CHAPTER-I
INTRODUCTION

1.1 Background

Sexually transmitted diseases (STDs) are the diseases, which are transmitted through sexual contact during the unprotected intercourse. Sometimes these are also transmitted from mother to child and through infected blood transfusion.

The infection transmitted from one individual to another through sexual contact is called sexually transmitted infection (STIs) or venereal disease. In fact illegal or multiple partner for sexual interaction may lead serious health problem and causes various venereal disease. Hey are also transmitted from mother to child before and during the birth and though unsafe blood transfusion. The main STIs are as follows: Syphilis, Gonorrhea, Charmcriod, Chlamydia, Trichomoniasis, Lymphogranuloma and AIDS are the example of undisputed and halo hazard sexual behavior (WHO, 1997).

Sexually transmitted infections are everywhere and have become a major public health problem in both developing and developed countries. AIDS is one of the most fatal, most hesitated disease in the world. The word AIDS stands for Acquired Immune Deficiency Syndrome.

AIDS is caused by the Human Immune Deficiency Virus (HIV) which gradually breaks down the human body's natural defense mechanism leaving it a prey to disease and unable to fight off other infections, leading eventually to death. It is frightening hidden epidemic a person infected with HIV for 7-10 years all the while. The person can spread the infection through unprotected behavior. (WHO)

The world's population in this century is facing a serious problem created by the pandemic called Acquired Immune Deficiency syndrome. HIV was first reported in 1981 in Unites States of America. The causative organism of AIDS Human Immune Deficiency virus HIV was identified in 1983.

UNAIDS and the world health organization estimate that 40 million people are living with HIV/AIDS infection at the end of 2001.This estimate show that HIV infection is far more common in the world than previously thought. Among 40 million 2.7 million are children under the age of 15 and 17.6 are women (UNAIDS, 2001).

AIDS recognize no barrier and do not discriminate among nations. All countries and societies are vulnerable; AIDS can strike people at any age children, youths, adults the one still waiting to be born and elderly. It is threat to rich and poor, the educated and illiterate, those living in cities and those in village (WHO, 1997).

AIDS are the late stage of infection with HIV. AIDS is caused by HIV that attacks and destroy certain white blood cells, which are essential for the bodies immune defense system, when HIV infect a cell the virus becomes activated and then progressively to the serious infection and other condition that characterized AIDS (WHO, 1991).

UNICEF states that, the number of Nepalese engaged in sex industry is growing by 5 to 10% annually. Besides this many of Nepalese farmers are forced by poverty to work as a seasonal labor in India spending many months from home and patronizing prostitution. The highest risk group originally seemed to be Nepalese returning from Bombay after being tested HIV or falling ill, often ignored about their disease status. So the most vulnerable group is identified mainly migrant labor, soldiers, businessman, truck driver, students and their sex

partner. The incidence of sero-positive among housewives is recently increasing (Giri, 1998).

Nepal is not so far from this problem. The history of HIV/AIDS epidemics in Nepal is now more than 10 years old. Its epidemic is significantly affected by its proximity to India because it shares long borders, which enclose Nepal on three sides. As estimated more than 8,00,000 persons travel across this borders each year. There are also a large number in commercial sex work in India. Large number of Nepalese girls and women are also working in Bombay. By the time these women return to Nepal, they stand a high chance of being infected with HIV and May consequently unwitting transmit the AIDS virus to other.

In light of the worldwide AIDS the center of sexually transmitted disease STDs has gained increasing importance. Scientific evidence suggests that the sexual route spreads 80% of HIV infection and there is a relationship between HIV and STD. For example in Sub Sahara Africa 70% of the HIV infection is found in patients with STD and likewise 15 to 30% of STD patients in Thailand were found to be HIV positive.

AIDS are caused by human immunodeficiency virus (HIV). It has been found in blood, semen, saliva, tears, urine, vaginal secretion, mucous membranes, cerebrospinal fluid, and breast milk and amniotic fluid.

HIV infected individuals usually develop HIV anti bodies within 6-12 weeks following infection. Beginning about 12 weeks after infection, HIV is detectable by blood test: enzyme-linked immuno sorbent assay (ELISA or EIA). A positive EIA means that the individuals have been infected and can transmit the virus. (Pokharel, 2003) The HIV-infected individuals will not necessarily develop AIDS or AIDS related illness.

There are three principal mechanism of HIV transmission.

1. Heterosexual and homosexual activity
2. Direct contact with infected blood or blood products including needle sharing and blood transfusion and
3. Transmission from infected mother to their infants in uterus at birth of through breast-feeding.

STDs are caused by the close sexual contact. There are at least 27 kinds of different disease caused by different viruses, bacteria and other microorganism .

cost of HIV/AIDS is higher in total national development approach. This not only ruins the economic manpower equally damages the total system of the nation. Hence it is not wise to accept the issues of HIV/AIDS in the mirror of health problem but it should be investigated as the national problem and therefore need to focus the young generation.

1.2 Statement of the Problem

AIDS education consultants and information experts argue that mass awareness about killer disease has reached an adequate level. Although the majority of he students know about symptoms and preventive measures of STD/AIDS, it is spreading day by day in every countries of the world. It becomes great problem and burden for the society. As youth are the energetic wings of the nation they can change the trends and cultural barriers, socio lag and traditional views.

HIV/AIDS problem have been rooted mostly in developing countries. 95% of the total infected population resides in these countries. It is affecting mostly the productive age group between 18 to 30 years. Nepal being one of the developing countries cannot remain isolated from this problem. Although HIV/AIDS causes are found to be low in Nepal than in other countries, effective preventive measure are not developed and implemented. Just about one fourth of the reproduction women know about HIV/AIDS in Nepal.

Though the National Center for AIDS/STD control (NCASC) is playing a dominant role, providing information, education and communication sharing, the assistance from other non-government organization. Its effort may be insufficient for other. It may be insufficient due to the lack of information about the perception of AIDS and STIs among the teen ages. More effective planning towards AIDS prevention and control is possible only with the help of statistics related to knowledge about HIV/AIDS and other SITs. The various sources of information of AIDS transmission and persisting misconception in the student level must also be assessed.

AIDS today is most burning issue in the world and has no any cure. Prevention is only remedial aspect of the disease. Therefore public awareness is the most essential things to protect from this disease. This study might be helpful to fulfill he objectives. Hence this topic has been selected. Since the teenagers in Jhapa are suffering from these problems especially with STIs. They are to be given the awareness program on STIs and HIV/AIDS. For this reason, the researcher has selected the study are in Jhapa district. The teenagers in this place are not so much conscious about such killer disease. Though they know about it still seems to be careless due to lack of effective education on STDs and HIV/AIDS.

1.3 Objectives of the Study

The main objectives of this study is to analyze the existing level of knowledge and attitude on HIV/AIDS among the Higher Secondary school level students of Damak Municipality. The specific objectives are as follows:

1. To assess the knowledge and attitude on HIV/AIDS
2. To find out the various sources of information about HIV/AIDS
3. To examine the students knowledge about the modes of transmission and preventive measure of HIV/AIDS.

1.4 Significance of the Study

With AIDS we are confronting on epidemic that began with a whisper only a decade ago and now it rores like thunder around the globe.

The findings of this study may help the policy makers and the person working in the fields of AIDS prevention and control as it provides the level of knowledge about the transmission of HIV/AIDS and its prevention in specific group that is the students of higher secondary school. As this study also attempts to identify the sources of information of AIDS from which they have learned about it. The study is of equal importance to improve the effectiveness of the media. This study tries to assess the level of misconception persisting among the students. The findings of this study may also help to adopt strategies to root out the existing wrong concepts and to disseminate necessary message through the mass media.

STD concept, AIDS is very common in Nepal. Some of the STDs are accepted as the traditional. The religious and social norms force adolescent not to express their problem and therefore, they reach to peer group contact. The contact with peer groups is no beneficial for them. The incidents of HIV/AIDS are related with social evil such as a drug addiction, smoking, alcoholism and unsafe sex practices. If the curiosities of the adolescents are not fulfilled they push themselves in the ditch of the misstatements. This is one of the major reasons why adolescent population is more vulnerable.

A lot of international and national agencies have made attempts for understanding the sensitiveness of the problem. Since the identification of the HIV/AIDS, the national governments are using maximum strength to avoid and control the problem of adolescent. This study will try to incorporate the issue.

1.5 Limitation of the Study

The study will cover only the selected Higher Secondary School of Damak municipality of Jhapa district. So the findings may not be generalized for the whole nation. The elected schools are: Global Higher Secondary, Siddhartha Higher Secondary and Model Higher secondary school. Out of these only 80 students twenty each are taken as a population size.

1.6 Organization of the Study

The study is organized in the following way:

1. Chapter first includes introduction of the study, statements of the problem, objectives, significance, and limitation of the study.
2. Chapter second includes review of the literatures.
3. Chapter third includes methodology of the study. Methodology includes source of data, research design, sampling procedures tools and techniques, data collection and analysis.
4. Chapter four includes socio-economic characteristic of the respondent where introduction to study area, age and sex composition of respondents, place of residence, caste and ethnic composition of respondent and their distribution in percentage is explained.
5. Chapter five includes the Analysis of STDs, HIV/AIDS, source of information, mode of transmission and precaution and cause are discussed along with table and chart.
6. Chapter six deals with summary, conclusion and recommendation.

CHAPTER - II

LITERATURE REVIEW

UNAIDS and the World Health Organization (WHO) estimate that 40 million people are living with HIV/AIDS infection at the end of 2001. Among 40 million, 2.7 million are children under 15. The overwhelming majority of people with HIV, some 95% of the globe totals in developing world. About 5 million people are believed to have acquired HIV infection in 2001 alone; of them some 800000 are children under age 15. This means that there are nearly 14000 new infections everyday according to the 2001 figure (UNAIDS and WHO, 2001).

It is estimated that 24.8 million people have died of AIDS since beginning of the epidemic and some 3 million died of AIDS in 2001 alone (UNAIDS, 2001).

The first HIV infection in south Asia region was reported in India in 1986. This means hat the pandemic was introduced in the region somewhat later than other parts of the world. The infection rates in south parts of the world. The infection rates in south Asia are lower than Africa but the spread of HIV is raped. The epidemic in South Asia is new and many countries are yet to develop a proper monitoring system. For this reasons the estimation of HIV in south Asia are often made on the basis of in adequate information (Aryal, R.H 2000).

AIDS was first reported in 1981 in USA. The causative organism of HIV/AIDS was identifies in 1983. The pandemic nature and the magnitude of the public health problem associated with Human Immune Deficiency Virus (HIV) infection were recognized much later when the population of person infected with HIV rose very rapidly. However considerable effort is being made to contain the spread of HIV, as the impact of HIUV/AIDS seem to be very serious in long-term aspect. The HIV virus does not respect geographical boundaries so any country of the

globe immune to HIUV/AIDS. This is why this issue needs an issue of globe thinking and intervention (Aryal, R.H 2000).

Balk and Lahiri (1997) in a study of 25 states of India found that only one-sixth women heard of AIDS. Among these knowledge about transmission and prevention of AIDS was found to be poor. A participatory study among the students and teacher in the rural area of Maharastra and surprisingly revealed that all the students and teachers contracted were aware of AIDS. Most students have heard about it from mass media, the posters, lectures or some event on AIDS conducted in the school, undoubtly, these mass awareness efforts have led to a certain amount of curiosity in the minds of the students but there is a need to channel the curiosity to some kind of tangible knowledge. Most students were not sure whether AIDS could affect them of people like them and now it could be controlled. Some IX standard girl student stated that need for sex education at early ages. Most teachers did not want to talk about sex or students sexual behavior they stressed moral issue (Verma et al 1997).

HIV/AIDS have become a major public health problem in Nepal. The first case was reported in 1988 and since then 2243 HIV positive cases have been reported as of March 32 (NCASC, March 2002).

AIDS entered in Nepal through the prostitution either women or girls who were involved in prostitution in Mumbai and other cities of India. They are generally supposed to come back to home, which helped AIDS to spread in Nepal (5 April, 2002, Rajdhani).

A study on “Perception and attitude concerning STD and AIDS in urban centers of Nepal”. A girl student expressed her view about the way of transmission of AIDS saying that the blood should be tested and separate syringe should be used before receiving and donating the blood. They must be thoroughly cleaned. A

businessman was found to complain about the message of billboard that AIDS is fatal did ease but illiterate can not read it (New Era 1996 cited in Giri, 1998).

A study of six districts in Uganda conducted in 1992, which investigated that the problem of orphans is serious in the sub-Sahara Africa because the death rate of both parents has been increasing of the AIDS (Karki, 2056).

Behavior surveillance survey in the Highway roots of Nepal, which was conducted by the New Era with support from Family Health International and USAID found that most risky group are truck drivers. Apart from truck drivers the second risky groups includes male labor. Similarly other is junior policeman, soldiers and seasonal migrants etc.

A study of 250 males and 250 female's secondary students, with a mean age of 14.9 years. The study found that the students have only a limited level of knowledge of SITs and contraception. Their main sources of information are books and magazines. Nevertheless 23 percent of the male students have already experienced sexual intercourse with girl friend of sex workers and only 42% of them had used condoms. The finding underscores the need for early intervention through sex education well before students reach senior secondary level. (Gender sexuality and R.H in Thailand, 2000) research study "Reproductive Health Awareness Attitudes and Behavior of Adolescents in Nepal" was conducted with financial support from UNFPA. In this study only 30% of the adolescents had heard of reproductive tract infection (RTI), 77% of STD and HIV/AIDS, Radio, Television and friends were the major source of information for family planning, SITs, RTI and HIV/AIDS. Mother was the main source of information on menstruation (UNFPA, 2000).

The socio economic impact of HIV/AIDS is felt at all levels of the society, individual household, family, community, and nations and to verify degree in all

sectors; agriculture, commercial, transport, health education and so on. Mass media campaigns, school AIDS education program, condom social marketing and seminar intervention are recognize to be necessary but not sufficient for the slowing spread of HIV. Almost everywhere it is being realized that providing information influence to the number of sexual determinants and drug-infective behavior, some of these causes are economic, if it is possible to understand them, it should also be possible h change the determinants of safe and unsafe behavior. Economic determinants of behavior and behavior change, which include social, cultural, physical and logical factors (WHO, 1995).

The high level of HIV infection among younger and younger people signals society's failure to protect the children. In failing to protect children the world its future. If levels of HIV prevalence rises, not only will the health consequences be serious but also the demographic, economic and social consequences (Halperin, 2001).

A dissertation by Nepal on his thesis that all of the respondents said they had heard about AIDS, but only 27% of them were able to report that AIDS is caused by the virus called Human Immune Deficiency Virus (HIV). Among these students who think themselves knowledgeable about HIV/AIDS have also some misconception that 24% of them think mosquito bite is a cause of AIDS transmission. Like this 11% of the respondent's think pills is also useful contraception for prevention AIDS and other STDs. similarly some of their view was that only a few of the person would die were infected wit HIV/AIDS. According to his repot the students of age 15 years and more are found better knowledgeable than those who where less than 15 years of ages. The name of AIDS carriers is not known by 73% of the students. Among the students who think themselves knowledgeable about AIDS, 24% do not have correct knowledge. This may be due to the difficulties in understanding the message disseminated through

the mass media. More than 10% of the students are found well informed about the problem that AIDS can produce. They said that “AIDS is dangerous” and all of the person infected with AIDS would survey die. He found that high percentage of students demand AIDS awareness program in their village as well as in school (Nepal. 1998).

A study among high school girls of Kavreplanchowk district found that 95.5 percent of the respondents heard about AIDS. The students who heard about AID pandemic were asked further questions about the name of causing agent of AIDS. Among them 29.1% of the students were unknown about it. Only 38 (12.6%) students know HIV as the cause of AIDS. Further more 262 (87.33%) of the students were unknown to the name of AIDS virus. The level of knowledge about the modes of transmission of AIDS was found to be affected by a number of background variables such as sex, exposure to media, parent’s occupation, and education level of the respondents. Exposure to mass media was found to play an important role in extending knowledge about AIDS. The respondents from non-agriculture background were found better knowledgeable than those from agricultural background. Male respondents were found to be better knowledgeable in comparison to females. A positive relationship between the age and knowledge of HIV/AIDS was observed (Shrestha, 1996).

Acharya (1999) indicated that knowledge of AIDS seems to increase as age of women increase. About 29% of women of age 19 have heard about AIDS. While only 14 percent of age 15 years have hard it. The unadjusted adds ratio based on logistic regression also are found that statistically significant for the age 17 and 19. For instance, a woman 19 years has 204 times higher adds acquired knowledge of AIDS compared to women age 15 years. Similarly women who are married before the age of 15 are less likely to have the knowledge of AIDS compared to their counter parts. Out of the 662 women with more than 15 years of age at marriage,

19 percent know about AIDS. This association is statically significant unlike expected women whose age difference with their husband is less than five years have lower knowledge of AIDS. It was anticipated that husband wife communication would be higher among such couples.

CHAPTER - III

METHODOLOGY OF THE STUDY

This is a field base study. This study has aimed at finding the level of knowledge on STD and HIV/AIDS among Higher Secondary school students have gained. This also aims at finding the activities that the teenagers follow to be safe from the prevalence of STDs and HIV/AIDS.

Source of Data

This study is based on the primary data. Data are collected from the field survey. Besides primary data, secondary information related to the study such as direct publication, documents and books have been used.

Rational of the Selection of the Study Area

This research is the case study of knowledge and attitude on STDs and HIV/AIDS in higher secondary school students in Damak municipality. This particular area is chosen for the study because it is easily accessible to the researcher and moreover the researcher is familiar to the study area.

Research Design

The study is based on primary data and information. Structural questionnaire are applied as a major tool of information collection procedure for the required data in this research work. This study follows the descriptive and explanatory type or research method to facilitate the answering of the questions purpose to identify the existing condition of knowledge and attitudes towards HIV/AIDS among the higher secondary level students in Damak Municipality of Jhapa district. Only

simple but not sophisticated mathematical analysis and interpretation has been adopted in this research.

Sampling Procedure

The populations of the study are the students of Higher Secondary level school of Damak Municipality of Jhapa district. For the purpose of the study, out of total 7 higher secondary schools only 4 higher secondary schools were purposively selected. After the selection of the schools students of class 11 and 12 were arranged alphabetically. Then using systematic random sampling particular respondent were selected. The school taken for the study are namely, Siddartha Higher Secondary School which lies in ward no. 11, Global Higher Secondary School which lies on ward no. 10, Model Higher Secondary School which lies on ward no. 15 and Damak Higher Secondary School in Ward no. 14. The sampling population of 80 students are obtained from 4 school. From each school 20 students 10 male and 10 female students are taken. The sample population was drawn as follows.

Table 3.1: Distribution of Sampling Population

S.N.	Name of School	No. of Students		Total	Sampled Population
		Male	Female		
1.	Siddartha Higher Secondary School	20	25	45	20
2.	Global Higher Secondary School	22	20	42	20
3.	Model Higher Secondary School	20	20	40	20
4.	Damak Higher Secondary School	24	24	48	20
Total		86	89	173	80

3.5 Tools and Techniques

Questionnaire is the main tool applied in this study. A set of questionnaire has been formulates to collect the information of respondent regarding HIV/AIDS for the development of questionnaire. Different research work were consulted. Sources such as books, magazine, research paper, and reports are studied and analyzed to guide the researcher in construction of the survey tools. In addition some suggestion and comments have been obtained as advice from supervisor and other to improve and modified for betterment.

Using systematic random sampling particular respondent were selected. The schools taken for study are namely Siddharth Higher Secondary School which lies in ward on 11, Global Higher secondary schools which lies in ward on 10, Model higher secondary school which is lies in ward no. 15 and Damak Higher Secondary school in ward on. 14. The sampling population of 80 students were obtained from 4 school. From each school 20 students, 10 male and 10 female students are taken.

3.6 Data Collection Procedure

At first the researcher prepared the schedule to collect the data from the school. According to the schedule the researcher went to each school and visited office of the head. Explained about the purpose of visiting, taking the permission the researcher selected the respondents randomly. It is explained in brief about his research work. The respondents were requested to fill the question honestly what they know about the question.

3.7 Data Analysis

After the collection of required data they are tabulated into master chart and converted them into percentage. Basically bar diagram, pie chart are used for processing, analyzing an interpreting the result of data. Descriptive and simple mathematical interpretation procedure has been adopted in this research.

CHAPTER - IV

SOCIO ECONOMIC CHARACTERISTICS OF THE RESPONDENTS

4.1 Introduction to the Study Area

Damak is in between Ilam and Morang. It is one of the most important market centers. Four Higher secondary of Damak Municipality is selected. They are Siddhartha Higher secondary school which lies in ward no 11, Global Higher secondary school which les in ward no 10, Model H. secondary school which lies in ward no 15 and Damak Higher secondary school in ward no 14. The study area Damak Municipality lies in Jhapa district in Mechi zone. The no. of household of Jhapa district is 125947 in 2002. The average households size being 5.03. the total population is 63304. among this total 314627 are male and 318415 are female. The total area sq.km. is 1606. The area of Damak is 70.63 sq.km. The population density is 495.67 sq.km. The number of household is 7178. The total population. The male population is 17546 and female population is 17463. Beldagi camp (Bhutanese refugee camp) is also in Damak. Many teenagers are involved in sexual activities. They are the one in Damak who are likely to get the disease.

4.2 Age and Sex Composition of the Respondent

Table 4.1: Distribution of Respondent by Age and Sex

Age	Respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
16	4	10	6	15	10	12.5
17	12	30	15	37.5	27	33.75
18	14	35	10	25	24	30
19	6	15	7	17.5	13	16.25
20	4	10	2	5	6	7.5
	40	100	40	100	80	100

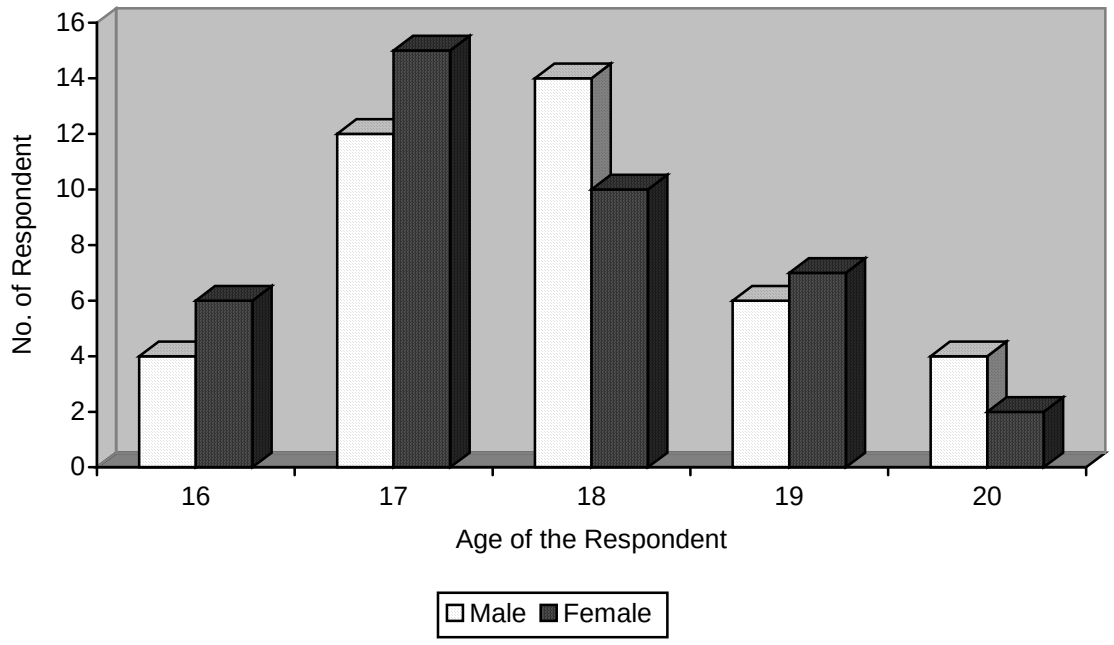
Source: Field Survey 2006

From the table 4.1 above the highest 33.75% of the respondents belongs to the age group 17 years, followed by 18 years (30%) and 19 years (16.25%). The lowest 7.5% belong to age group 20 years and other 12.5% belong to 16 years.

By sex the highest 35% male belong to age group 18 years followed by 17 years (30%) and 19 years 15%. The lowest 10% belong to age group 16 and 20 years. Similarly the highest 37.5% female belong to age group 17 years followed by 18 years (25%) and 19 years 17.5%. the lowest 5% belongs to age group. The rest 15% belongs to age group 20 years. The rest 15% belongs to 16 years.

This can also be presented in bar diagram as follows:

Figure 4.1: Bar Diagram Showing Distribution of Respondent by Age and Sex



4.3 Place of Residence

Table 4.2: Distribution of Respondents by Place and Sex

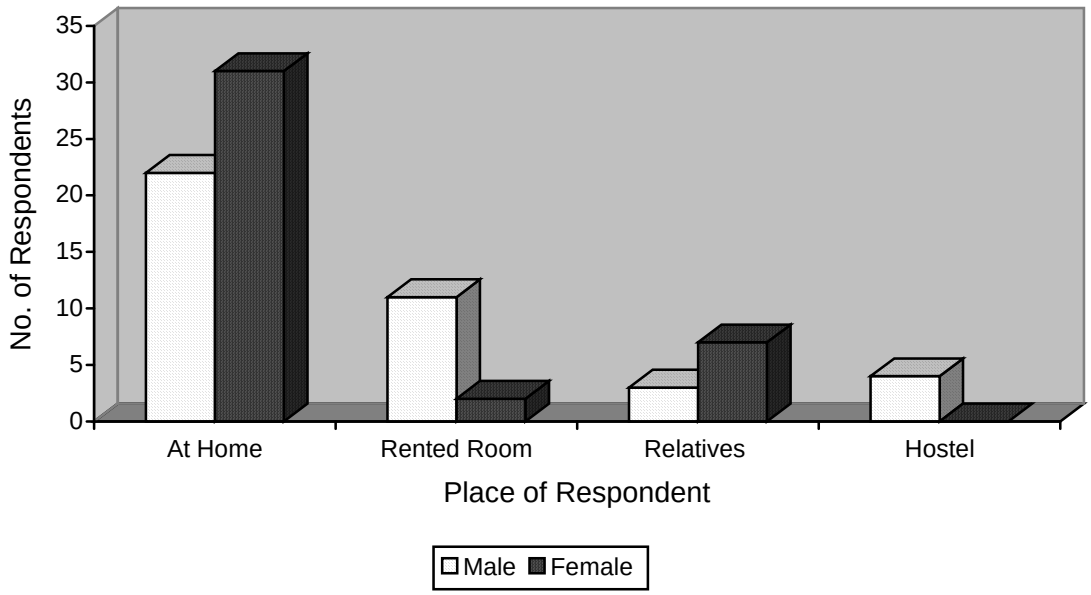
S.N.	Place of Residence	Respondent					
		Male		Female		Total	
		Number	%	Number	%	Number	%
1	At home	22	55	31	77.5	53	66.25
2	Rented room	11	27.5	2	5	13	16.25
3	Relatives	3	7.5	7	17.5	10	12.5
4	Hostel	4	10	-	-	4	5
Total		40	100	40	100	80	100

Source: Field Survey, 2006

From the table 4.2 above the highest 66.25% of respondents live at home, followed by rented room (16.25%) and relatives 12.5%, the lowest 5% live at hostel.

The table also shows the majority of the female live at home, followed by relatives (17.5%). None of the female lied at hostel. Similarly 55% male lived at home followed by rented room (27.5%) and relatives 7.5%, the lower 10% lived in hostel.

Figure 4.2 : Bar Diagram Showing Distribution of Respondent by Place and Sex



The above bar diagram of respondent by place and sex shows. Majority of respondent live a their home. Female live more at home then male. 77.5 percent female and 55 percent male live at home. Which majority of male respondent live at rented room. 27.5 percent of male live at rented room but only 5 percent of female live at rented room. Similarly, majority of female line with relatives 17.5 percent of female respondent live with relatives while only 7.5 percent of male respondent line with relatives. Likewise, 10 percent male were found living in hostel while non of the female respondent were found living in hostel.

4.4 Caste/Ethnic Composition of the Respondents

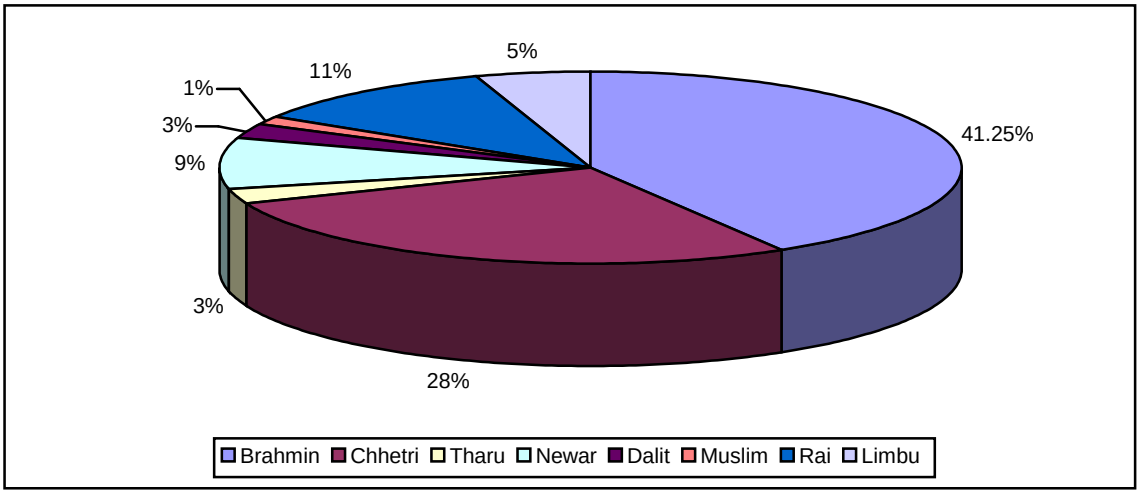
Table 4.3: Distribution of respondents by caste (ethnicity)

Caste/Ethnicity	Respondents	
	Number	%
Brahmin	33	41.25
Chhetri	22	27.50
Tharu	2	2.50
Newar	7	8.75
Dalit	2	2.50
Muslim	1	1.25
Rai	9	11.25
Limbu	4	5
	80	100

Source: field Survey, 2006

Table 3 shows the caste composition of the study population. Caste is the main base of the social hierarchy among the people of Nepal. Nepalese society consists of different ethnic groups with different languages. The following table reveals that 41.25% Brahmin, 27.50% Chhetri, 2.50% Tharu, 8.75% Newars, 2.50% Dalit, 1.25% Muslim, 11.25% Rai and %% Limbu.

Figure 4.3: Pie Chart Showing Distribution of Respondent by Cast



CHAPTER - V

ANALYSIS OF KNOWLEDGE ON STDs – HIV/AIDS

5.1 Knowledge on HIV/AIDS

HIV/AIDS is the fatal sexually transmitted disease, which has no nay treatment. The only way to be safe from this disease is the prevention. Therefore it is important to understand this disease perfectly. To identify the level of knowledge on AIDS respondents were asked detailed questions relating to all the aspects such as source of knowledge, modes of transmission, ways of prevention and family attitude. Hence this chapter mainly deals with the causes and consequences of the disease, the modes of transmission and preventive measures of AIDS. Besides this, effort has been made to identify the source of information correct and wrong knowledge about the disease.

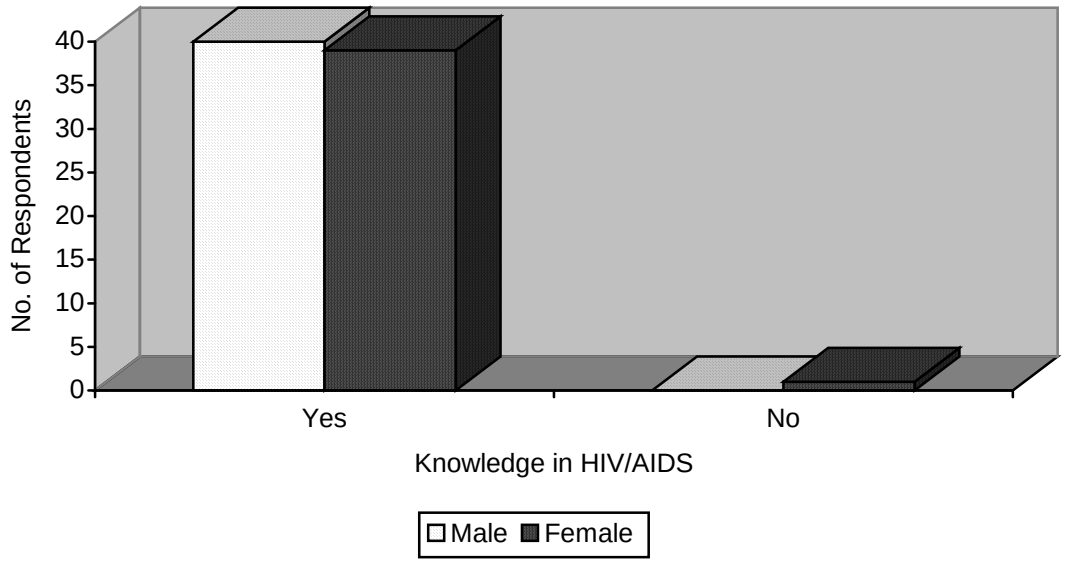
Table 5.1: Knowledge on HIV/AIDS

Knowledge on HIV/AIDS	Respondent					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Yes	40	100	39	97.5	79	98.75
No	0	-	1	2.5	1	1.25
Total	40	100	40	100	80	100

Source: Field survey, 2006

From the above table 4, it is clear that 98.75% of the respondent have heard about HIV/AIDS. Only 1.25% out of the total male respondent have not heard about AIDS i.e. 40 students al have heard about HIV/AIDS. Out of the total female respondent only 1 had not heard about HIV/AIDS.

Figure 5.1: Bar Diagram Showing Distribution of Respondent Knowledge on HIV/AIDS



The above bar diagram shows respondents knowledge on HIV/AIDS. All of the respondent have knowledge about HIV/AIDS but only one female respondent is not known HIV/AIDS.

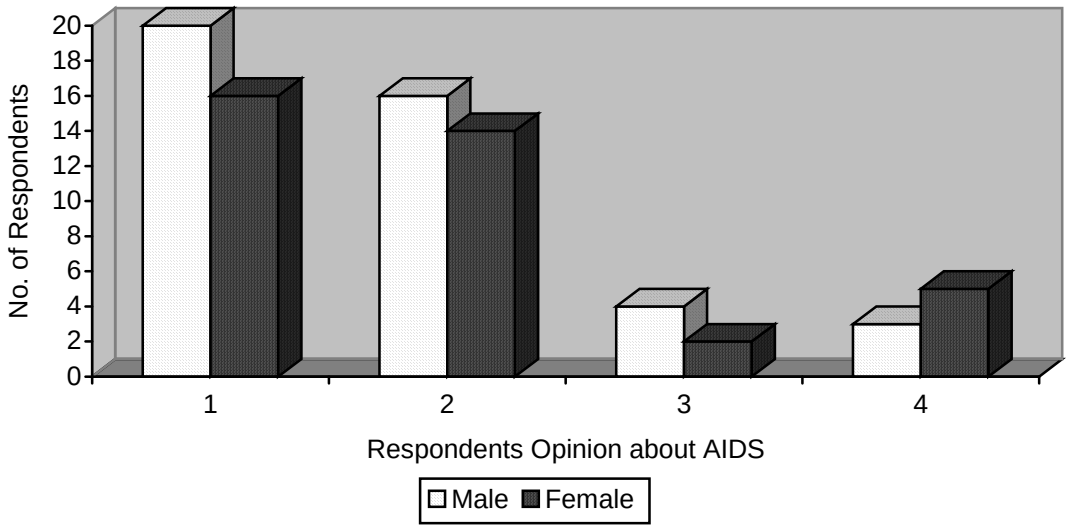
5.2 Respondents View about the AIDS

Table 5.2: Distribution of respondents by opinion about AIDS

S.N.	Opinion	Number of Respondent					
		Male	%	Female	%	Total	%
1	AIDS is sexually transmitted disease	20	25	16	20	36	45
2	AIDS is very dangerous disease caused by HIV virus	16	20	14	17.5	30	37.5
3	AIDS is killer disease	4	5	2	2.5	6	7.5
4	AIDS is Acquired Immune Deficiency Syndrome	3	3.75	5	6.25	8	10
Total		43		37		80	100

The respondents were asked about their opinion of AIDS with open-ended questions to measure their knowledge on AIDS meaning. On this very question 36 students that are 45% said AIDS is sexually transmitted disease. 375% i.e. 30 students mentioned AIDS is very dangerous disease caused by HIV virus. The other 7.5% respondent (students) simply said AIDS is a killer disease. The rest remaining 10% said AIDS is Acquired Immune Deficiency Syndrome.

Figure 5.2: Bar Diagram Showing Distribution of Respondents by Opinion About AIDS



1. AIDS is sexually transmitted disease
2. AIDS is very dangerous disease caused by HIV virus
3. AIDS is killer disease
4. AIDS is Acquired Immune Deficiency Syndrome

The above bar diagram shows distribution of respondent by opinion about AIDS. Majority of the respondent mentioned AIDS is sexually transmitted disease. 25% of the male and 20% of the female said AIDS is sexually transmitted disease while 20% of the male and 17.5% of the female respondent said AIDS is vary dangerous disease caused by HIV virus. Similarly 5% of the male and 2.5% of the female

reported AIDS is killer disease while 3.75% male and 6.25% female said AIDS is Acquired Immune Deficiency Syndrome.

5.3 Sources of Information on HIV/AIDS

Communication media plays a vital role in disseminating HIV/AIDS message to the people. In the process of collecting information respondents were asked to mention the sources of information from which they head about it. The different sources as pointed out by the student are tabulated below in table 5.

Table 5.3: Distribution of respondents mentioning the first sources of media information about AIDS

Source	Number	%
Radio	30	37.5
Television	33	41.25
Newspaper	4	5
Friends and relatives	6	7.50
Teachers	5	6.25
Health workers	2	2.5
	80	100

Source: field survey, 2006

The highest 41.25% of respondents came to know about AIDS by television. Similarly 37.5%, 7.5%, 6.25%, 5% and 25% came to know about HIV through radio, friends and relatives, teachers, newspaper and health workers respectively.

Table 5.4: Distribution of respondents by Sex mentioning the first sources of media information about AIDS

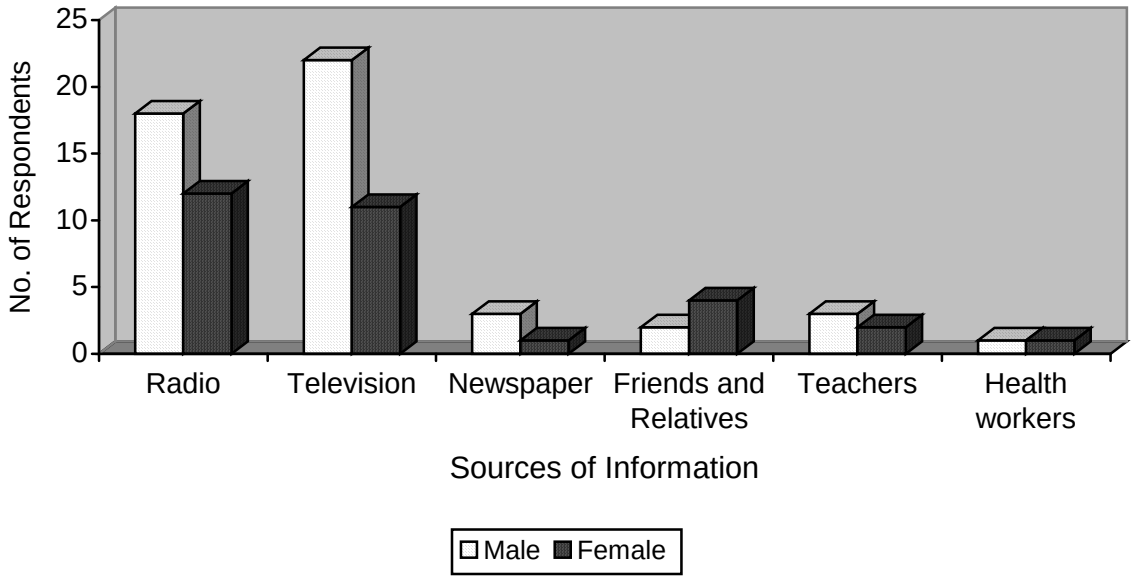
Source	Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Radio	18	22.5	12	15	30	37.50
Television	22	27.5	11	13.75	33	41.25
Newspaper	3	3.75	1	1.25	4	5
Friends and relatives	2	2.5	4	5	6	7.50
Teachers	3	3.75	2	2.5	5	6.25
Health workers	1	1.25	1	1.25	2	2.50
	49		31		80	100

Source: field survey, 2006

The above table shows that majority of male respondent first time heard about AIDS through television (27.50%), followed by Radio (22.5%), Newspaper (3.75%), Teachers (3.75%), Friends and Relatives (2.5%) and health Workers (1.25%) respectively.

Similarly, majority of female respondents first time heard about AIDS through Radio (15%) followed by Television (13.75%), Teachers (2.5%), Newspaper (1.25%) and Health worker (1.25%) respectively.

Figure 5.3: Bar Diagram Showing Distribution of Respondents by Sex mentioning the first source of Media Informing About AIDS



5.4 Respondents opinion on cure of AIDS

Though AIDS is a factual disease there is only one medical treatment that is to increase lie expectancy. Each respondent were asked can AIDS be cured? For this question the respondents view is analyzed I the following question.

Table 5.5: Distribution of respondents about the cure of AIDS:

Respondents		
Opinion	**Number**	**%**
AIDS can be cured	14	17.5
AIDS can't be cured	58	72.5
Don't know	8	10
Total	80	100

Source: Field survey, 2006

From the above table it is found that 72.5% of the respondents that is 58 students said AIDS couldn't be cured. It is obvious that AIDS cannot cure. But the life expectancy can be increased through medical treatment. 17.5% of the respondent has wrong view. This is due to lack of knowledge about HIV/AIDS. Some pother people also have wrong conception about the cure of AIDS. They say AIDS can be cured at its early stage if medicine is used. Like wise 10% respondent have no idea about the knowledge of cure of AIDS. From this data it can be said that majority of the respondent have correct knowledge and only a few have wrong concept while a very few have no idea.

Table 5.6: Distribution of respondents by sex about the cure of AIDS

Source	Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
AIDS can be cured	6	7.5	8	10	14	17.5
AIDS can't be cured	30	37.5	28	35	58	72.5
Don't know	3	3.75	5	6.25	8	10
Total	39		41		80	100

Source: Field survey, 2006

From the above table it is clear that, though about AIDS has been informed by media still respondent have misconceptions about the care of AIDS. 7.5% of the male respondent and 10% of the female respondent said AIDS can be cured. While 37.5% of the male respondent and 35% of the female respondent said AIDS cannot be cured. Furthermore 3.75% respondent said they have no idea (don't know) about the care of AIDS.

Figure 5.4: Bar Diagram Showing Distribution of Respondents by Sex About the cure of AIDS

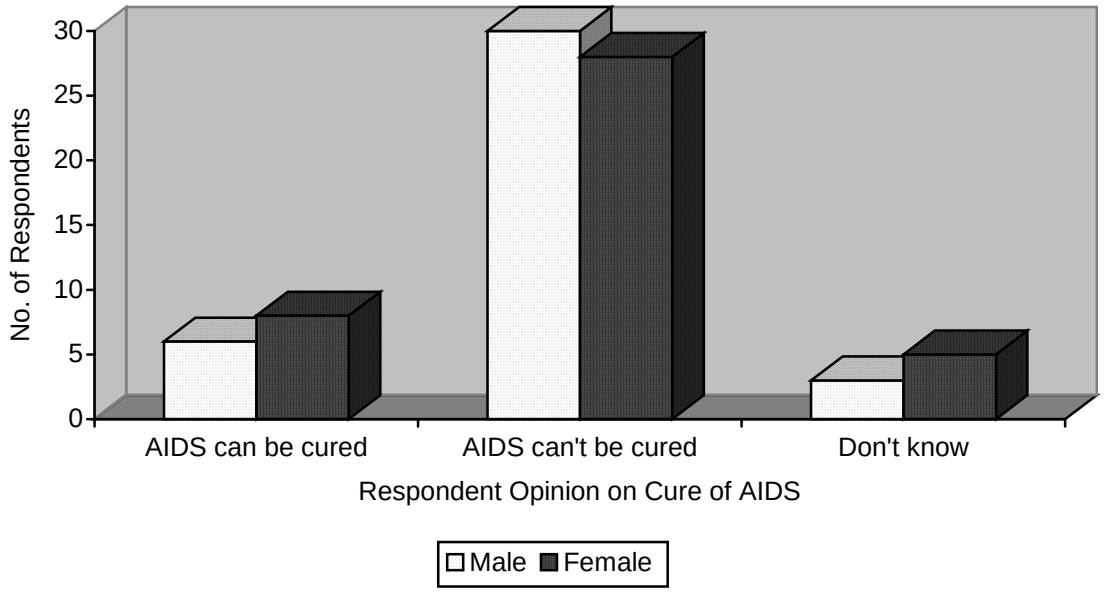
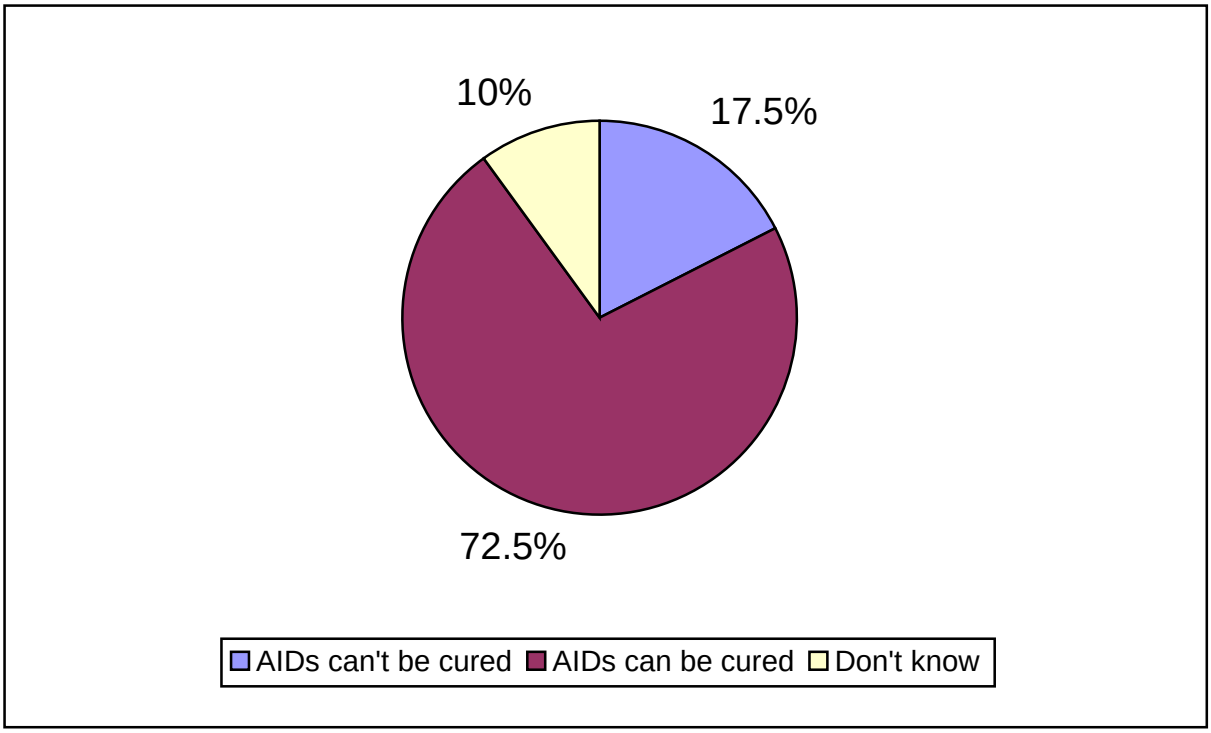


Figure 5.5: Pie chart showing respondents opinion on cure of AIDS



5.5 Respondent opinion on death of AIDS patients

To view the respondent opinion on the death of AIDS patient, the question was asked. In your opinion all the AIDS infected person die or some of them die or not die at all. On this very question following opinion is collected as presented in the table below:

Table 5.7: Students Opinion on the Death of AIDS Patients

Opinion	Respondent	
	Number	%
All of them die	50	62.45
Some of them die	23	28.80
Not die at all	4	5
Don't know	3	3.75
Total	80	100

Source: Field survey, 2006

The data above shows that 50 respondent that is 62.45% represented al of the AIDS patients die. 23% of them mentioned the only some of them die while 5% said not die at al and 9.75% mentioned that they were unknown about it.

Table 5.8: Distribution Respondents Opinion by sex on Death of AIDS Patient

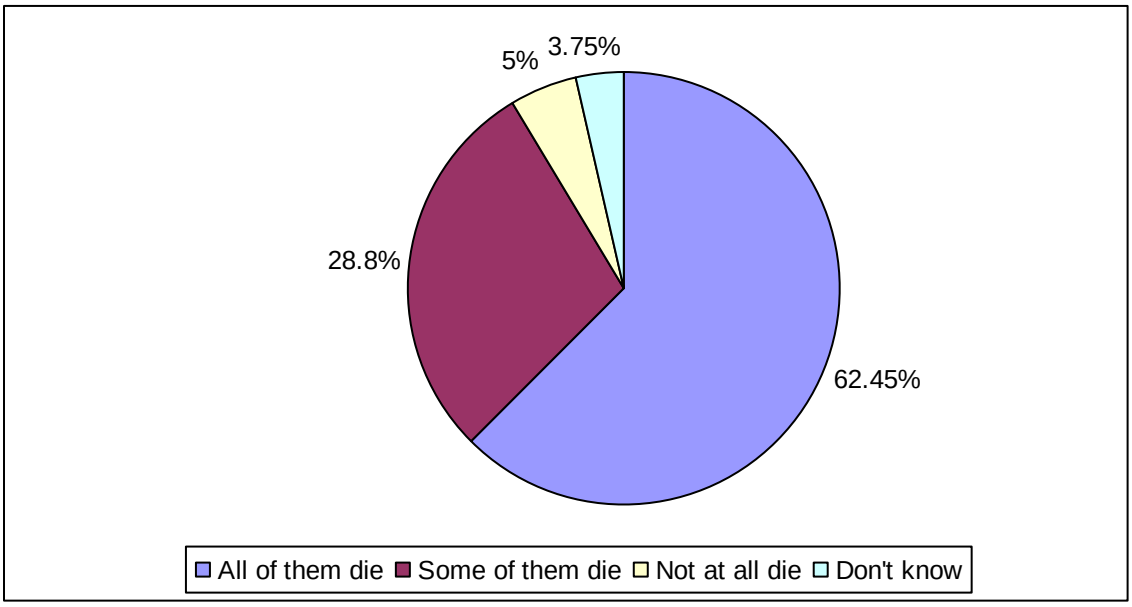
Opinion	Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
All of them die	28	35	22	27.5	50	62.45
Some of them die	10	12.5	13	16.25	23	28.80
Not die at all	2	2.5	2	2.5	4	5
Don't know	1	1.25	2	2.5	3	3.75
Total	41		39		80	100

Source: Field survey, 2006

From the above table on Respondents opinion by sex on the death of AIDS patient, 35% of the female and 27.5% of the female said. All of the AIDS patiet die. 12.5% of the male and 16.25% of the female said only some of them die. 2.5% of the male and 2.5% of the female said not at all die while 1.25% of the male and 2.5% of the female said they have no idea (don't know).

Figure 5.6: Bar Diagram Showing Distribution of Respondents Opinion by Sex on the Death of AIDS patient

Figure 5.7: Pie Chart Showing Distribution of Respondent Opinion on the Death of the AIDS Patient



5.6 Participation of Respondents in AIDS Related Program

The students were asked about their involvement in AIDS related program conducted in their school. In this question 40% of the students said they participated in the AIDS related program. The majority that is 60% of the student had not participated in the program

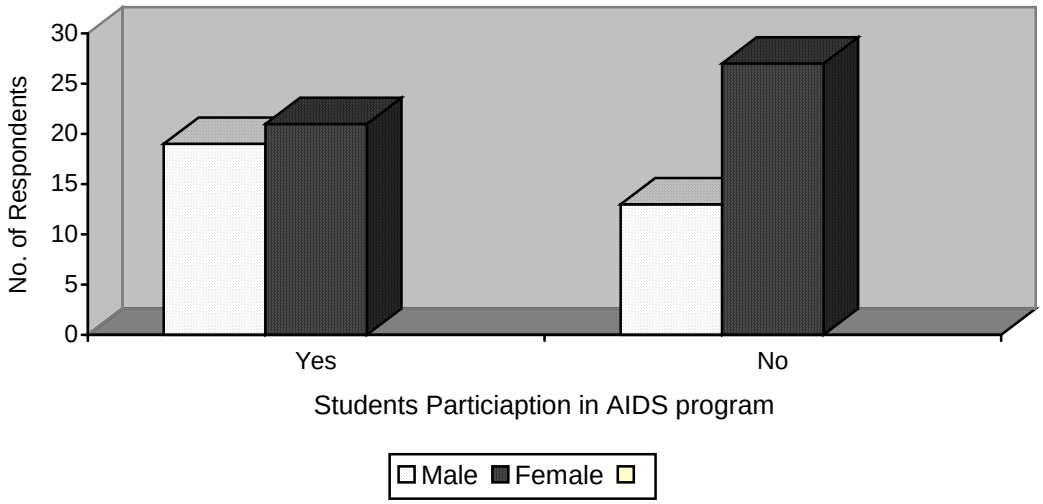
Table 5.9: Students participation in AIDS program

Program conducted	Respondents					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes	19	23.75	13	16.25	32	40
No	21	26.25	27	33.75	48	60
Total	40		40		80	100

Source: Field survey 2006

The above table of student's participation in AIDS shows that majority of the students have not participated in the AIDS related program. Male student have participated more than female student. 23.75% male and 16.25% female only have participated in the AIDS related program. Rest 26.25 male and 33.75 female have no participation in the program. Hence there is a need of participation of students in AIDS related program to make them understand better about knowledge of AIDS and its consequences.

Figure 5.8: Bar Diagram Showing Student participation in AIDS program



5.7 Knowledge about the Modes of AIDS Transmission

To examine student's knowledge about the modes transmission, some questions were asked. The nodes of AIDS transmission as mentioned by the students are tabulated as below in table.

Table 5.10: Distribution of Respondents by Views on AIDS Transmission

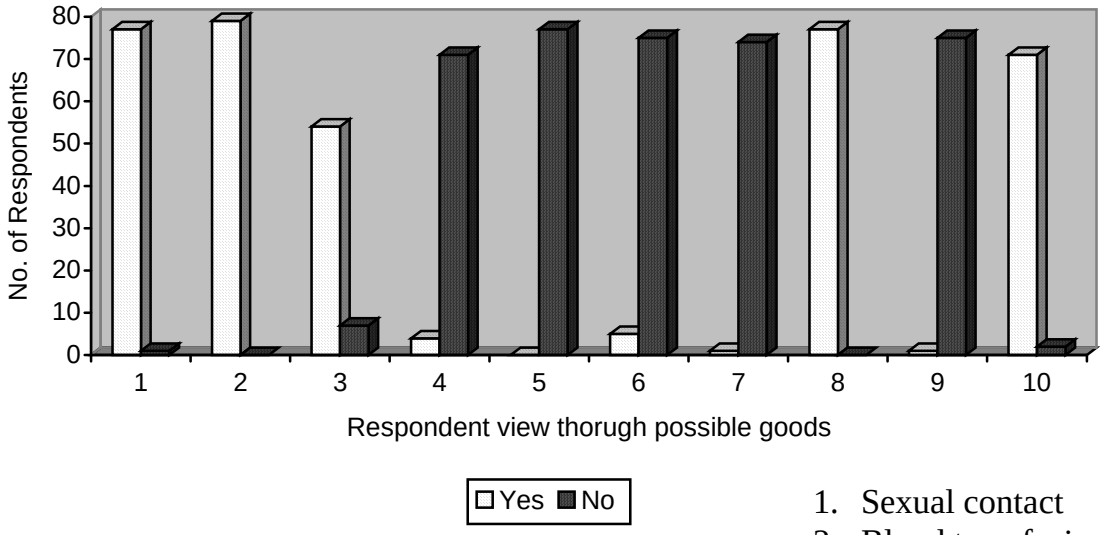
Possible Routes	Respondents					
	Yes		No		Don't know	
	N	%	N	%	N	%
Sexual contact	77	96.25	1	1.25	2	2.50
Blood transfusion	79	98.25	0	0	1	1.25
Sharing razor	54	67.50	7	8.75	19	23.75
Mosquito bite	4	5	71	88.75	5	6.25
Sharing food and water	0	0	77	96.25	3	3.75
Kissing	5	6.25	75	93.50	0	0
Sleeping together	1	1.25	74	92.50	5	6.25
Infected needle	77	96.25	0	0	3	3.75
Sex with condom	1	1.25	75	93.75	4	5
Infected mother to baby	71	88.75	2	2.50	7	8.75

Source: Field survey 2006

From the above table more than 98% respondent said that HIV/AIDS transmit from blood transmission. Similarly 96.25% respondent said from sexual contact and infected needles. 88.75% of the respondents mentioned through infected mother to her baby. 6.25% of the respondent said by kissing and 1.25% said through sex with condom and sleeping together.

96.25% of the respondents said HIV/AIDS don't transmit through sharing food and water. Similarly 93.75% said it does not transmit by kissing. Likewise 92.50%, 93.75%, 88.75% and 8.75% said no to sleeping together, sex with condom, mosquito bits and sharing razor respectively. 5%, 5%, 7%. 4%, 3%, and 3% said don't know to sleeping together, mosquito bit, and infected mother to her baby, sex with condom, sharing food and eater and infected needle respectively.

Figure 5.9: Bar Diagram Showing Respondent view on AIDS Transmission through possible routes



1. Sexual contact
2. Blood transfusion
3. Sharing razor
4. Mosquito bite
5. Sharing food and water
6. Kissing
7. Sleeping together
8. Infected needle
9. Sex with condom
10. Infected mother to baby

5.7.1 Transmission Knowledge of HIV/AIDS by Sex

Table 5.11: Distribution of Respondents about Transmission Knowledge of HIV/AIDS by Sex

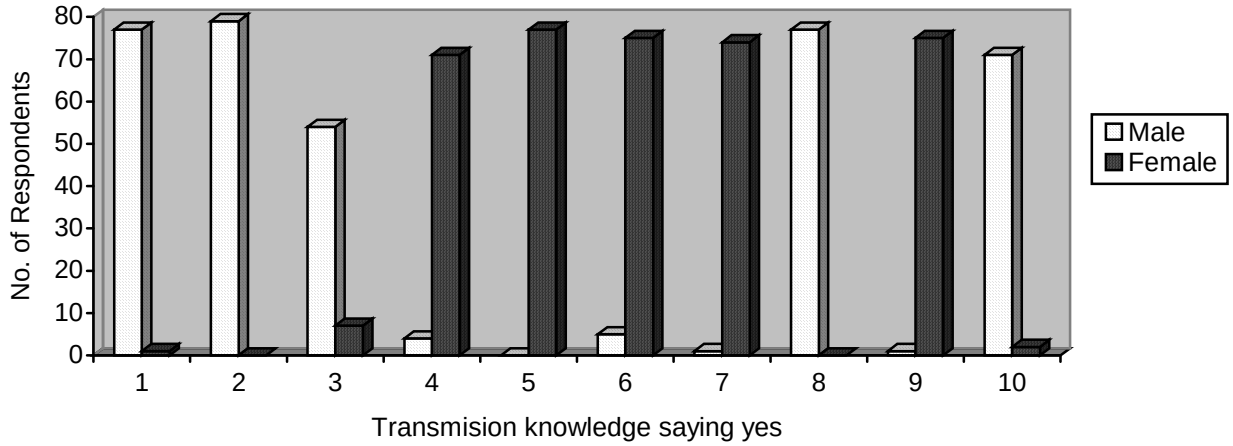
Possible Routes	Male						Female					
	Yes		No		Don't know		Yes		No		Don't know	
	N	%	N	%	N	%	N	%	N	%	N	%
Sexual contact	40	100	0	0	0	0	37	92.5	1	2.5	2	5
Blood transfusion	40	100	0	0	0	0	39	97.5	0	0	1	2.5
Sharing razor	31	77.5	6	15	3	7.5	23	57.5	1	2.5	16	4
Mosquito bite	1	2.5	21	52.5	18	45	3	7.5	15	37.5	22	55
Sharing food and water	0	0	39	97.5	1	2.5	0	0	38	95	2	5
Kissing	2	5	38	95	0	0	3	7.5	37	92.5	0	0
Sleeping together	0	0	39	97.5	1	25	1	2.5	35	87.5	4	10
Infected needle	38	95	0	0	2	5	39	97.5	0	0	1	2.5
Sex with condom	0	0	39	97.5	1	2.5	1	2.5	36	90	3	2
Infected mother to baby	34	85	2	5	4	10	37	92.5	0	0	3	7.2

Source: Field survey 2006

From the table 7 below it is clear that the transmission knowledge on HIV/AIDS is high among male respondents. Hundred percent male respondents believed that HIUV/AIDS are transmitted through sexual contact and blood transfusion. But only 37% and 39% female respondents believed AIDS to be transmitted through sexual contact and blood transmission. 85% male respondent gave the correct answer regarding infected mother to her baby. But only 37 female gave correct answer regarding infected mother to her child. 77.5% male and 57.5% female

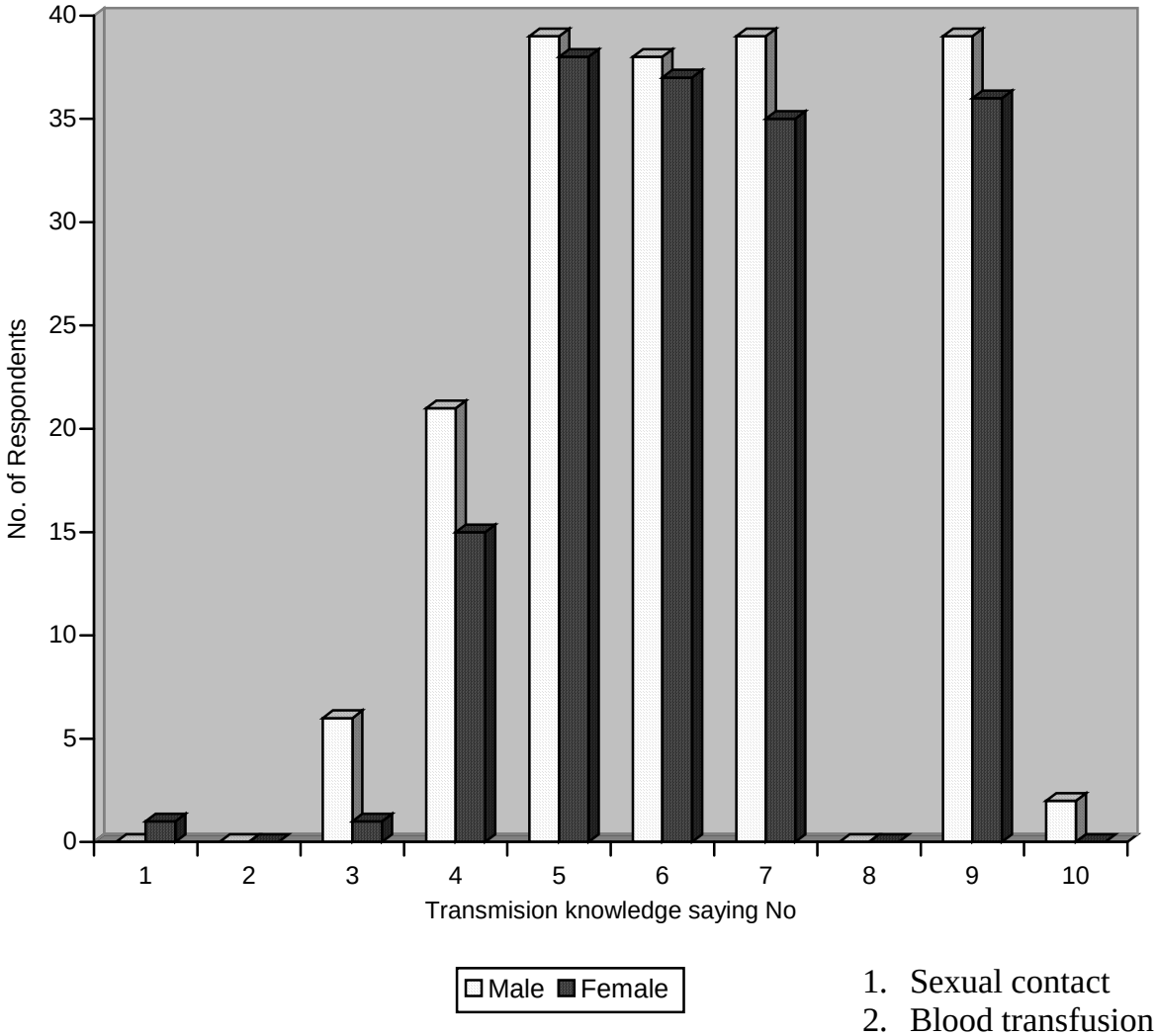
believed that the disease is transmitted through sharing of razor. Similarly 95% male and 97.5% female respondent believed to transmit through infected needles.

Figure 5.10: Bar Diagram Showing Respondent knowledge saying 'Yes' on Transmission of HIV/AIDS through possible routes



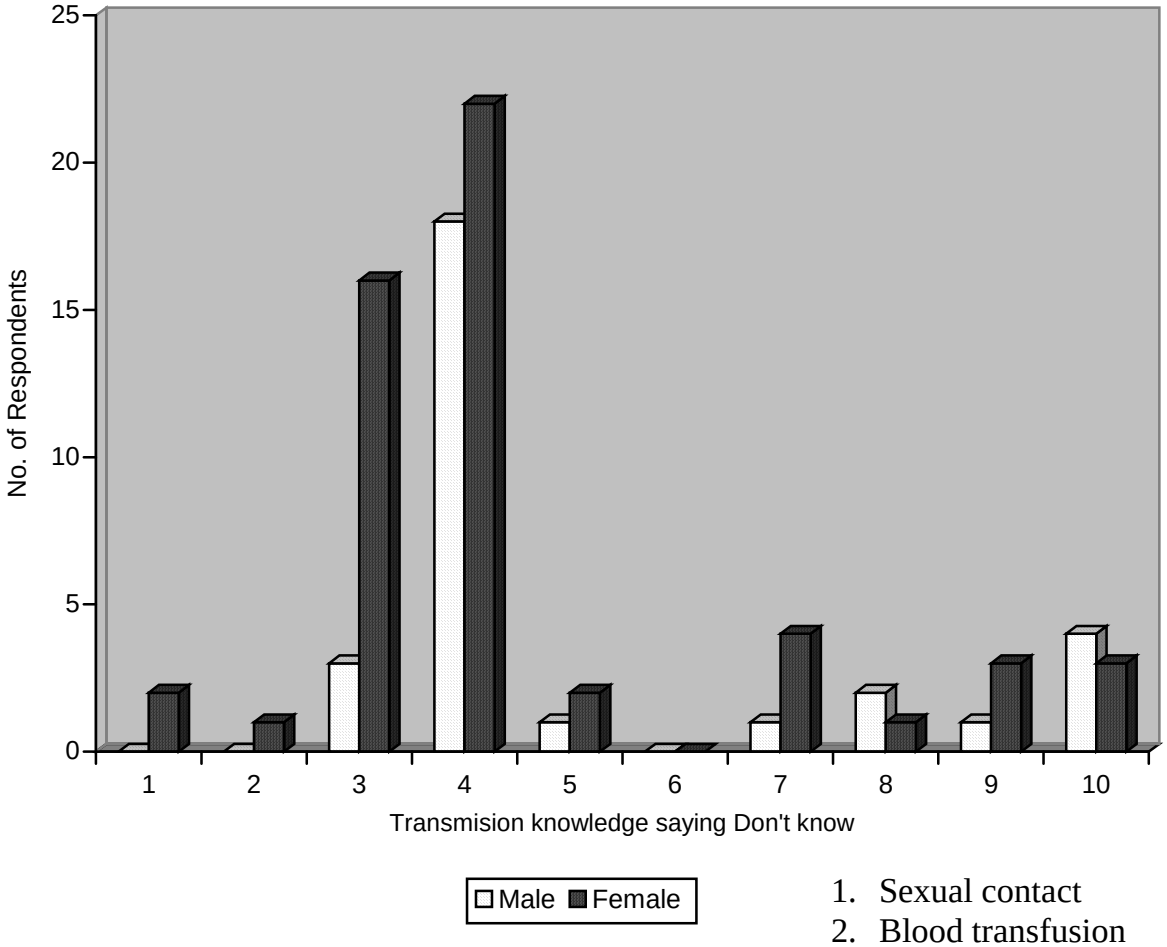
1. Sexual contact
2. Blood transfusion
3. Sharing razor
4. Mosquito bite
5. Sharing food and water
6. Kissing
7. Sleeping together
8. Infected needle
9. Sex with condom
10. Infected mother to baby

Figure 5.11: Bar Diagram Showing Respondent knowledge saying 'No' on Transmission of HIV/AIDS through possible routes



1. Sexual contact
2. Blood transfusion
3. Sharing razor
4. Mosquito bite
5. Sharing food and water
6. Kissing
7. Sleeping together
8. Infected needle
9. Sex with condom
10. Infected mother to baby

Figure 5.12: Bar Diagram Showing Respondent knowledge saying 'Don't know' on Transmission of HIV/AIDS through possible routes



1. Sexual contact
2. Blood transfusion
3. Sharing razor
4. Mosquito bite
5. Sharing food and water
6. Kissing
7. Sleeping together
8. Infected needle
9. Sex with condom
10. Infected mother to baby

Table 5.12: Distribution of Respondents Knowledge about Modes of AIDS Transmission by Age

Age / Possible Routes	16						17-18						19-20					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sexual contact	22	27.5	1	1.25	2	2.5	25	31.25	0	0	0	0	30	37.5	0	0	0	0
Blood transfusion	26	32.5	0	0	1	1.25	25	31.25	0	0	0	0	28	35	0	0	0	0
Sharing razor	16	20	3	3.75	10	12.5	12	15	2	2.5	5	6.25	26	32.5	2	2.5	4	5
Mosquito bite	2	2.5	15	18.75	2	2.5	1	1.25	21	31.5	2	2.5	1	1.25	35	43.75	1	1.25
Sharing food and water	0	0	0	0	17	21.25	0	0	26	32.5	1	1.25	0	0	34	42.5	2	2.5
Kissing	3	3.17	35	43.75	0											18.75	0	0
Sleeping together	1	1.25	34	42.5	3	3.75	0	0	26	32.5	2	2.5	0	0	14	17.5	0	0
Infected needle	17	21.25	0	0	2	2.5	28	35	0	0	1	1.25	32	40	0	0	0	0
Sex with condom	0	0	23	28.75	0	3.75	0	0	25	31.25	1	1.25	0	0	28	35	0	00
Infected mother to baby	21	26.25	0	0	3	3.75	24	30	1	1.25	0	2.5	26	32.5	1	1.25	2	2.5

Source: Field survey, 2006

5.7.2 Transmission knowledge of HIV/AIDS by age

The table above about modes of AIDS transmission reveals that 26 students 32.5% of age 16 said AIDS is transmitted through blood transmission. 22 students (27.5%), 21 students (26.25%), 17 respondent (21.25%) said through sexual contact, infected mother to their baby, infected needles respectively.

Similarly student belonging to 17 to 18 age group said as; 28 students (35%), 25 students (31.25%), 25 students (31.25%), 24 students (30%) 12 students (15%) said AIDS transmits through infected needles, sexual contact, blood transmission, infected mother to their baby, sharing razor respectively.

32 students (40%) belonging to age group 19 to 20 said AIDS transmitted through infected needles. Likewise 30 students (37.5%), 28 students (35%), 26 students (32.5%), 26 students (32.5%) said AIDS transmits through sexual contact, blood transmission, sharing razor, infected mother to their baby respectively.

5.8 Prevention knowledge of HIV/AIDS

To draw the knowledge about the prevention of HIV/AIDS respondents were asked whether they know the ways of prevention. For this disease prevention is the only way to be safe. Therefore, knowledge on ways of prevention more clearly understood. In reality if the ways of prevention are known, the disease has been understood.

Prevention knowledge on HIV/AIDS among respondents seems to be high. In this study 79 respondents said use of condoms is the true method for preventing AIDS transmission. Similarly 71 respondents said don’t have a sex with unknown person, 64 respondents said use sterilized surgical instrument and 30 respondents said don’t have sex at all.

Table 5.13 Distribution of Respondents by Knowledge of AIDS Prevention

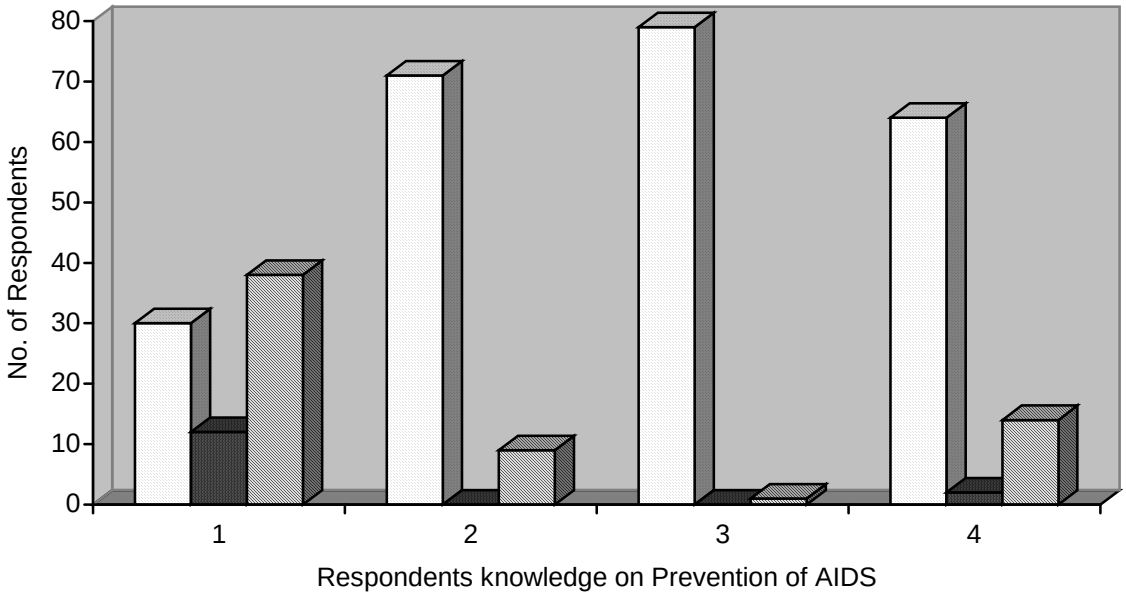
Method of Prevention	Respondent					
	Yes	%	Don't know	%	No	%
Don't have a sex at all	30	37.5	38	47.5	12	15
Don't have a sex with unknown person	71	88.75	9	11.25	0	0
Use condom	79	98.75	1	1.25	0	0
Use sterilized surgical instruments	64	80	14	1.75	2	2.5

Source: Field Survey, 2006

The above table also shows prevention knowledge of HIV/AIDS. 38 respondents (47.5%) said they don't know whether AIDS can be prevented by not having sex at all. Similarly 9 respondent (11.25%), 14 respondent (17.5%) and 1 respondents (1.25%) said don't know to don't have a sex with unknown person, use sterilized surgical instrument and use condoms respectively.

Similarly 12 respondents (15%) said no to AIDS prevention through not having sex at all. Likewise 2 respondents (2.5%) also said no to use sterilized surgical instruments.

Figure 5.13: Bar diagram showing respondent knowledge on prevention of AIDS



1. Don’t have a sex at all
2. Don’t have a sex with unknown person
3. Use condom
4. Use sterilized surgical instruments

CHAPTER - VI

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary

This study summaries the information of 80 students for higher secondary students. This study is primary data based collected through structures questionnaire. Information on STDs and HIV/AIDS is common among the adults and students. But it is important whether they have accurate knowledge about STDs and HIV/AIDS.

Almost all respondents have heard STDs and HIV/AIDS. But still the respondents have misconception about STD and HIV/AIDS. Though awareness program has been given yet it seems to be not sufficient. Students are still misunderstanding the consequences of AIDS. Despite this awareness program, all students did not have accurate knowledge on STDs and HIV/AIDS, which affects the management of such disease. AIDS have become a fatal disease putting its impact on socio economic development of the society in general and nation in particular.

Radio, television and newspaper are playing positive role in enhancing awareness among the students. Similarly many students are aware from teachers. Highest percent of respondent said that they have obtained information through television. None of the student was found to mention about the involvement in sex. Most of the students were found to be shy to say or talk of sex. Hence programs should be initiated to meet the requirement of the respondent.

Yearly lots of youth are found suffer from reproductive health related problem. They are being suffered from various STDs and HIV/AIDS pandemic. The only efficient and effective way of protecting the youth is to provide enough knowledge of HIV/AIDS. The participation of students in public awareness programmed is

less. This should be increased as it helps them to express their experience in community level and to be involved in social activity.

6.2 Conclusions

The age of the respondents is ranging from 16 to 21 years. In this study 12.5% of the respondents are within the age of 16 years. The highest age group is 17 years i.e. 33.75% followed by 18 years, 30 percentage. Similarly 16.25% of the respondents belong to 19 years and smallest percentage belongs to 20 or above. The mean age o the respondents are 18 years.

- Different eight caste/ethnic groups were enumerated during this study. Out of them the highest percentage belonged to high caste Brahmin (41.25%) followed by Chhetri (33.75%)
- It is found that all respondents have heard about sexually transmitted disease especially about AIDS.
- Television, teacher, radio, text books and magazines are the main sources of information about STIs.
- Almost all respondents (96.1%) reported that HIV/AIDS are transmitted through sexual contact. 98.75% said by blood transmission followed by infected needles that is 96.25%.
- 45% respondents said HIV/AIDS are sexually transmitted disease. 37.5% said it is very dangerous disease caused by HIV virus and rest 7.5% mention the true meaning of HIV/AIDS i.e. Acquired Immune Deficiency Syndrome.
- Many respondents has misconception mainly in mosquito bite and kissing, 5% and 6.25% respondents said HIV/AIDS transmitted trough mosquito bite and kissing respectively.
- Male respondent seems to have more knowledge about sex and transmission of HIV/AIDS in comparison of females.

- Majority of respondent i.e. 70% think condom is main way to prevent HIV/AIDS.
- 71% of the respondents think not having a sex with unknown person is a way to prevent HIV/AIDS.
- 30% respondent suggested not having sex at all is the best way of prevention.
- Likewise 64% of the respondents suggest using sterilized surgical instrument only to prevent HIV/AIDS.
- The perceptions of students about AIDS are found in different ways. Some respondents with better knowledge recognized HIV/AIDS as a dangerous communicable disease transmitted through infected needle, blood transfusion and unsafe sexual behavior.
- In our society Nepalese society people do not feel shy to talk about sexual disease, STIs and HIV/AIDS. This kind of feeling is rather high in village than in towns. If such thing is discussed among students by their teacher, parents and elders than the misconception of such disease can be eliminated.
- Majority of the students reported AIDS cannot be cured. About 10% students were unknown about it. 17.5% respondent had misconception about the cure of AIDS.
- 62.45% of respondent said all of the AIDS patient die, while 28.80% had misconception and said only some of them die, 5% of the respondent said no die at all.
- Majority of the respondents said that any HIV/AIDS related program was not conducted in their school.

6.3 Recommendations

1. Education makes people responsive to change; hence it plays the vital role to determine every change in the society. This study recommended that education bout sex must be included in the school and curriculum.
2. The environment should be maintained among the different sex students and teachers to discuss the STIs and HIV/AIDS.
3. Different awareness program should be given time and again to educate parents for teaching their children about sexual knowledge and HIV/AIDS and its consequences.
4. Social and cultural norms and traditions are obstacles in the society to discuss about STIs and HIV/AIDS, therefore, AIDS education should be provided according to the cultural and social background of the society.
5. Prevention knowledge is needed to reduce the consequences of AIDS.

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ANNEX

KNOWKEDGE AND ATTITUDE ON STD-HIV/AIDS AMONG HIGHER SECONDARY SCHOOL STUDENTS

(A case study of Higher Secondary School in Damak Municipality of Jhapa)

Questionnaire

1. Respondent number:……..

School:……..

Name of student…….

Grade:…… Age:……. Sex:……

2. Where do you live now?

a. At home b. Hostel c. Rented room d. Relatives e. Other

3. Have you heard about STIs?

a. Yes b. No

4. From which source have you heard about STIs?

a. Radio b. TV c. Magazines d. NGO/INGO e. Doctor

f. Friends g. Parents h. Teacher i. Text book j. Other

5. How is STIs transmitted?

a. Sexual contact b. Living together c. Don't know d. Blood e. Other

6. In your opinion what is AIDS?

……..

……

7. Do you know the name of the virus that causes AIDS?

a. Yes b. No

8. In your opinion do AIDS transmit through the following routes?

Routes	***Yes***	***No***	***Don't Know***
1. Sexual Contact			
2. Sharing Razor			
3. Blood Transfusion			
4. Mosquito Bite			
5. Kissing			
6. Sharing Food & Water			
7. Sleeping Together			
8. Infected needles			
9. Sex with condom			
10 Other			

9. In your opinion which of the following are true method for preventing AIDS transmission?

a. Don't have sex at all b. Don't have sex with unknown person c.Use condom

10. Can AIDS be cured?

a. Yes b. No c. Don't know

11. Are there any AIDS related program conducted in your school?

a. Yes b. No

12. In your opinion all the AIDS infected person die or some of them die or not die at all.

a. All of them die b. Some of them die c. Not die at all d. Don't know

13. In your opinion is it necessary for student to have knowledge and awareness about AIDS?

a. Yes b.No

14. In your opinion do we need sex knowledge?

a. Yes b. No c. Don't know

15. In your thinking how do you look to sex?

a. Basic need b. Absurd c. Don't know

16. Have you ever been involved in sex?

a. Yes b. No

17. If yes who were partner?

a. Friends b. Relatives c. Prostitute c. Other

18. Did you use any contractive to involve in sex?

a. Yes b. No

19. Has your knowledge of AIDS changed your decision about having sex on your sexual behavior?

a. Yes b. No