 NO.1, 2006).

The immune system disorders associated with HIV infection. AIDS is considered to occur primarily from the gradual depletion in a specialized group of white blood cells (lymphocytes) called T-helper or T-4 lymphocyte and is also commonly known as CD4+cell. These cells play a key role in regulating the immune response. HIV selectively infects T-helper cells are destroyed, consequently people with AIDS tend to have low overall white blood cell count. Whereas healthy individuals have twice as many "helper cells as suppressor cells", in the AIDS patient the ratio is reversed. A decreased ratio of T-helper to Suppressor cells may be an indirect indicator of the immune system of patients with AIDS is found lymphopenia, with a total lymphocyte count

often below 500 C.M.M. It is the alternation in T-cell function that is responsible for the development of neoplasm, the development of opportunistic infections, or the inability to mount a delayed type hypersensitivity response. The lack of an obvious immunological response by the host to the virus is one of the problem confronting scientists. That is those with antibodies to HIV, usually have too few HIV antibodies and these antibodies are also ineffective against the virus (Park, 2005:274).

AIDS (Acquired Immune Deficiency Syndrome) is a medical diagnosis of illness which results from a specific weakness of the immune system. HIV/AIDS is transmitted by sexual intercourse (semen/vaginal secretion of infected persons passing through injured skin or mucous membrane of the healthy person), using unsterilized piercing instruments, from an infected mother to her child and infected blood transfusion (blood of infection person passes through injured skin).

The HIV virus is not transmitted by social contact, like shaking hands, sitting closely, playing and working together. Similarly, HIV is not transmitted through food water, utensils, toilet bathroom and insects.

There are Three Stages of HIV infections:

A. Healthy person infected with HIV around the time of infection some people have a short-illness similar to glandular fever.

B. Illness associated with HIV infection may begin to appear. A person is infected with HIV may begin to show signs of illness often six months or many years.

Clinical Signs of AIDS

Major signs-Weight loss, fever for longer, diarrhea, fatigue

Minor signs-Coughed from more than one month, itchy skin and throat.

C. The illness of AIDS

Finally, so much of the immune system is destroyed that the person is attracted by rare and serious infections, which eventually kill him/her,

Prevention of HIV/AIDS

- * Adopted safe and clear sex.
- * Avoid needles used by drug addict and infected people.
- * Use Condom in time of sexual intercourse.
- * Avoid multiple sex partners and stick to one partner only.
- * Avoid blood transfusion unless absolutely necessary.
- * In case of doubt get, blood test done.

Nepal is not far from this problem. The history of HIV/AIDS epidemic in Nepal is now more than 17 years. The number of HIV infected people including AIDS has increased at an alarming rate reaching a total of 6650 in May 31, 2006. Out of 6650 HIV infected cases 4782 male and 1868 were females. A total of 322 cases have been found dead due to AIDS (NCASC, 2006).

Table 1.1: Cumulative HIV/AIDS situation of Nepal as of December 31, 2006

| Condition | Male | Female | Total | New cases in December 2006 |
|--------------------------------|-------------|---------------|--------------|-----------------------------------|
| HIV positives (Including AIDS) | 5999 | 2510 | 8509 | 265 |
| AIDS (Out of total HIV) | 893 | 333 | 1226* | 22 |

Cumulative HIV Infection by sub-group and Sex

| Sub-group | Male | Female | Total | New cases in December 2006 |
|-------------------------------|-------------|---------------|--------------|---------------------------------------|
| Sex Workers(SW) | 0 | 648 | 648 | 5 |
| Clients of SWs/STD | 4002 | 103 | 4105 | 116 |
| Housewives | 0 | 1601 | 1601 | 70 |
| Blood or organ recipients | 16 | 5 | 21 | 1 |
| Injecting Drug Use | 1752 | 28 | 1780* | 53 |
| Men having Sex with men (MSM) | 10 | 0 | 10 | 0 |
| Children | 219 | 125 | 344 | 20 |
| Total | 5999 | 2510 | 8509 | 265 |

Modes of Transmission – IDU or Sexual

Source:NCASC2006, Kathmandu

The numbers of infected persons are increasing from those people who are engaged in commercial sex. The highest numbers of infected persons are male clients of commercial sex workers (Table-1)). The HIV infection is found to be maximum in the age group 30-39 years.

Table 1.2: Cumulative HIV Infections by Age Group

| Age group | Male | Female | Total | New cases in December 2006 |
|------------------|-------------|---------------|--------------|-----------------------------------|
| 0-4Years | 91 | 49 | 140 | 8 |
| 5-9Years | 107 | 61 | 168 | 9 |
| 10-14Years | 34 | 22 | 56 | 2 |
| 15-19years | 207 | 212 | 419 | 2 |
| 20-24Years | 950 | 498 | 1448 | 38 |
| 25-29Years | 1460 | | 2103 | 555 |
| 30-39Years | 2427 | 776 | 3203 | 121 |
| 40-49Years | 605 | 208 | 813 | 24 |
| 50-above | 118 | 41 | 159 | 6 |
| Total | 5999 | 2510 | 8509 | 265 |

Modes of Transmission – IDU or Sexual

Source: NCASC2006, Kathmandu

Still there is no cure for AIDS so health education and mass media awareness are the two key factors to address the problem.

1.2: Statement of Problem

According to AIDS news letter, 20 million people have died and 39.4million infected by 2004 and 13000 new HIV infection everyday globally.

In Nepal , the highest number of HIV infected age groups are 30-39 years followed by 25-29 years and 20-24 years which is 3203, 2103 and 1448 respectively(NCASC,2006).This data shows that high infected age groups is 20-39 as sum.

In Nepal low age at marriage is universal. After marriage they participate in sexual activity. In this situation, women and children are the most vulnerable

and least able to protect themselves. Some women and children are the most vulnerable and least able to protect themselves. Some women,(for example Tea shop women, Hotel women and the women of low economic condition)can engage in risky sexual behavior, such as sex work in an effort to survive. Additionally as security situation detracted women and girls often subjected to sexual violence and rape.

It is assumed that in community various types' people live. They come from various marginalized socio-economic and cultural background. Some of them are illiterate. The illiterate women have low level of knowledge of HIV/AIDS. In The VDC level, they might have limited access to information and communication on STIs and HIV/AIDS and knowledge with regard to their mode of transmission, treatment and preventive measure. Further more, since the programmers of STD sand HIV/AIDS generally is confined and targeted to married women of reproductive age groups (15-49 years).

The governmental organizations like national center of AIDS and STIs control(NCASC),many NGOs and INGOS like UNAIDS, UNFPA and WHO apparently have prominent role in formulating and implementing programmers and conducting IEC programmers ,their effort may be insufficient due to the scarcity of adequate information about knowledge, perception and behavior of STIs and HIV/AIDS other specially among married women of reproductive age group(15-49),who live in Gitanagar VDC of seven, eight and nine wards.

The large numbers of married women of reproductive age groups are unknown regarding sexual and reproductive health and the prevalence of pandemic STIs including HIV/AIDS. Today, AIDS is most boring issue in the World and it has no any cure. Prevention is only remedial aspect of the diseases. Therefore, public awareness is the most essential thing to protect from HIV/AIDS.HIV infected women can transport HIV to their husband and other persons .There was not study carried out focusing on knowledge and behavior of STIs and

HIV/AIDS of reproductive age group women in zone Chitwan of Nepal. So this study concentrates on the relationship between socio-economic and demographic characteristics and knowledge and behavior on STIs and HIV/AIDS of reproductive age group women's (15-49years).

In brief, the present study is expected to answer the following question.

*What is demographic characteristics and social-economic status of the respondent of married women of reproductive age groups (15-49 Years)?

*what is the level of knowledge and behavior on STIs and HIV/AIDS among the respondent married women of that reproductive age groups (15-49Years)?

*What are the major sources of information of STIs and HIV/AIDS among the respondent married women of reproductive age groups?

*What types of coherent policies should be formulated to prevent and control STIs and HIV/AIDS epidemics?

1.3: Objectives of the Study

The main objective of the study is to reflect the picture of knowledge and behavior of married women of reproductive age groups (15-49Years) to STIs and HIV/AIDS in Gitanagar VDC in Chitwan district.

The specific objectives of the study are:

*To identify the socio-economic and demographic status.

*To examine their level of knowledge on STIs and HIV/AIDS.

*To examine their level of knowledge for the preventive measure of STIs and HIV/AIDS.

*To identify their behavior on STIs and HIV/AIDS.

1.4: Significance of the Study

The world wide incident of STIs is high and even increasing. The situation has worsened with the emergence of the fatal (HIV/AIDS). The national center for AIDS and STIs control (NCASC) is playing dominated role in providing data, information, education and communication sharing the assistance from other on-governmental organizations. Its efforts may be insufficient due to lack of information about the perception of AIDS in community level, in rural areas so these studies focus on the rural areas woman's perception about AIDS.

The married women of reproductive age group (15-49Years) mostly participated in sexual activity. In Nepal, low age at marriage is universal. They participate in sexual activity from previous stages. Reproductive age groups women are also the pillar of socio-economic and political development of any country. Thus they enter in socio-economic and political development of any country. Thus when they enter in reproductive life, they need to have appropriate knowledge on concerned matter the proper information about human reproductive, sexuality, STIs and HIV/AIDS.

The study attempts to provide the information about the STIs and HIV/AIDS knowledge age group of Gitanagar VDC in Chitwan district.

The study will be useful for planners and policy makers to develop and improve the status of married women of reproductive age groups (15-49Years) toward sexual health STIs and HIV/AIDS, when they will know about their sexual health STIs and HIV/AIDS. They can easily cope with their problem which is related by the unproduced sexual intercourse, negative thinking about sexuality and HIV/AIDS.

1.5: Limitations of the Study

The study has its own limitation and short comings from only a study cannot covered all subject and area of the nation. The study has tried to analyses the knowledge and behavior of STIs and HIV/AIDS among the respondent married

women of age group 15-49 years of Gitanagar VDC in Chitwan. However the following are the limitations, which may be acceptable to this study.

- * The study is limited to the married women of reproductive age groups (15-49 years) of Gitanagar in three wards (Seven, Eight and Nine) of Chitwan. The result of the study may not be generalized for other centers else were in Nepal.
- * The study is limited to reflect the knowledge and behavior towards STIs and HIV/AIDS.
- * This study covers only 100 women of reproductive age groups.
- * This study based on primary sources of data.
- * Only selected socio-economic and demographic variables taken which consideration in the study.

1.6: Organization of the Study

This study has been organized in six different chapters. It starts with an introduction under which the study outlines the general back ground statements of the problem objectives of the study significance of the study, limitation of the study and organization of the study. The second chapter deals with the review of previous literature with chapter include the theoretical and empirical review, variables identification and conceptual frame work. Third chapter outlines research methodology this chapter describes the sample design, questionnaire design, field operation, data processing, and analysis tools. Describe the identification of sample population in the chapter fourth; this chapter deals socio-economic and demographic characteristics of sample population. The fifth chapter explain the knowledge and behavior on STIs and HIV AIDS of the respondents and last one is six chapter deals summary, conclusion of the study and recommendations.

CHAPTER-II

LITERATURE REVIEW

This chapter deals with the review of literature. The whole review divided into three sections as empirical, theoretical and conceptual, which are as follows.

2.1: Empirical literature Review

This empirical literature review includes global situation, pastern Europe and central Asia, Indian and china of STIs and HIV/AIDS.

The AIDS epidemic may be the most devastating health disaster in Human history. The diseases, continues to ravage families and communities throughout the world. In addition to the 25 million people who had died of AIDS by the end of 2005, at least 40 million people are now living with HIV/AIDS. An estimated 4.9 million people were newly infected with HIV in 2005 -95 percent of them in sub-Saharan Africa, Eastern Europe or Asia. While some areas have successfully slowed the epidemic, it is surging in others (WHO, 2005:3).

In the most affected regions, hard-earned improvements in health over the last 50 years have been overwhelmed by death and disability from AIDS. The diseases is crippling progress at the personal, family, community, economic growth and political stability are also threatened.

Sub-Saharan Africa is the hardest hit region in the world. More Africans die of AIDS- related illness than of any other causes. South Africa has the largest number of people living with HIV-between 4.5 million and 6.2 million. Swaziland has the highest adult HIV prevalence rate: More than 38 percent of adults are infected with HIV.

While the scale and force of the epidemic have hit Africa hardest, other regions also face serious AIDS epidemics. HIV prevalence is spreading fastest in Eastern Europe and the former Soviet republics because of increase in injecting drug use and breakdown in the health care system.

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 effectively, large-scale prevention programs.

Countries throughout the industrialization 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 marginalization groups.

Globally, the AIDS pandemic shows no sign of slowing, despite concerted efforts to control it and a few.

Table2.1: HIV and AIDS Indicators by Region, 2005

| Region | People living With HIV | People newly infected in 2005 | Prevalence (% of adults infected) | Deaths due to AIDS in 2005 |
|-----------------------------|------------------------|-------------------------------|-----------------------------------|----------------------------|
| World | 40,300,000 | 4,900,000 | 1.1 | 3,100,000 |
| Sub-Saharan Africa | 25,800,000 | 3,200,000 | 7.2 | 2,400,000 |
| North. Africa/Middle East | 510,000 | 67,000 | 0.2 | 58,000 |
| South/Southeast Asia | 7,400,000 | 990,000 | 0.7 | 480,000 |
| East Asia | 870,000 | 140,000 | 0.1 | 41,000 |
| Oceania | 74,000 | 8,200 | 0.5 | 3,600 |
| Latin America | 1,800,000 | 200,000 | 0.6 | 66,000 |
| Caribbean | 300,000 | 30,000 | 1.6 | 24,000 |
| Eastern Europe/Central Asia | 1,600,000 | 270,000 | 0.9 | 62,000 |
| Western/Central Europe | 720,000 | 22,000 | 0.3 | 12,000 |
| North America | 1,200,000 | 43,000 | 0.7 | 18,000 |

Note: Estimate represents the midpoint of a range. The world total, for example, ranges from 36.7 million to 45.3 million. Prevalence rate refers to the percentage of adult's ages 15 to 49 infected with HIV.

Source: Joint United national Program on HIV/ AIDS (UNAIDS), and world Health Organization (WHO), AIDS epidemic Update, December 2005(2005):3.

The difficulties in reducing the number of new infection are also compounded by poor access to lifesaving treatment. The joint United Nation Program on HIV/AIDS(UNAIDS) estimates that only about 15 percent of the 6.5 million people in developing countries who need treatment have access to antiretroviral drugs.

2.1.1: Emerging HIV Epidemics

While some countries are controlling the AIDS epidemic, HIV prevalence is spreading into new areas and increasing rapidly in others. The most alarming increases are in Eastern Europe and Central Asia, India and China.

Eastern Europe and Central Asia are experiencing rapidly growing HIV epidemics. As estimated 1.6 million people are living with HIV in the region. Injection drug use has been driving the epidemics, but unprotected sex is an increasingly common mode of transmission. The Russian Federation and Ukraine are this regions most affected areas. An estimated 860,000 people were living with HIV in the Russian Federation at the end of 2003, and 360,000 were living with HIV in Ukraine.

A numbers of countries in Asia are facing emerging HIV epidemics. In India, at least 5 million people were living with HIV in 2005. In northeastern India, the virus is spread primarily through unprotected sex. While injecting drug use account for most infections in northeastern India. In most parts of India, commercial sex in the driving factors. Overall prevalence continues to rise and HIV is moving beyond the urban areas.

China had an estimated 650,000 people living with HIV in 2005. The most serious epidemics have been among injecting drug users, sex workers, and plasma donors as well as their partners. Already are sings that HIV is spreading from population who practices high-risk behavior into the general population. HIV has been detected in all 31 provinces in china.

Vietnam, Indonesia and Pakistan are also on the verge of serious epidemics. In Vietnam, an estimated 263,000 people are living with HIV-twice the number in 2000. The interaction between injecting drug use and sex work is fueling the epidemic. All 64 provinces have detected cases of HIV.

Indonesia had an estimated 110,000 people living with HIV at the end of 2003. Drive primarily by injecting drug use, the epidemic is spreading into remote areas of the country. HIV is also entering commercial sex network, with an expansion into the general population likely to follow.

In Pakistan, an estimated 74,000 people were living with HIV at the end of 2003. Drug users and sex workers maintain high level of risk behavior but have limited knowledge about HIV, setting the stage for an increasingly serious HIV epidemic (UNAIDS, 2004).

2.2: Theoretical Literature Review

This theoretical literature review explains the relationship between various socio-economic demographic and other factor and STIs, HIV/ AIDS and sexual behavior.

2.2.1: Socio-economic Cultural and Gender Inequalities and HIV/AIDS

Transmission of HIV has been closely linked with poverty; social, cultural and economic inequalities related to gender, race and cultural difference, migration floes of people with in and between countries and social turbulence. In turn the epidemic has exacerbated these conditions (UNDP, 1993:2).

The principle behavioral components that effect the rate of the sexual transmission of HIV/AIDS and other STIs in a given unit of time are the frequency of sexual intercourse, types of sexual acts, number of partners and the rate of partner change (Anderson,1992). The level of causal sex outside a stable relationship and may be either premarital or extramarital and either with

prostitutes or not affects the rate too. It also depends on the extent of the condom use, the level of STIs and incidence of male circumcision.

According to the health belief model, individuals attitude plays an important role in the prevention of diseases benefits of health action and barriers to the health action and this attitude is modified by demographic and psychology sociological factor (Pollack,1992).

2.2.2: Education and HIV/AIDS

Knowledge about AIDS and HIV is correlated with sexual behavior. A multivariate factor analysis indicates that the more knowledge recent prostitute patrons are about the AIDS virus (especially regarding how to protect themselves against it) the more likely they are consistently to use condoms (Craiel, 1997:107). These arguments support that the higher the education higher the knowledge of HIV/AIDS and better sexual behavior. It is also said that there is a positive relationship between education and knowledge of HIV/AIDS and healthy sexual behavior.

Many demographic studies have shown that education of women has a multidimensional effect. Acharya observed that if women are educated at least up to secondary level they have a very high chance of acquiring the knowledge on AIDS. Similarly husband's education also has a strong association with the knowledge of AIDS. Percentage of women with some secondary education is only 12 and that of women whose husbands have some secondary education is 45 (Acharaya, 1999:135-136).

2.2.3: Women and HIV/AIDS

All over the world women find themselves at a higher risk of HIV/AIDS because of their lack of power to determine where when and whether sex takes place what is perhaps less often recognized is that cultural beliefs and expectations also heighten men's vulnerability. Men are less likely to seek health care than women and are much more likely to engage in sexual behavior men are

also less likely to inject drugs risking infection from needles and syringes contaminated with HIV.

All over the world and on average men have more sex partners than women moreover HIV is more easily transmitted sexually from men to women and vice-versa. In addition HIV positive drug users who are mostly male can transmit the virus to both men drug partners and sex partners.

The 21st special session of the UN general assembly (9CPD+5) held in 1999 drew attention to the role of gender equality as key determination of success in the struggle against AIDS. Step need urgently to be taken to enhance women's ability and knowledge and to empower them to taken informed decision and actions.

Report from Africa, Asia and elsewhere suggest that infected men are less likely than women to support one another and look for help from their family and friends. Men who discover that they are HIV positive often cope less well than women. However, when men with HIV start to develop diseases, they are the ones who are more likely to receive care from their family. In the traditional male-female division of labor, the provision of care for sick family members falls to women. This pattern has tended to prevail even in the AIDS era. Although sexual transmission in marriage both partners can be ill and require attention studies from Mexico found that married women with HIV/AIDS often returned to their parent's home because they are unlikely to receive adequate care from their husbands (UNAIDS,2000).

2.2.4 : Marriage and HIV/AIDS

Marriage does not always protect young women against HIV infection. Since a much higher percentage of young men than young women become sexually active early, young women become sexually active early; young women are likely to marry an already sexually experienced man. In pune, India a study in a SII clinic found that 25 percent of the 4000 womens attending the clinic were infected with an STIs and 14 percent where HIV positive among the 93 percent who were married, 91 percent had only one partner their husband (UNFPA,2003:24).

2.2.5: Place of residence and HIV/AIDS

The rate of STD incident are generally much higher in the city than in rural areas but because rural areas lack laboratories and qualified health personnel, it is often difficult to determine the level of STD. STIs in rural setting are usually less common through also less easily treated than in the city (Carael 1997:112).

The HIV/AIDS pandemic leas initially centered in urban location. Rural HIV and STIs prevalence with generally have been found to be much lower than urban prevalence with some noticeable exception. In the developing countries, except Latin America, the majority of the population on rural (Carael 1997:107).

2.2.6: Media and Knowledge of HIV/AIDS

The higher the resources of media higher the knowledge of HIV/AIDS and healthy sexual behavior position of Radio and Television at home has generate influence on having knowledge of AIDS women who have Television at home 8 time higher chance of acquiring knowledge of AIDS. However only about 10 percent women have such facility and these women might have better education better economic condition and better access to heath service (Acharya, 1993:134).The positive relationship between media and knowledge of HIV/AIDS and healthy sexual behavior. Media should play the various roles on HIV/AIDS among public.

2.2.7: Sexual Behaviors

The traveler from one culture to another is destined to encounter potential variation in sexual norms and roles cultures very enormously in how they approve or disapprove of sexual behavior such as sexual playing childhood or in variation in sexual conduct that include pleasure or non reproductive fore play between the married couple (Herdt,1999:8).

Gonorrhea Chlamydia Syphilis herpes Genital and HIV positive and AIDS are most prevent RTIs among the reproductive age women (Bista, 2002:23).

High level of sexual activity, large differentials in rates of sexual partner change and extensive mixing between those with high and low rates of partner change will combine to use large epidemics and more severe demographic consequences (Gregson et al 1994 as cited in Mainali 1995:10).

Prostitution among Nepali women and girls were found to be one of the major contributors in prevalence of HIV/AIDS in Nepal several women and girls involved in prostitution in Mumbai and other cities in India were reported as HIV positive and they are generally supposed to come back to home which help AIDS spread in Nepal (Acharya 1998:5).

Empowering young and reproductive people to abstain as a choice, delay sexual initiation, reject unwanted advances, as well as providing them with access to condom, knowledge of their proper use and the ability to negotiate safer sex, can taken together, make the difference between life and death. Even though most people become sexually active during adolescence, reproductive age women and men have difficulty obtaining condoms and may do not know how to use them properly (UNFPA, 2005:52).

The prevailing culture and tradition encourage the people to involve in sexual activities. Badi, Chhaupadi, system of Nepal can be illustrative examples (Acharya 2004; 120).

Risky sexual behavior is high among migrants internal migrants reported more contact with sex workers than other. One study conducted in Kailali district should that even the HIV infected to non infected persons were not using condom during sex with their wife's. (Acharya, 2005; 32)

2.3: Nepalese Context

Nepal is not far from HIV/AIDS. The estimated HIV prevalence in Nepal by the end of 2002 was about 60,000 or close to 0.5 percent of the 15-49 years old population. Nepal's pattern of FSWs in primary non –brother based, it appears likely that HIV prevalence in Nepal may not reach such high levels (WHO, 2003: 42).

In Nepal there are 1762 female of reproductive age group are affected by HIV/AIDS. The number of HIV infected people including AIDS has increased .At an alarming rate reaching a total of 8509 in December, 2006. Out of 8509 HIV infected cases 5999 are males and 2510 are females. In Nepal there are 2337 female of reproductive age groups are affected by HIV/AIDS by December, (NCASC, 2006).

In limited resource setting such as Nepal, there are many competing priorities for scarce resources within families, village and government. Most would be unable to sustain the increased demands are stresses caused by a widespread HIV/AIDS epidemic.

The level of knowledge about HIV/AIDS among the FSWs is very high. Several studies conducted during different points of time reported the knowledge of HIV/AIDS among the sex workers between 80 almost 100 percent.

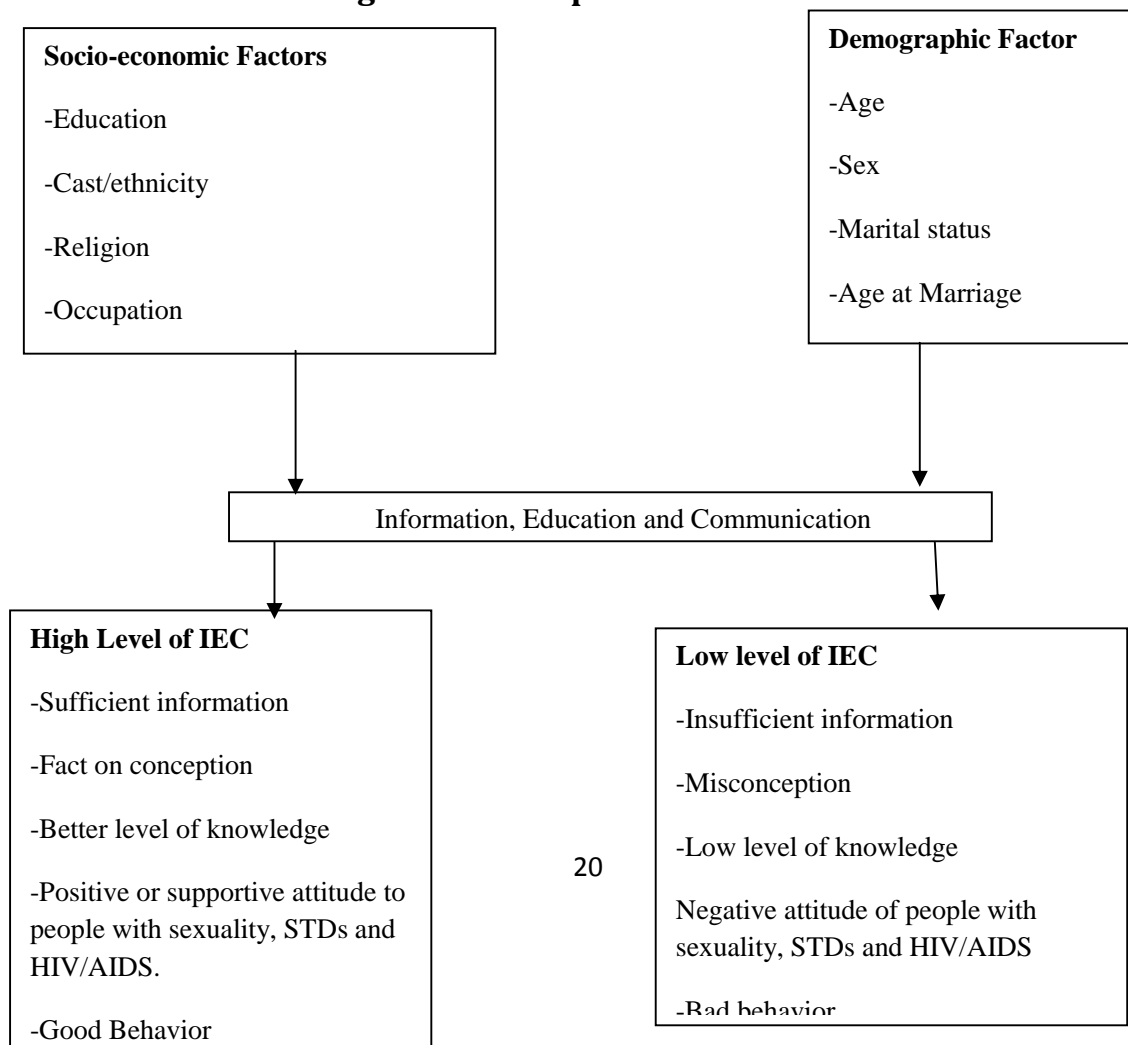
The majority of reported HIV infection is transmitted through heterosexual route (Subedi, 1998).IDU among unprotected sex with commercial sex workers is another main cause of the rapid spread (HIV,2002). Recent female sex workers in the Terai region are HIV positive, and almost 20 percent suffer treated STIs. However injecting drug uses filling the rapid spread of HIV in Nepal.

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

2.4: Conceptual Framework

The studies indicate that human sexual behavior is influenced by socioeconomically, cultural and demographic factors. The effective knowledge on STIs and HIV/AIDS plays a vital role in the transmission of the diseases, and hence their prevalence. In this research study, it has attempted to explain the effect of several actors on knowledge and behavior of anyone about sexuality STIs and HIV/AIDS. Hence, socio-economic factors affecting.

Figure 1: Conceptual Framework



CHAPTER-III

METHODOLOGY

3.1: Introduction of the Study Area

Nepal is a small country with 14 zones and 75 districts. Chitwan district is one of the 75 districts situated in central development region and Narayani zone. It consists of with 36 VDC and 2 municipalities namely Bharatpur and Ratnanagar.

The research has been undertaken of the population who were women of reproductive age. This section discusses a set of methods, which are employed to accomplish the research objectives. More specifically, it contains, sample design questionnaire design, field operation, data processing and tools of data analysis. This study has been carried out in Gitanagar. The interviews were taken in the three different location of Gitanagar area i.e. Gitanagar-7, Indrapuri-8 and Parasnagar-9.

3.2: Sample Design

To analyze the knowledge and behavior on STD's and HIV/ AIDS among married women of reproductive age of the study area; the data were collected from married women of reproductive age from three wards (7, 8 and 9) of Gitanagar VDC by using direct face to face interview. The purposive sampling method were selected the women for interview from the total number of married women of reproductive age. This method will imply for three wards. The complete list of all knowledge and behavior were got from house hold listing and teashops. Sample selections were easier and accurate in total population of three wards I had taken from married women of reproductive age groups. The respondents were selected by the help of VDC members for each ward respectively.

3.3: Questionnaire Design

A set of question was designed to obtain from types of information. They are household question, individual question, knowledge of HIV/AIDS question and one is medium of information question. All types of questions were asked to the married women of reproductive age groups (15-49). Generally, household question were designed to collect the information of name of families, education ,age ,occupation and relation to family .Second type of questions were designed to collect the information of education ,ethnicity ,religions ,income ,expenditure and child ever born.

Third type of questions were designed on knowledge on STIs and HIV/AIDS , which included collecting the information how STIs and HIV/AIDS transmitted and how to prevent it in respondent's perception. And last types of questions were designed to obtain the information about sexual behavior of respondents.

3.4: Data Collection

The study was on primary data obtained through purposive sampling method. The eligible obtained respondents were married women of 15-49 years.100 respondents were selected from three wards. In these respondents some from household and some from tea shop.

The primary information was collected from the survey which includes field observation and individual interviewer to the selected respondent of squatter settlement with the help of structured questionnaires.

The data on knowledge and behavior will collected in verified with the information provided by respondents.

3.5: Data Processing

After data collection data coding was done to help to data entry with SPSS programmed, which help to data tabulation and data analysis.

3.6: Analysis Tool

Simple descriptive statistics tools were used to analyze to obtain data. On the other hand, percentage was calculated and accordingly table, charts were constructed to present the information more effectively. Similarly data were presented by pie chart.

CHAPTER – IV

INTRODUCTION TO STUDY POPULATION

This chapter presents the socio-economic and demographic characteristics of the respondent of Gitanagar VDC. Socio-economic characteristics include caste/ethnicity, religion, literacy status and level of education, attained monthly income and occupation of the respondent. Similarly, demographic characteristics include age at marriage, family size and age sex composition.

4.1: Social Characteristics of the Respondents

This section describes the distribution of the respondent by their caste/ethnicity, religion, literacy status and educational level attained.

4.1.1: Caste/Ethnicity

The table 4.1 shows the distribution of the respondents by their caste/ethnicity. It shows that majority of the women were Chhetries (25.0%) followed by Brahmin (19.0%). The percentage of the respondents for the corresponding caste/ethnic groups, Tharu (17.0%), Kami (12.0%), Magar (11.0%), Newar(7.0%), Damai (6.0%) and other (3.0%) respectively. In this data the high caste ethnicity group is Chhetri and low is others caste groups.

Table 4.1: Percentage Distribution of the Respondent by their Caste/Ethnicity

| Caste/Ethnicity | Number of Women | Percent |
|-----------------|-----------------|---------|
| Brahmin | 19 | 19.0 |
| Chhetri | 25 | 25.0 |
| Magar | 11 | 11.0 |
| Newar | 7 | 7.0 |
| Tharu | 17 | 17.0 |
| Kami | 12 | 12.0 |
| Damai | 6 | 6.0 |
| Others | 3 | 3.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

4.1.2: Religion

Religion is one of the determining factors of human behavior. It is taken of the important demographic factor. The study found that among the total 100 respondents, (78.0 percent) were Hindus followed by Buddhism (12.0 percent), Islam (6.0 percent) and Christian (2.0 percent). It shows that the majority population believed in Hindu religion. The table 4.2 shows the percentage distribution of the respondents according to their religion.

Table 4.2: Percentage Distribution of the Respondents by their Religion

| Religion | Number | Percent |
|-----------------|---------------|----------------|
| Hindu | 78 | 78.0 |
| Buddhism | 12 | 12.0 |
| Islam | 6 | 6.0 |
| Christian | 2 | 2.0 |
| Others | 2 | 2.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

4.1.3: Education

Education is an important indicator of the social status of an individual and the most fundamental factor in the human personality development. Hence, the collection of the information about educational status of the respondent is inevitable. In the other to obtain the information on the literacy status, "can you read and write?" was the question asked to the respondents. The study found that, among the total of 100 women interviewed, (88.0 percent) of them were literate (they were found to be able to read and write simple words in Nepali language). Remaining (12.0 percent) of them were illiterate (could not read and

write simple words in any language). The literate respondents were also classified into seven groups on the basis of the optimum degree that they had acquired. Among literate respondents ((13.7 percent) of them had no schooling. Similarly, (9.1 percent) of them completed primary level (classes 1-5) Likewise, (25.0 percent) of them completed lower secondary level (classes 6-8) of education. On the other hand (19.3 percent) of them completed secondary (classes 8-10). The percentages of the respondents for the corresponding education S.L.C, intermediate and bachelor and above were (15.9%), (12.5%), (4.6%) respectively.

Table 4.3: Percentage Distribution of the Respondents by their Literacy Status

| Literacy status | Number | percent |
|------------------------|---------------|----------------|
| Literate | 88 | 88.0 |
| Illiterate | 12 | 12.0 |
| Total | 100 | 100.0 |

| Educational level | Number | Percent |
|--------------------------|---------------|----------------|
| No Schooling | 12 | 13.7 |
| Primary | 8 | 9.1 |
| Lower secondary | 22 | 25.0 |
| Secondary | 17 | 19.3 |
| S.L.C. | 14 | 15.9 |
| Intermediate | 11 | 12.5 |
| Bachelor and above | 4 | 4.6 |

| | | |
|-------|----|-------|
| Total | 88 | 100.0 |
|-------|----|-------|

Source: Field Survey, 2007

4.2: Economic Characteristic of Respondents

Economic characteristics are the key factor of human behavior and knowledge toward STIs and HIV/AIDS.

4.2.1: Family Income Distribution

Average monthly family income is one of the important factor, that determines the level of knowledge and behavior of an individual toward STIs and HIV/AIDS. The table 4.4 shows the distribution of the respondent by their monthly family income. For the distribution of the respondents by their average monthly income. The results shows that (33.0 percent) of the respondent's average monthly income was RS 3001-5001, followed by (26.0 percent) had Rs 2000-3000 and (5.0 percent) had below Rs 1000.

Table 4.4: Percentage Distribution of the Respondents by their Monthly Family Income,

| Monthly Family Income (Income in Rs) | Number | Percent |
|---|--------|---------|
| Below Rs 1000 | 5 | 5.0 |
| Rs 1001 - 2000 | 17 | 17.0 |
| Rs2001 - 3000 | 26 | 26.0 |
| Rs3001 - 5000 | 33 | 33.0 |
| RS5001 and above | 19 | 19.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

4.2.2: Occupation

4.2.2.1: Husband's Occupation

Most of the respondent's husbands are engaged in the agriculture sector. Table 4.5 shows, (53.0 percent) of respondent's husband involved in agriculture, (18.0 percent) involved in service, and (12.0 percent) involved in business sector. Similarly, (14.0 percent) are working as a daily wages labour and (3.0 percent) are engaged other occupations.

Table 4.5: Percentage Distribution of the Respondent's Husband Occupation

| Husband Occupation | Number | Percent |
|---------------------------|---------------|----------------|
| Agriculture | 53 | 53.0 |
| Service | 18 | 18.0 |
| Business | 12 | 12.0 |
| Daily Wages | 14 | 14.0 |
| Others | 03 | 3.0 |
| Total | 100 | 100.00 |

Source: Field Survey, 2007

4.2.2.2: Respondents Occupation

The table 4.6 shows that (75.0 percent) respondents involved in agriculture, (8.0 percent) involved in services, and (6.0 percent) involved in business. Similarly, (9.0 percent) engaged daily wages and (2.0 percent) in other occupations.

Table 4.6: Percentage Distribution of Respondents by Occupation

| Respondents Occupation | Number | Percent |
|-------------------------------|---------------|----------------|
| Agriculture | 75 | 75.0 |
| Service | 8 | 8.0 |
| Business | 6 | 6.0 |
| Daily wage | 9 | 9.0 |
| Others | 2 | 2.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

4.3: Demographic Characteristics

This section presents the demographic characteristics of the respondent. Demographic characteristics, includes age structure, age at marriage and family size.

4.3.1: Age Structure

Age and sex composition play a important role in determining the population distribution of the study area. Every individual has certain responsibilities towards their family and society according to their age. Development of a nation very much depends upon the age groups of this population. So age and sex distribution plays vital role in planning economic and social development of the country.

This study is conducted mainly to analyze the knowledge and behaviour on STIs and HIV/AIDS. Informations were married women of age 15-49 years. Table 4.7 shows that the large number of respondents were in age 25-29 years, which is (23 percent) flowed by age 30-34 (18 percent), 20-24 (16 percent) and 40-44 (11 percent).

Table 4.7: Percentage Distribution of the Respondents by Age Structure

| Age Group | Number | Percent |
|------------------|---------------|----------------|
| 15-19 | 5 | 5.0 |
| 20-24 | 16 | 16.0 |
| 25-29 | 23 | 23.0 |
| 30-34 | 18 | 18.0 |
| 35-39 | 9 | 9.0 |
| 40-44 | 11 | 11.0 |
| 45-49 | 6 | 6.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

4.3.2: Age at Marriage

Marriage is universal and still early marriage practice can be observed in Nepal. Age at marriage is another important factor which determines knowledge and behaviour on STIs and HIV/AIDS.

According to the table 4.8, the majority (44.0 percent) of the respondent were married at the age 20-24 years followed by (37.0 percent) were married at the age of 15-19 years and (11.0 percent) were got married at the age of 25 years and above and (8.0 percent) were married within 10-14 years.

Table 4.8: Percentage Distribution of the Respondents by their Age at Marriage

| Age at marriage | Number | Percent |
|------------------------|---------------|----------------|
| 10-14 | 8 | 8.0 |
| 15-19 | 37 | 37.0 |
| 20-24 | 44 | 44.0 |
| 25 and above | 11 | 11.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

4.3.3: Family Size

Family size shows the status of quality of life. Generally, in large family it is difficult to provide all types of facilities. It may not be always true but most probably in real to find out the family size of the respondents at the field survey an open question was asked to "fill the number of their family members " and the result is presented in table 4.9. The number of family members has been recorded into four categories.

Table 4.9 the percentage distribution of the respondents by their family size. Out of the total respondents more than half of them had 5-6 members followed by 4 and less than 4 members had (25.0 percent), 7-8 members had (8.0 percent) and nine and more than nine members had (14.0 percent).

Table 4.9: Percentage Distribution of Respondents by their Family Size Number

| Number of Family Member | Number | Percent |
|--------------------------------|---------------|----------------|
| ≤4 | 25 | 25.0 |
| 5-6 | 53 | 53.0 |
| 7-8 | 8 | 8.0 |
| ≥9 | 14 | 14.0 |
| Total | 100 | 100.0 |

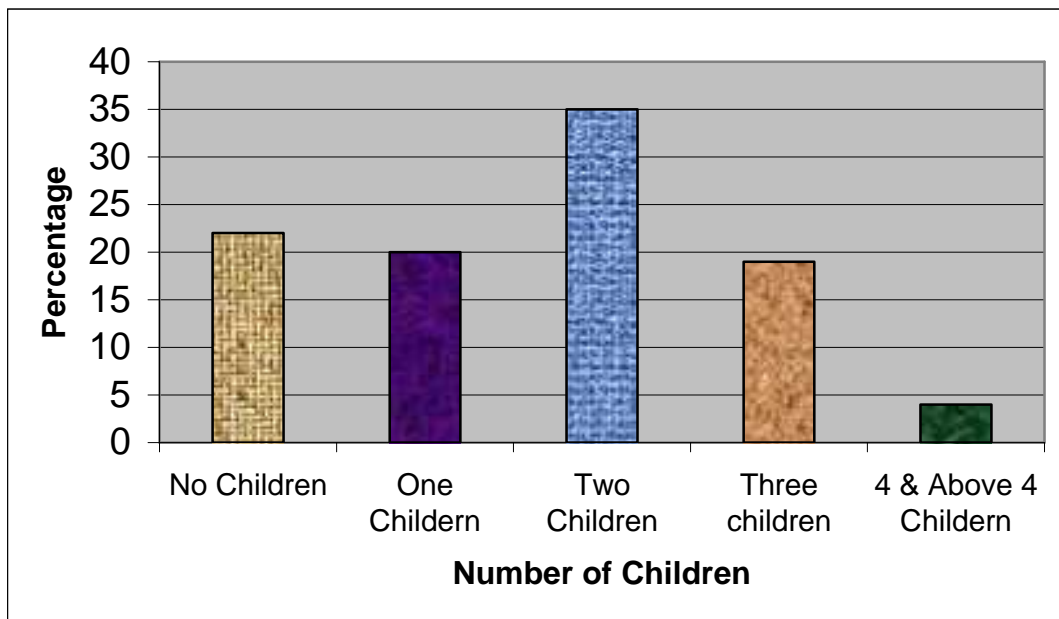
Source: Field Survey, 2007

The table shows that the majority of respondents 53.0 percent had 5-6 members of family size, 25.0 percent of respondent had four and less than four members, 14.0 percent had nine and greater than nine members and 8.0 percent have 7-8 members.

4.3.3.1: Number of Children

According to the figure 2, majority of women had two children. About (35.0 percent) had two children followed by (22.0 percent) had no children, (20.0 percent) had one children, (19.0 percent) had three children and (4.0 percent) had four and greater than four children.

Figure 2: Percentage Distribution of Respondents, by Number of Children



Source: Field Survey, 2007

CHAPTER-V

KNOWLEDGE AND BEHAVIOUR ON STIS AND HIV/AIDS

This chapter deals about the knowledge and behavior on STIs and HIV/AIDS among the married women of reproductive age groups. The differential of knowledge and behavior on STIs and HIV/AIDS according to socio- economic and demographic characteristics described below.

5.1 Knowledge on STIs

5.1.1: Heard of STIs

To get an idea of knowledge about STIs, respondents were asked whether they heard STIs. The table 5.1 illustrated the distribution of the respondents by their knowledge on STIs. It is reported that out of the total 100 respondents, 83 of them had heard of STIs.

Table 5.1: Percentage Distribution of the Respondents by their Knowledge on STIs

| Heard of STIs | Number | Percent |
|---------------|--------|---------|
| Ever Heard | 83 | 83.0 |
| Never Heard | 17 | 17.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

5.1.2: Knowledge on STIs by Types

In order to obtain information on the knowledge on STIs by types. The respondents were asked whether they had heard of Gonorrhoea, Syphilis,

Chlamydia and Genital Warts. This question was asked only to the respondents those who had knowledge of STIs.

The table 5.2 shows that out of the total 83 respondents, nearly (76.0 percent) of them had heard of Gonorrhoea, whereas (20.10 percent) of them had never heard. Among them (86.8 percent) of them had heard of Syphilis, likewise (62.7 percent) of them had heard of Chlamydia, Similarly, (79.29 percent) of them had heard of Genital Warts.

Table 5.2: Percentage Distribution of the Respondents According to their Knowledge on STIs by Types

| Heard of Gonorrhoea | Number | Percent |
|-------------------------------|---------------|----------------|
| Yes | 63 | 75.91 |
| No | 20 | 24.10 |
| Total | 83 | 100.0 |
| Heard of Syphilis | | |
| Yes | 72 | 86.75 |
| No | 11 | 13.26 |
| Total | 83 | 100.0 |
| Heard of Chlamydia | | |
| Yes | 52 | 62.66 |
| No | 31 | 37.35 |
| Total | 83 | 100.0 |
| Heard of Genital Warts | | |
| Yes | 66 | 79.0 |

| | | |
|-------|----|-------|
| No | 17 | 20.0 |
| Total | 83 | 100.0 |

Source: Field Survey, 2007

5.1.3: Sources of Information

To those respondent who had heard of STIs, were asked about the sources (medium) of the information about the diseases. The table 5.3 illustrates the distribution of the respondents according to their knowledge on STIs informations.

The result shows that out of the total 83 respondents who had heard of STIs, (87.7 percent) of them had heard of the STIs through Radio, followed by their friends (88.8 percent), Television (75.9 percent), pampellets/magaine, (43.3 percent) NGOs/INGOs, (18.0 percent), health worker (20.5 percent) and other sources were (25.3 percent).

Table5 3: Percentage Distribution of Respondents According to their Knowledge on STIs by Sources of Information

| Sources of Information | Number | Percent | Total Cases |
|------------------------|--------|---------|-------------|
| Radio | 78 | 87.7 | 83 |
| Television | 63 | 75.9 | 83 |
| Pamphlet/Magazine | 36 | 43.3 | 83 |
| NGOs/INGOs | 15 | 18.0 | 83 |
| Health Worker | 17 | 20.5 | 83 |
| Friend | 67 | 88.7 | 83 |

| | | | |
|-------|----|------|----|
| Other | 21 | 25.3 | 83 |
|-------|----|------|----|

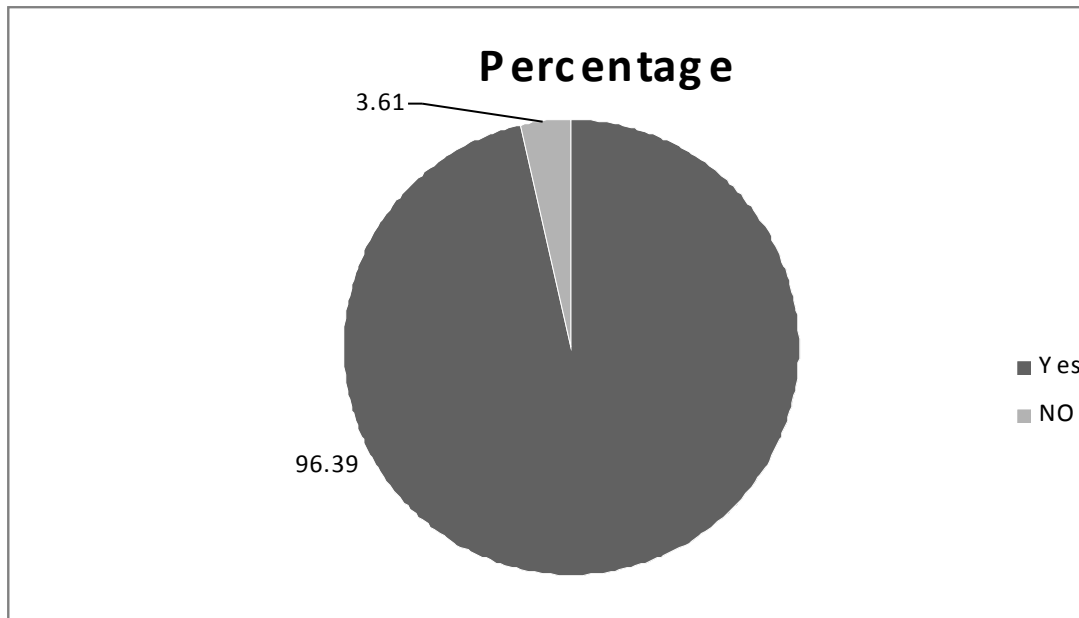
Source: Field Survey, 2007

Note: A total % is more than 100 because of multiple response.

5.1.4: Knowledge on Transmission of STIs

A question was asked to those respondents, who reported that they had heard of STIs. The figure 3 shows that (96.4 percent) reported that STIs are transmissible from one infected person to a new healthy person but (3.6 percent) had misconception about the transmission of STIs .They were not aware of the transmission of STIs .

Figure 3: Percentage Distribution of the Respondents by there Knowledge on Transmission of STIs



Source: Field Survey, 2007

5.1.5: Knowledge on Mode of Transmission of STIs

Respondents who reported that STIs are transmitted were asked to mention the modes of transmission. Table 5.4 shows that among the 80 respondents, 97.5 percent of them reported that STIs are transmitted through unsafe sexual intercourse. Similarly, (43.75 percent) of respondents reported that STIs could be transmitted through the unsafe transfusion of blood from the infected person to the healthy person, (28.75 percent) of them reported that STIs could be transmitted from infected mother to baby, 10.00 percent of them reported that STIs can be transmitted by living together and (47.50 percent) of them reported that STIs could be transmitted through other causes.

Table 5.4: Percentage Distribution of the Respondents by Knowledge on Mode of Transmission of STIs

| Mode of Transmission of STIs | Number | Percent | Total Cases |
|-------------------------------------|---------------|----------------|--------------------|
| Unsafe Sexual Contacts | 78 | 97.5 | 80 |
| Blood Transfusion | 35 | 43.8 | 80 |
| Mother to Baby | 23 | 28.8 | 80 |
| Living Together | 8 | 10.0 | 80 |
| Others | 38 | 47.5 | 80 |

Source: Field Survey, 2007

Note : A total percent is more than 100 because of multiple response.

5.1.6: Knowledge on Preventive Measures

In order to test the knowledge on preventive measure of STIs, respondents were asked to mention the preventive measures. The table 5.5 illustrates the distribution of the respondents by their response in regard to the preventive measures of STIs.

Out of the total 80 respondents, (77.5 percent) reported that STIs could be prevented by keeping sexual intercourse with only one faithful sexual partner.

Similarly, (43.75 percent) of them reported that STIs could be prevented by using condoms during sexual intercourse, where (35.00 percent) of them reported that STIs could be prevented by avoiding transfusion of unscreened blood.

Table 5.5: Percentage Distribution of the Respondents by Knowledge on Preventive measure of STIs

| Preventive Measure of STIs | Number | Total cases | Percent |
|---|---------------|--------------------|----------------|
| Avoiding sexual contacts with multiple sex partners | 62 | 80 | 77.50 |
| Using condoms during sexual intercourse | 34 | 80 | 43.75 |
| Avoiding transfusion of unscreened blood | 28 | 80 | 35.00 |

Source: Field Survey, 2007

Note: A total % is more than 100 because of multiple responses.

5.2: Knowledge on HIV/AIDS

This section describes the distribution of the respondent by their knowledge on HIV/AIDS. The knowledge with regard to whether the respondents had heard of HIV/AIDS, the types of source of HIV/AIDS transmission of HIV from one infected person to another and modes of transmission and knowledge on

prevention against infection among the respondents had analyzed in this section.

5.2.1: Heard of HIV/AIDS

The distribution of the respondents by the knowledge on HIV/AIDS has been illustrate table 5.6. The study found that among the total 100 respondents, (93.0 percent) had heard of HIV/AIDS while remaining (7.0 percent) of them had never heard of HIV/AIDS. It shows that majority of the respondent had heard of HIV/AIDS.

Table5.6: Percentage Distribution of the Respondents by knowledge on HIV/AIDS

| Knowledge of HIV/AIDS | Number | Percent |
|------------------------------|---------------|----------------|
| Yes | 93 | 93.0 |
| No | 7 | 7.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

5.2.2: Sources of Information on HIV/AIDS

The respondents who reported that they had heard of HIV/AIDS, were asked to mention the source of information. The table 5.7 shows the distribution of the respondents.

Out of the 93 respondents who had heard of HIV/AIDS, (97.8 percent) of them had heard of HIV/AIDS through Radio (97.8 percent), followed by the

Television (95.7 percent), Newspaper (65.6 percent), friend or relatives (78.5 percent), health workers (55.9 percent), Text book (71.0 percent) and from others (51.6 percent). It implies that Radio is the most popular source of information on HIV/AIDS accessible to the respondent women.

Table 5.7: Percentage Distribution of the Respondents who had Heard of HIV/AIDS by Sources

| Sources of Information | Number | Percent | Total cases |
|------------------------|--------|---------|-------------|
| Radio | 99 | 97.8 | 93 |
| Television | 89 | 95.7 | 93 |
| Newspaper | 61 | 65.6 | 93 |
| Friends or Relatives | 73 | 78.5 | 93 |
| Health workers | 52 | 55.9 | 93 |
| Text book | 66 | 71.0 | 93 |
| Others | 48 | 51.6 | 93 |

Source: Field Survey, 2007

Note: A total % is more than 100 because of multiple responses.

5.2.3: Knowledge on Transmission of HIV/AIDS

To those respondents 93, who reported that they had heard of HIV/AIDS, were asked: "whether the HIV infection is transmissible?" Out of the 93 respondents, (97.9 percent) of them reported that HIV is transmissible. Remaining (2.1 percent) of them reported that HIV/AIDS is not transmissible.

Table5.8: Percentage Distribution of the respondent by their knowledge on transmission of HIV/AIDS

| Knowledge | Number | Percent |
|-----------|--------|---------|
| Yes | 91 | 97.9 |
| No | 2 | 2.1 |
| Total | 93 | 100.00 |

Source: Field Survey,2007

5.2.4: Knowledge on Mode of Transmission of HIV/AIDS.

Out of the 91 respondents who reported that HIV can be transmitted, 71.0 percent of them reported that HIV/AIDS could be transmitted through sexual contact . About (55.0 percent) of them reported that through blood transfusion, (37.7 percent) of them reported that through mosquito bites, (45.1 percent) of them reported that by mother to her baby,(22.6 percent) of them reported that by Razor blades ,(18.2 percent) of them reported by food and (16.1 percent) of them reported by using same cloths.

Table 5.9: Percentage Distribution of the Respondents by their Knowledge on Modes of Transmission of HIV/AIDS

| Mode of Transmission of HIV/AIDS | Number | Percent | Total Cases |
|---|---------------|----------------|--------------------|
| Sexual contacts | 66 | 71.0 | 91 |
| Blood transfusion | 51 | 54.9 | 91 |
| Mosquito bites | 35 | 37.7 | 91 |
| From mother to baby | 42 | 45.1 | 91 |
| Shaking hands, hugging, kissing | 27 | 29.0 | 91 |
| Razor blades | 21 | 22.6 | 91 |
| Having food together | 17 | 18.2 | 91 |
| Using the same clothes | 15 | 16.1 | 91 |

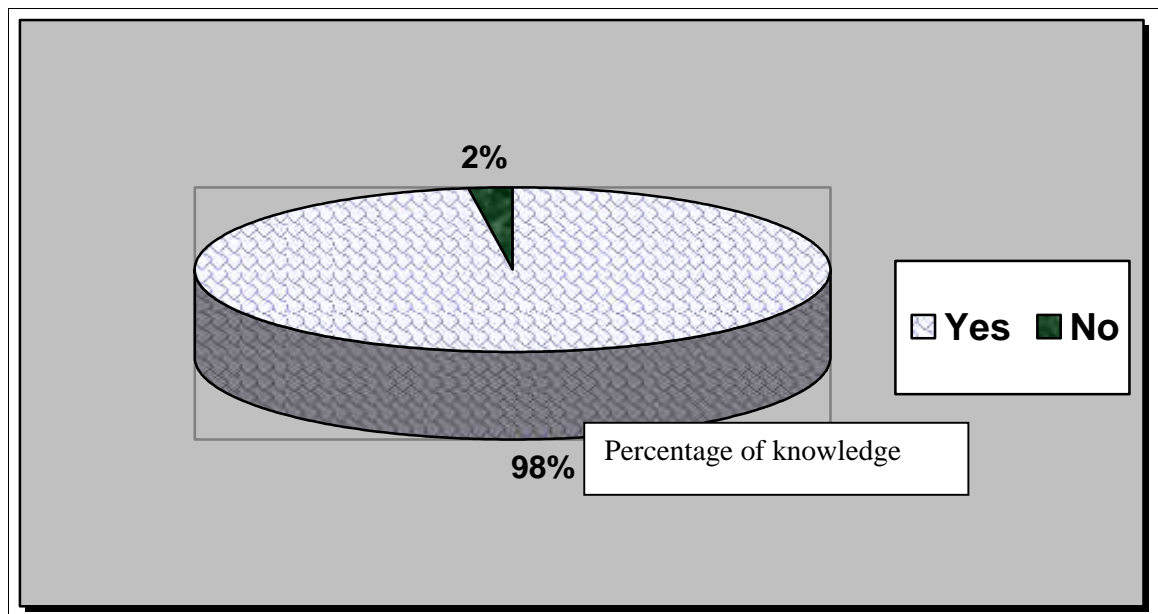
Source: Field Survey, 2007

Note: A total % is more than 100 because of multiple responses

5.2.5: Knowledge of HIV/AIDS Prevention

In order to test the knowledge on the prevention of HIV infection, respondents, were asked whether HIV infection is preventable or not. This question was asked only to those respondents who reported that HIV is transmissible in nature irrespective to the knowledge on the primary mode of transmission of HIV/AIDS. Figure 4 shows the distribution of the respondents by their knowledge on prevention against HIV infection. (98 percent) of them reported that HIV/AIDS could be prevented; where as, (2 .0 percent) of them reported HIV/AIDS could not be prevented at all.

Figure 4: Percentage Distribution of the Respondents by Knowledge on Prevention of HIV/AIDS



Source; Field Survey, 2007

5.2.6: Knowledge on Preventive Measure of HIV/AIDS

To the total of 88 respondents who reported that HIV/AIDS could be prevented, were asked to state the different preventive measures. Out of the total 88 respondents (96.60 percent) of them reported that HIV infection could be prevented by avoiding unsafe sexual contact. Similarly (63.63 percent) of them reported that HIV infection could be prevented by sexual contact with single person, (93.19 percent) of them recorded that using condom during

sexual contact and (9.10 percent) of them reported that avoiding using used blades and needles.

Table 5.10: Percentage Distribution of the Respondent by Knowledge on Preventive Measure of HIV/AIDS

| Preventive Method | Number | Percent | Total cases |
|--|---------------|----------------|--------------------|
| Avoiding unsafe sexual contact | 85 | 96.60 | 88 |
| Sexual contact with single person | 56 | 63.63 | 88 |
| Using condom during sexual contact | 77 | 87.5 | 88 |
| Avoiding using used blades and needles | 8 | 9.10 | 88 |
| Avoiding untested blood | 82 | 93.19 | 88 |

Source: Field Survey, 2007

Note : A total % is more than 100 because of multiple response

5.2.7: Knowledge on Symptoms of HIV/AIDS

Out of the respondents 93 heard of HIV/AIDS, (16.1 percent) of them reported that symptom of HIV/AIDS is headache, followed by (24.7 percent) swelling lymph glands, (60.2 percent) of them had reported that loss of body weight, (20.4 percent) that itching among body and (75.27 percent) diarrhea.

Table 5.11: Percentage Distribution of Respondents by their Knowledge about HIV/AIDS Symptoms

| Main Symptoms of HIV/AIDS | Number | Percent | Total cases |
|---|---------------|----------------|--------------------|
| Headache | 15 | 16.1 | 93 |
| Swelling of lymph | 23 | 24.7 | 93 |
| Loss of body weight more than ten percent | 56 | 60.2 | 93 |
| Diarrhea from more than one month | 70 | 75.2 | 93 |
| Itching around body | 19 | 20.4 | 93 |

Source: Field Survey, 2007

Note: A total % is more than 100 because of multiple responses

5.3: Experience and Behavior on STIs

This sub-chapter describes women's sexual behavior, first sexual relation, type of first sexual partner, use of condom during sexual contact and behavior with HIV/AIDS effected person.

5.3.1: Sexual Behavior of Respondent

Promotion of age and sex, encouraging monogamous relationships, discouraging multiple sexual partners and promotion of condom use are important component of STIs and HIV/AIDS prevention.

Information on the sexual behaviour of people is important for designing and monitoring intervention program to control the spread of STIs and HIV/AIDS. To get the information sexual partner respondents were asked to mention the first sexual partners.

In response, (96 percent) respondents reported that they had sexual experiences.

Table 5.12: Percentage Distribution of Respondents by Sexual Experience after Marriage

| Sexual Behaviour | Number | Percent |
|-------------------------|---------------|----------------|
| Yes | 96 | 96.0 |
| No | 4 | 4.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

5.3.2: First Sexual Partner

Table 5.13 shows the percentage distribution of respondents by their for sexual partners, table indicates that an overwhelming majority (94 percent) the respondents reported that their first sexual partner was husband.

Table 5.13: Percentage Distribution of the Respondents by their First Sexual Partner

| Types of first sexual partner | Number | Percent |
|--------------------------------------|---------------|----------------|
| Clients | 2 | 2.08 |
| Husband | 94 | 97.92 |
| Total | 96 | 100.0 |

Source: Field Survey, 2007

5.3.3: Respondents Having Any STIs and HIV/AIDS

In this survey the question was asked, "are you suffering from any STIs?" Out of the 96 respondents, 5 respondents reported yes and 91 reported no.

Table 5.14: Percentage Distribution of Respondents on having STIs

| Are you suffering from any STIs | Number | Percent |
|---------------------------------|--------|---------|
| Yes | 5 | 5.4 |
| No | 91 | 94.7 |
| Total | 96 | 100.0 |

Source: Field Survey, 2007

5.3.4: Respondents Suffering from STIs and HIV/AIDS

The respondents who were asked the suffered diseases name. In these, three respondents had reported the name of the diseases which is, one person reported Gonorrhoea, two persons reported Syphilis and two persons reported that they don't know about any disease.

Table 5.15: Percentage Distribution of Respondents by Diseases

| Suffered Diseases | Number | Percent | Total Cases |
|-------------------|--------|---------|-------------|
| Syphilis | 2 | 40.0 | 5 |
| Gonorrhoea | 1 | 20.0 | 5 |

| | | | |
|------------|---|------|---|
| Don't Know | 2 | 40.0 | 5 |
|------------|---|------|---|

Source: Field Survey, 2007

5.3.5: Respondents View on STIs Prevention

In order to test the behavior on prevention of STIs. Among the respondents they were asked to state whether STIs infection, what have you done for the prevention? We could get the different knowledge which we can show from the table.5.16 shows the distribution of the respondents who are suffering from STIs, out of five respondents, two person reported they are consulting with doctor, one person is consulting with village health worker and two person reported they doing nothing.

Table 5.16: Percentage Distribution of the Respondents Suffering from STIs and Prevention

| What have you Done for prevention | Number | Percent |
|---------------------------------------|--------|---------|
| Consulting with Doctor | 2 | 40.0 |
| Consulting with Friends | 0 | 0.0 |
| Consulting with Village Health Worker | 1 | 20.0 |
| Doing Nothing | 2 | 40.0 |
| Total | 5 | 100.0 |

Source: Field Survey, 2007

5.3.6: Knowledge on Contraception

Contraception is meant by the devices or the methods either mutual or artificial which are used to have desired number of children, but condom which also prevent STIs and HIV/AIDS. The respondents were asked whether they had heard of any contraceptive method. It was reported that 98.0 percent of them

had heard about contraception. Table 5.17 illustrates the distribution of the respondents by their knowledge on contraception.

Table 5.17: Percentage Distribution of the Respondents by their Knowledge on Contraception

| Knowledge of Contraception | Number | Percent |
|----------------------------|--------|---------|
| Yes | 98 | 98.0 |
| No | 2 | 2.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

5.3.7 Knowledge and use of contraception

Table 5.18 illustrates the distribution of the respondents by their knowledge on STIs and HIV/AIDS prevention. Majority of the respondents (87.0 percent) of them reported that condom prevents HIV/AIDS and(13.0 percent) have no idea .

Table 5.18: Percentage Distribution of the Respondents by their Knowledge on STIs and HIV/AIDS Preventive Contraception

| Knowledge | Number | Percent |
|------------|--------|---------|
| Condom | 77 | 87.0 |
| Don't Know | 21 | 13.0 |
| Total | 100 | 100.0 |

Source: Field Survey, 2007

5.3.8: Perception about AIDS Infected Person

From the table 5.19 that majority,(77.41 percent) of the respondents said that all of the infected will die, (9.22 percent) of them reported that no body dies at all,(12.90 percent) of them before reported that some of them will die and

(6.46 percent) of them reported that they had no idea about it. There is similarity in the respondents of both kinds of respondents. The main reason behind the above result may be the lack of proper knowledge on AIDS.

Table 5.19: Percentage Distribution of the Respondent by Perception about AIDS Infected Person

| AIDS infected person | Number | Percent | Total cases |
|-----------------------------|---------------|----------------|--------------------|
| All of them die | 72 | 77.41 | 93 |
| Some of them die | 12 | 12.90 | 93 |
| Nobody dies at all | 3 | 9.22 | 93 |
| Don't know | 6 | 6.46 | 93 |

Source: Field Survey, 2007

5.3.9: Discussion of STIS and HIV/AIDS between Sex Partners

Discussion on STIs and HIV/AIDS with sex partner is very important subject to prevent STIs. The table 5.20 illustrates that only 53.8 percent of them talk about STIS or HIV/AIDS with her husband and 46.2 percent never talk about this topics.

Table 5.20: Percentage Distribution of Respondents Who Discussed on STIs and HIV/AIDS with Sex Partner

| Discussion | Number | Percent |
|-------------------|---------------|----------------|
| Yes | 50 | 53.8 |
| No | 43 | 46.2 |
| Total | 93 | 100.0 |

Source: Field Survey, 2007

5.3.11: Reason for Discussion

An understanding of the reason that people do not discuss on STIs and HIV/AIDS is critical in designing programs that could improve the quality of services.

Table 5.21 shows that 76.0 percent of the respondent discussed on STIs and HIV/AIDS , because to safe from sexually transmitted diseases, followed by (66.0 percent)to get knowledge about STIs and HIV/AIDS and(84.0 percent) reported to safe from other STIs infected person.

Table 5.21: Percentage Distribution of Respondents Opinion on Discussing about the Subject STIs and HIV/AIDS with Sex Partner

| Reasons | Number | Percent | Total case |
|---|---------------|----------------|-------------------|
| To safe from sexually transmitted disease | 38 | 76.0 | 50 |
| To safe from other STIs infected person | 42 | 84.0 | 50 |
| To get knowledge about STIs and HIV/AIDS | 33 | 66.0 | 50 |

Source: Field Survey, 2007

5.3.12: Reason for Not Discussion

Some people never talk about subject of STIs and HIV/AIDS with sex partner. In the survey the Question was" don't you talk about STIs and HIV/AIDS with sex partner? "They had reported (39.6 percent) of them had reported that don't know about this topics (53.5 percent)of them had reported that not important

topic to talk with sex partner and(63.64 percent)of them had reported that they don't like to talk about this topics.

Table 5.22: Percentage Distribution of Respondents Opinion on Not Discussing about the Subject STIs and HIV/AIDS with Sex Partner

| Reasons | Number | Percent | Total Cases |
|-------------------------------------|---------------|----------------|--------------------|
| Don't know about STIs and HIV/AIDSs | 17 | 39.6 | 43 |
| Not important topics | 23 | 53.5 | 43 |
| Don't like | 35 | 63.64 | 43 |

Source: Field Survey, 2007

CHAPTER-VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study has analyzed knowledge and behavior on STIs and HIV/AIDS of women of reproductive age in Gitanagar VDC. This study is based on primary source of data collection procedure was purposive sampling techniques. In this research this researcher has selected hundred respondents from three wards.

6.1: Summary of Findings

Majority of the respondents were Chhetries, followed by Brahmins, Tharu, Kami, Magar, Damai and others respectively. The percent of the respondents of the corresponding cast/ ethnic groups were (25.0 percent), (19.0 percent), (17.0 percent), (12.0 percent), (11.0 percent), (6.0 percent) and (3.0 percent) respectively.

Among the total hundred respondent respondents the lowest number was of others cast.

The respondents reported five religious groups-Hindus, Buddhist, Islam, Christian and other religions. The majority of the women were Hindu (78.0 percent) followed by Buddhism (12.0 percent), Islam (6.0 percent), Christian and others were reported (2.0 percent) and (2.0 percent) respectively.

Among the hundred interviewed women, 88.0 percent of them were literate while the remaining (12.0 percent) of them were illiterate (i.e. they could not read and write even simple words). Moreover among the literate ones, (13.64 percent) of them were not schooling, (9.09 percent) of them primary level, 25.00 percent lower secondary level, (19.32 percent) secondary level, (15.91 percent) S.L.C level (12.50 percent) intermediate level and (4.55 percent) were Bachelor and above respectively.

The monthly family income among the respondent women varied from the lowest of below Rs.1000 to the Highest of Rs. 5001 per month and above.

It was found that 5.0 percent of respondents' family income is below Rs

It was followed by (17.0 percent) whose average income is Rs. 1001 to

(26.0 percent) of them had Rs. 2001 to 3000, 33.0 percent of them had

3001 to 5000 and (19.0 percent) of them had Rs. 5001 and above respectively.

Among the total respondents of them 15 to 19 age groups followed by 16.0 percent of 20 to 24 years age groups, 23.0 percent of them 25-29 years age groups, 18.0 percent of them 30-34 years of age groups, 9.0 percent of them 35-39 years of age groups, 11.0 percent of them 40-45 years of age groups and last age groups 45-49 were 6.0 percent.

Among the respondents interviewed the lowest first age at marriage was found to be 10-14 years and the highest age at marriage was 25 and above years.

Among the total respondents majority of them had got married at the age of 20-24 years. It comprises 44.0 percent. Moreover the percentage of the respondents who had got married at the corresponding age groups 15-19 years and 25 years and above were 37.0 percent and 11.0 percent respectively. It contrasts to these only 8.0 percent of the respondents had got married in the age between 10-14 years.

Among the respondents interviewed 53.0 percent of their husband had agriculture occupation followed by 18.0 percent service, 12.0 percent business, 14.0 percent daily wages and others 3.0 percent of them had other occupation.

Among the total of hundred respondents who reported that there were 75.0 percent on agriculture occupation, 8.0 percent of them service, 6.0 percent of them business, 9.0 percent of them daily wages and at least 2.0 percent of them were other service.

It was found that among the total respondents less than 4 family members were 25.0 percent, 53.0 percent of them had 5-6 family members, 8.0 percent of them 7-8 family members and 14.0 percent of them had greater than 9 members.

Out of the total respondents, 22.0 percent of them had no children, 20.0 percent of them had one child, 35.0 percent of them had two children, 19.0 percent of them had three children and only 4.0 percent of them had greater than four children.

The study found that among the total of hundred respondents who reported that they had heard of STIs only 83.0 percent and 17.0 percent had never heard of contraception.

Among the total of 83 respondents who had heard of STIs, only 75.91 percent of them had heard of Gonorrhoea, similarly 86.75 percent of them had heard of syphilis, moreover the percent of the respondents who had heard of Chlamydia was only 62.66 percent. In contrast to this, 79.5 percent of them stated that they had heard of Genital warts.

Out of the total 83 respondents who heard of STIs 87.7 percent of them reported that they had heard through Radio. The corresponding percentage of the respondents who had heard of STIs through Television, pamphlets/magazines, INGOs and NGOs, health workers, friends and others were 75.90 percent, 43.38 percent, 18.08 percent, 20.48 percent, 88.7 percent and 25.31 percent respectively.

It implies that the respondent women were more likely to hear about STIs through the Radio broadcasting. In this reference, the women popular and easily accessible source of correct information rather than Radio are taken.

Among the total 83 respondents who reported that at least heard of STIs 80.83 percent reported correctly that STIs are in fact transmitted from one infected person to another.

Among the total 83 respondents who reported that STIs are in fact transmissible, 97.5 percent of them stated that STIs are transmitted through unsafe sexual contact with infected person. Similarly 43.75 percent of them reported that STIs could be transmitted through blood transfusion. Moreover, 28.75 percent of them reported that STIs could be transmitted by infected mother to her baby. Similarly 10.0 percent of them had reported that through living together and last group, 47.50 percent of them reported through other causes.

Among the total 80 respondents who reported that STIs are transmissible, 77.50 percent of them stated that STIs could be prevented by avoiding sexual contact with multiple sex partners. Similarly, only 43.75 percent of them reported that using condoms during sexual intercourse and 35.00 percent of them reported that avoiding transfusion of unscreened blood.

Among the total 100 respondents, who were interviewed 93.0 percent of them had heard of HIV/AIDS.

Out of the total 93 respondents, who had heard of HIV/AIDS, 97.8 percent of them had heard through Radio followed by Television 95.7 percent, friends or relatives 75.0 percent, newspaper 65.60 percent, health workers 55.92 percent, text book 77.97 percent and from others 51.62 percent.

Among the total 93 respondents who had heard of HIV/AIDS, it was found that 97.86 percent of them know that HIV/AIDS could be transmitted from an infected person to another.

Out of the 93 respondents 70.97 percent of them reported that HIV/AIDS could be transmitted from casual contacts, followed by blood transfusion 54.83 percent, mosquito bites 37.63 percent, by mother to her baby 45.17 percent, shaking hands, kissing, hugging, 29.0 percent, raiser blades 22.59 percent, by having food together 187.28 percent and using the same cloths 16.12 percent

respectively. From the above data it indicates that some women have not full knowledge on transmission of STIs because some of them had reported wrong information.

Out of the total 93 respondents, who believed that HIV is in fact transmissible (94.62%) of them, reported that HIV infection is preventable.

Out of the total 88 respondents, 96.61 percent of them stated that HIV infection could be prevented by avoiding unsafe sexual contact. Similarly 63.63 percent of them reported that sexual contact with single person, 87.5 percent of them reported that HIV can be prevented using condom during sexual contact, 9.10 percent of them reported that avoiding using blades and other skin pinch instrument and 93.19 percent of them had reported that avoiding unstated blood.

A total of 93 respondents, 16.12 percent of them reported the symptom of HIV/AIDS is headache. Similarly, 24.73 percent of them had reported that swelling limbs, 60.21 percent of them had reported that loss of body weight by ten percent, 75.27 percent of them had reported that diarrhea from more than one month and 20.43 percent of them had reported that itching around the body. From this data we can say, they have not fulfill knowledge on symptoms of HIV/AIDS.

In this field survey all women married and reproductive age groups but some women who were married but never had done sexual intercourse. There were 4.0 percent of them who said they never had done sexual intercourse.

Among the total 96 women who had done sexual intercourse in this 2.08 percent of them had reported that they had done first sexual intercourse with clients but other 96.0 percent of them had reported they did with her husband only.

The total of 93 respondent, who had heard of HIV/AIDS there imagination on to shake hands, eat together, sleep together, use the same cloths, 35.49 percent of them reported they will afraid to do this work but 64.51 percent of them reported that they will not afraid to do this work.

In this field survey a total of hundred respondents, 5.0 percent of them suffering from STIs and 95.0 percent of them were not.

Out of the total 5 percent of respondents who were suffering from sexually transmitted diseases, two respondents (40.0 percent), respondents were suffering from syphilis, 1 respondent (20.0 percent), was suffering from Gonorrhoea and 2 respondents (40.0 percent) had not know the name of the diseases.

In total five respondents, for prevention 40.0 percent of them consulting from doctors, 20.0 percent of them consulting from village Health workers and 40.0 percent of them had not done any thing.

Out of the total 100 respondents, 98.0 percent of them had heard of contraception and 2.0 percent of them had never heard about contraception can prevent HIV/AIDS.

The question was asked to the respondents who had heard of contraception, 87.0 percent of them reported that condom can prevent HIV/AIDS and other had reported they don't know contraception can prevent HIV/AIDS.

The study found that about the perception about AIDS infected person, 77.41 percent reported that all of them die. Similarly, 12.90 percent of them reported that some of them die, 3.22 percent of them reported that nobody dies at all and 6.46 percent of them reported that they had no knowledge about it.

Out of the total hundred respondents, 45.0 percent talk about STIs and HIV/AIDS with her husband and 55.0 percent never talk about it.

In this field survey, the question was why you talk about HIV/AIDS and STIs with your husband or sex partner. They had 46.67 percent of them reported that to save from sexually transmitted diseases. Similarly, 17.78 percent of them reported that to save from other HIV/AIDS affected person and 35.5 percent of them had reported that to get knowledge on STIs and HIV/AIDS.

Out of the total 55 respondents, who never talk about STIs and HIV/AIDS with her sex partner. 12.72 percent of them had reported that they don't know about STIs and HIV/AIDS, 23.63 percent of them reported that not important topic and 63.64 percent of them had reported that they don't like to talk about this topic.

6.2: Conclusions

HIV/AIDS is burning problem in the world. Even since the first case of HIV infection was detected back in 1998. Nepal is not so far from this problem. Many of the pre-requisites of HIV and other STIs have become major health hazards are already prevalent in the country. This study had obtained information on the knowledge of STIs and HIV/AIDS. Among the respondent married women in the Gitanagar VDC. The women's knowledge on STIs and HIV/AIDS with regard to the modes of transmission and non transmission was not sufficiently significant. The important variables associated with high level of knowledge on different aspects of STIs and HIV/AIDS. Among the others were literacy level, household income level and the knowledge of contraceptives especially with reference to condoms. On the basis of above analysis and results the studies have concluded that among the respondents knowledge about STIs and HIV/AIDS was better. On average high class ethnicity has more heard STIs than other ethnicity except Syphilis and Chlamydia. The higher the education and the higher the knowledge of STIs, similarly higher the income, higher the knowledge of STIs. Respondents who had higher education level had more knowledge about modes of transmission of HIV/AIDS and STIs. Educated women had more knowledge on Gonorrhoea,

Syphilis, Genital warts, Chlamydia and HIV/AIDS diseases. Similarly, knowledge about STIs transmission is better, who had monthly income more than five thousand. Marital status has not effect about modes of transmission of STIs. Tea shops women had less knowledge then educated women who live house doing other service.

It reveals that sexual contact was main cause of modes of transmission of HIV/AIDS. Islam and Dalit have less knowledge about modes of transmission of HIV/AIDS then other ethnicity. On average intermediate completed respondents had more knowledge about modes of transmission of HIV/AIDS then other level education. The higher the knowledge about it was with whom have monthly income more than ten thousand. Ever married had more knowledge about modes of transmission of HIV/AIDS then elder married except HIV transmitted by blood transfusion. Half of the women had knowledge about cause of AIDS. Similarly, nearly two third of women had knowledge about HIV is incurable diseases. Majority of the women had knowledge about how to prevent HIV/AIDS but all preventive ways were not reported.

In this field survey the main source of knowledge on STIs and HIV/AIDS were Radio, Television, newspaper, NGOs/INGOs. The respondents had knowledge that there are various modes of transmission of HIV/AIDS. The preventive measure of STIs and HIV/AIDS is mainly avoiding sexual contact with multiple partners were reported. Similarly the question on symptoms was asked but they had not correct information on STIs and HIV/AIDS. In total married women who were married had never had sexual intercourse. The imagination on AIDS among the respondents to shake hands, to kissing, to hugging majority of them will afraid of doing this work. Some respondents talk about HIV/AIDS and STIs with her husband and some are not.

Certain false beliefs in relation to causal social contact may lead to unnecessary fears and discrimination against HIV positive people. Among those laborious communities, the possibilities of danger was clearly made evident by the larger proportion of the respondents reporting that HIV/AIDS could be transmitted through sharing same clothes, shaking hands kissing and staying in the same room, sharing the same toilet. Similarly remember able proportion of the respondents had false positive beliefs that mosquito and insect could be the carrier of HIV/AIDS. Hence, there is a need for these negatives believe to be changed and at the same time their correct knowledge on correct facts about the transmission and their preventive measure through appropriate instrument. The study found that Radio was the single most popular source through which information on various aspects of STIs and HIV/AIDS accessible among the women. Hence, it could be concluded that Radio could be the appropriate from the mass media for the dissemination of awareness information on various issues related to HIV/AIDS and other STIs targeted at these audience.

6.3: Recommendations

This study examines the level of knowledge and behavior on STIs and HIV/AIDS which knowledge is measured by transmission and prevention of STIs and HIV/AIDS. According to conclusion, these study recommendations are as follows:

This study examined only few selected socio-economic and demographic variables, thus further studies might include various other variables to access the knowledge and prevention more effectively.

In this study it was revealed that literate respondent women are more knowledge able on various aspects of STIs and HIV/AIDS. Hence, education could play intrinsic and instrument value in the venture of promoting the knowledge of STIs including HIV/AIDS among the women. So, it is

recommended that information, education and communication could be an important instrument for promoting the knowledge of STIs and HIV/AIDS. Such program for this target population could be provided through non formal and informal education in the places where they work.

Since condom not only provide effective protection against unwanted pregnancy, but also provide very effective safeguard against STIs and HIV/AIDS there prevalence of use must be enhanced. Moreover, Since the study found that the knowledge of condom as a single effective device to protect from STIs and HIV/AIDS among the illiterate respondents women the prevalence of use of condom among these illiterate could be increased by enhancing there knowledge in this regard, though the dissemination of awareness infection on various aspect of these diseases in the first place.

Besides, after controlling for other socio-economic, demographic and mass media variables it was found that the ever user of condoms are more likely to hear about STIs and HIV/AIDS and be aware that HIV/AIDS is transmitted through unprotected sexual intercourse and other primary modes of transmission of HIV/AIDS compared to their non-users counterparts. It is inferred that the more knowledgeable women are also more likely to be protected themselves or protect others at least in parts from contracting HIV/AIDS and other STIs. The extend to which they are protected the circumstances under which they use condom and the unset of condom use with respect to their knowledge on HIV/AIDS and other STIs are some questions that could be addressed in the future research. Further studies might also consider the extent to which AIDS preventive efforts, at least though the promotion of prevalence of condom use may be compatible with already existing family planning efforts.

Those who designed sexual and HIV/AIDS education campaigns and awareness need to consider carefully. The cultural and religious background of

the targeted groups to be concentrate only on “safe sex” message and condom promotion efforts don’t seem adequate among the married women.

As Radio exposure is strongly associated with higher level of knowledge of HIV/AIDS and other STIs, more efforts should be made to produce and broadcast HIV/AIDS and STIs, related message in simple language in a convenient way. The awareness related message of STIs and HIV/AIDS could be broadcasted more frequently as appropriate time schedule through the Radio besides other means of mass media.

IEC media should be increase toward STIs awareness programs in rural areas.

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APPENDIX-I

TRIBHUVAN UNIVERSITY

Central Department of Population Studies Faculty of

Humanities and social science

Kirtipur, Kathmandu

"A Study of Knowledge and Behaviour on STIs and HIV/AIDS Among
Married Women of Reproductive Age"

QUESTIONNAIRE

S.N.:

Date:

Word No:

Tole:

Household Questions

| S.N. | Name | Relation to Respondent | sex | Age | Education | Occupation |
|------|------|------------------------|-----|-----|-----------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |

Individual Questions

| Q.No. | Questions and Filters | Coding Categories | C.C.No. | Skip |
|-------|--------------------------------|-------------------|---------|------|
| | What is your Caste/Ethnicity ? | Brahmin | 1 | |
| | | Chhetri | 2 | |
| | | Magar | 3 | |
| | | Newar | 4 | |
| | | Tharu | 5 | |

| | | | | |
|---|---|---------------------|---|----|
| | | Kami | 6 | |
| | | Damai | 7 | |
| | | Others | 8 | |
| 2 | What is your religion? | Hindu | 1 | |
| | | Buddhist | 2 | |
| | | Islam | 3 | |
| | | Christian | 4 | |
| | | Others | 5 | |
| 3 | How old were you at the marriage ? | years. | | |
| 4 | Can you read and write ? | Yes | 1 | |
| | | No | 2 | 6 |
| 5 | If yes, what is your level of education ? | No schooling | 1 | |
| | | Primary | 2 | |
| | | Lower secondary | 3 | |
| | | Secondary | 4 | |
| | | S.L.C. | 5 | |
| | | Intermediate | 6 | |
| | | Bachelor and above | 7 | |
| 6 | What is your occupation ? | Agriculture | 1 | |
| | | Service | 2 | |
| | | Business | 3 | |
| | | Daily wages | 4 | |
| | | Others | 5 | |
| 7 | How much income does your family have per month ? | Below Rs. 1000 | 1 | |
| | | Rs. 1001-2000 | 2 | |
| | | Rs. 2001-3000 | 3 | |
| | | Rs. 3001-5000 | 4 | |
| | | Rs. 5001 and above. | 5 | |
| 8 | Can your husband read and write ? | Yes | 1 | |
| | | No | 2 | 10 |
| 9 | If Yes, what is the educational level of your husband ? | No schooling | 1 | |
| | | Primary | 2 | |

| | | | | |
|--|--|--------------------|---|--|
| | | Lower secondary | 3 | |
| | | Secondary | 4 | |
| | | S.L.C. | 5 | |
| | | Intermediate | 6 | |
| | | Bachelor and above | 7 | |

| | | | | |
|----|--|----------------------------|---|----|
| 10 | What is the occupation of your husband? | Agriculture | 1 | |
| | | Service | 2 | |
| | | Business | 3 | |
| | | Daily wages | 4 | |
| | | Others | 5 | |
| 11 | How many children have you born alive? | None | 1 | 13 |
| | | One | 2 | |
| | | Two | 3 | |
| | | Three | 4 | |
| | | Four and above | 5 | |
| 12 | How many sons and daughters do you have? | Sons | 1 | |
| | | Daughters | 2 | |
| 13 | Have you heard about STIs? (Sexual Transmitted Diseases) | Yes | 1 | 18 |
| | | No | 2 | |
| 14 | Which STD have you heard? | Syphilis | 1 | |
| | | Gonorrhea | 2 | |
| | | Chlamydia | 3 | |
| | | Genital Warts | 4 | |
| | | Trichomonasis | 5 | |
| | | HIV/AIDS | 6 | |
| | | Others | 7 | |
| 15 | Do you know transmission of STIs? | Yes | 1 | |
| | | No | 2 | |
| 16 | How can the STIs transmitted? | unprotected Sexual Contact | 1 | |
| | | Blood Transfusion | 2 | |
| | | By Mother to her Child | 3 | |
| | | Living Together | 4 | |

| | | | | |
|----|--|---------------------|---|--|
| | | Others | 5 | |
| 17 | From which way have you heard about STIs ? | Radio | 1 | |
| | | Television | 2 | |
| | | Pamphlets/ Magazine | 3 | |
| | | GOV/NGO/INGO | 4 | |
| | | Health Personnel | 5 | |
| | | Friends | 6 | |
| | | Others | 7 | |

| | | | | |
|----|---|------------------------------------|---|--|
| 18 | Can HIV/AIDS be transmitted? | Yes | 1 | |
| | | No | 2 | |
| 19 | If Yes, how it is transmitted? | unprotected Sexual contact | 1 | |
| | | Blood transfusion | 2 | |
| | | Mosquito bite | 3 | |
| | | By Mother to her Child | | |
| | | Shaking hands, kissing and hugging | 4 | |
| | | | 5 | |
| | | Razor Blade | 7 | |
| | | By Food | 8 | |
| | | Use the Same Clothes | | |
| 20 | What are the source of knowledge about modes of transmission of HIV/AIDS? | Radio | 1 | |
| | | Television | 2 | |
| | | Newspaper | 3 | |
| | | Friend s or Relatives | 4 | |
| | | Health Personnel | 5 | |
| | | Textbook | 6 | |
| | | Others | 7 | |
| 21 | Do you know cause of AIDS? | Bacteria | 1 | |
| | | Virus | 2 | |
| | | Fungi | 3 | |
| | | Don't Know | 4 | |
| 22 | Is AIDS curable diseases? | Yes | 1 | |

| | | | | |
|----|--|--|---|----|
| | | No | 2 | |
| | | Don't know | 3 | |
| 23 | Do you know the HIV/AIDS can be prevented? | Yes | 1 | |
| | | No | 2 | |
| 24 | If yes, how the HIV/AIDS can be prevented? | Avoiding unsafe Sexual Contact | 1 | |
| | | Avoid Untested Blood | 2 | |
| | | Using Condom During Sexual Contact | 3 | |
| | | Avoiding uses Blades and Other skin Pinch instrument | 4 | |
| | | Sexual Contact with Single Person | 5 | |
| 25 | What are the source of knowledge about prevention of HIV/AIDS? | Radio | 1 | |
| | | Television | 2 | |
| | | Pamphlets/ Magazine | 3 | |
| | | GOV/NGO/INGO | 4 | |
| | | Health Personnel | 5 | |
| | | Friends | 6 | |
| | | Others | 7 | |
| 26 | What are the main symptoms of STIs? | Headache | 1 | |
| | | Swelling of Limbs | 2 | |
| | | Itching Around Body | 3 | |
| | | Loss of Body Weight | 4 | |
| | | Diarrhea from More than one Month | 5 | |
| | | Don't know | 6 | |
| 27 | Have you ever had Sexual Contact with any Partners? | Yes | 1 | |
| | | No | 2 | 30 |
| 28 | If yes, have you had sexual contact with anyone other than your husband? | Yes | 1 | |
| | | No | 2 | 30 |
| 29 | If Yes, with whom? | Friends | 1 | |
| | | Clients | 2 | |

| | | | | |
|----|---|--|---------------------------------|--|
| | | Others (Specify) | 3 | |
| 30 | Imagine that you have meet any HIV infected person. would you be afraid to do the following: To Shake Hands To Eat Together To Sleep Together To Share the Same Clothes | To Shake Hands To Eat Together To Sleep Together To Share the Same Belongings like Clothes Yes No | 1 2 3 4 5 6 7 | |
| 31 | Are you suffering from any STIs? | Yes No | 1 2 | |
| 32 | Do you know the name of the disease? | Yes No | 1 2 | |
| 33 | What is the name of the diseases? | Syphilis Gonorrhea Chlamydia HIV/AIDS Others (Specify) | 1 2 3 4 5 | |
| 34 | What have you done for prevention? | Talking consult from doctors. Talking consult from friends. Talking consult from health workers. Nothing have done. | 1 2 3 4 | |
| 35 | Have you ever heard of contraceptive? | Yes No | 1 2 | |
| 36 | Do you know which contraception prevents STIs or HIV/AIDS? | Pills Norplant Copper T Condom Don't Know | 1 2 3 4 5 | |
| 37 | What is your perception about | All of them die | 1 | |

| | | | | |
|----|--|---|------------------|----|
| | HIV/AIDS infected person? | Some of them die Nobody dies at all Don't know | 2 3 4 | |
| 38 | Have you ever talk about STIs and HIV/AIDS with your sex partners? | Yes No | 1 2 | 40 |
| 39 | If Yes, why do you talk about STIs and HIV/AIDS | To save from Sexually Transmitted Diseases. To Save from Other HIV/AIDS affected Person. To Get Knowledge about STIs and HIV/AIDS All of the above | 1 2 3 4 | |
| 40 | If no, why don't you talk about STIS and HIV/ AIDS? | Don't know about STIS Not Important topic Don't like | 1 2 3 | |