

# CHAPTER – I

## INTRODUCTION

### 1.1 Introduction

The new “Killer disease,” HIV/AIDS is stated as the latest and challenging health issues in the medical science which has become a major public health problem of each and every nation in the 21st century. It has challenged the discipline of medical science since more than two and a half decades which has no curable treatment invented in the world to date.

Acquired immune Deficiency Syndrome (AIDS) is not hereditary. It is characterized by the number of syndromes occurring together. Evidences indicate that HIV does not transmit easily but it transmits by the body fluids such as blood, semen, vaginal fluids and breast milk. It does not transmit by causal contact i.e. body contact, sneezing, coughing or by insect bites.

HIV is the human immune deficiency virus that finally leads to AIDS. Various evidences claimed that unprotected sexual intercourse; heterosexual or homosexual; either vaginal sex, oral sex or anal sex, infected blood transmission and production, sharing of contaminated syringes or needles, breastfeeding, from HIV infected mother to baby are the main routes of HIV transfusion from one person to another. The most common way of transmission is unprotected sexual intercourse with HIV positive partner (PRB, 2006).

HIV/AIDS at first was seen in an urban area- Los Angles of America in 1981. The HIV infection rate appears to decrease in some industrialized countries, however, the cases of new infection are increasing strikingly in developing countries; especially in the sub-Sahara Africa, Asia, Latin America and Caribbean (UN/WHO, 1991) where most of the people are suffering from several problems

such as poverty, malnutrition, tuberculosis, unequal distribution of available resources, unemployment, difficult livelihood, food insecurity, low access to health facility and so forth.

HIV/AIDS pandemic is affecting urban youth especially those who are involving in anti social work i.e. sex related activities (Aryal, 2004) which increase the prevalence rate of HIV/AIDS. Not only urban youth, but also the stream of HIV/AIDS pandemic is now spreading from urban to rural area and between rural areas (ICPD, 1994:71). By late 1991, over 400,000 cases of AIDS had been reported to WHO from 162 countries by taking into account under diagnosis, under reporting and delay in reporting (UN/WHO, 1991). Various attempts are being made in preventing the HIV/AIDS. Cairo conference (ICPD, 1994) considered HIV/AIDS issues as the major component of reproductive health and all the member states of UN actively took attention in following the preventive measures to control the HIV prevalence. In 1995, the Beijing conference was also held which emphasized the reproductive and sexual health and reproductive and sexual right, mainly of female.

HIV/AIDS is a serious illness that slowly attacks and destroys immune systems of human beings. The result is that the body becomes vulnerable to infections. The person infected with HIV may not show any sign and symptoms from five to ten years but he/she may transmit the virus to others in any ways mentioned above. There are generally three periods of entering HIV virus enters into human body as discuss below.

#### Window Period

In this period when HIV Virus enters into the human body, generally cold cough may appear and again disappear after sometime. In spite of being infected, human body seems to be healthy. Unconsciously the infected person may transmit HIV

virus to another person through sexual intercourse and by other activities. In this period it is difficult to find out the presence of virus even if blood is checked.

### Carrier Stage

After crossing the window period, patient enters into this period, however, patient still seems to be healthy but HIV virus increases inside the human body. It takes five to ten years to be matured for adults and child for one to two years in general. In this period, the signs and symptoms can be found if the blood is checked up.

### c) AIDS

After six months to ten years period, symptoms of AIDS are appeared. When signs and symptoms are seen physically or if the test for HIV is positive, then the situation is known as AIDS. Because of poor immunity, person is affected by a series of diseases. AIDS is one of the health conditions where body's immune system gradually degrades caused by HIV belonging to the retroviral family. Over the period of time, the immune system weakens and body loses its natural ability to fight against diseases.

There are various curiosities regarding the issues of HIV/AIDS like as how the HIV is transmitted, various stages from HIV infection to AIDS, the principle manifestations of AIDS and the mortality risk associated with AIDS. These considerations involve biological, epidemiological and behavioral elements that combine to give the AIDS epidemic which is its unique characteristics.

When AIDS finally sets in the human body then the body may show several signs and symptoms, such as fever, lost of weight, diarrhea, persistent and severe fatigue. But such symptoms are common in other conditions as well. There is no any medical treatment to those who once are infected by this disease. However, preventive measures are possible like abstinence from unsafe sex, be faithful between husband and wife in sexual relationship, consistently use of condoms

during sex, similarly not to use drugs and unsterilized syringe. Mainly the young people (24-49) are highly infected by HIV/AIDS found in the world epidemic history (WHO, 1991). Worldwide, the highest reported rates of STDs are found among young people ages 15 to 24. In developing countries the proportion of HIV infected young people is higher in comparison of developed countries. The STDs and HIV/AIDS infection occurs highly among girls and boys under 25 years of age (Rai, 2004). Adolescents is the risk age in acquiring HIV and STDs because of often having multiple short-term sexual relationship, not following the preventive way during sex, lack of sufficient information and understanding of HIV/AIDS (ibid). The HIV/AIDS infection rate is increasing because the pre-marital sex is not acceptable in society. The young boys and girls may have good knowledge about the way of prevention and treatment of this disease but they shy to seek health care when they come to STIs because they feel difficulty to communicate to health workers about the reproductive health matters (UNFPA, 2006).

Nepal is highly heterogeneous country in terms of geography, ethnicity, language and culture. Demographically, it is characterized with high population growth rate, high fertility, high infant (64/1000) and child mortality. Nearly half of all children below five years of age are underweight, low socio-cultural parameters such as low literacy rate, traditionally lower status of female, gender inequality, girls trafficking, violence, and longer working hours of female and low access to health service, education, political instability (World Bank, 2006,) that leads to vulnerability by HIV/AIDS. Unemployment results migration. Migration for blue color job is the major cause of devastating of health. Nepal is recognized as one of the poorest country. More than 31 percent of people are under the absolute poverty line (CBS, 2004). Available health services are not acceptable, affordable, and effective for all. Such mention worst conditions made the environment more favorable in getting HIV infection. Prostitution of the Nepalese girls especially of

border district like Ilam is the major contributing factor for spreading HIV/AIDS and there is low coverage of media in making aware about HIV/AIDS (Roka, 2002:77).

There is the low prevalence of HIV among other Asian countries; however current epidemical data suggest that the inflection of HIV has been increasing rapidly. The major risk factors behind continuous increasing are flesh trade, drug abuse, irresponsible behaviors (Bista,2002), continued spread among injecting drug users, trafficking of female sex workers, changing values among youth people, high rates of migration and mobility (<http://web.worldbank.org>). HIV/AIDS was for the first time appeared in 1988 in Kathmandu. Since then, the number of people having HIV/AIDS has been rapidly increasing all over the country and thus became the emerging issues.

## **1.2 Statement of the problem**

Nepal is a poor country. Low access to the availability of health facilities, open border with India where the sex markets are prevalent and Nepali female are also involved in such sex industries .The main reasons for this problem is poverty and unemployment. To reduce the unemployment and poverty, people involve in sex industry. Sex industry is illegal in Nepal consequently the practice are more unsafe resulting rising AIDS vulnerability. The HIV/AIDS prevalence is higher in female sex worker, clients of sex worker. The clients of sex worker are army, police, migrants, campus students and so on (Bista, 2002:23).The use of contraception

properly is main preventive way of HIV/AIDS but only 58 percent of demand of family planning is met (Pathak, 2002) yet in the country. In Nepal, the age of puberty is decreasing mean age at marriage is increasing (CBS, 2003: 287). Due to the gap of entering in puberty age and marriage age cause pre-marital sex which is unsafe.

HIV/AIDS, a new but challengeable health issues however, the social and behavioral research on HIV/AIDS is very limited number (UN, 2002). There are several causes related to economic, cultural, biological conditions that make people more vulnerable. More importantly, lack of access to education, personal income and equal property rights, deprivation, accusation are some of the phenomenon that promote to commercial sex that at most cases finally result to HIV infection. Moreover, knowledge of HIV/AIDS varies by gender, age, place of residence, the level of access to information and communication, and personal behaviors (UN, 2002).

In the Nepalese context, most of the people are the inhabitants of rural area (85%) and out of them 40% children suffer from malnutrition and various diseases (CBS, 2003). Urban youth are seemed to get towards drug abuse and unprotected sex due to which they have high probability of getting infected by HIV. Lack of employment opportunities and income generating activities are also the causes of HIV spreading. Most of the people have no access to quality education as 46 percent people of Nepal are still illiterate (CBS, 2003). In this context, it is essential to know the situation of HIV AIDS in both rural and urban areas to both male and female and their extent of knowledge, attitude and behavior for taking appropriate policy options to combat against it.

Mahendra Ranta Multiple Campus, Ilam is one of the leading educational institutions of Eastern Development Region of Nepal. There are about 4000 (but the admitted students were few during field survey) students coming from many surroundings districts such as Jhapa, Morang, Panchthar, Taplejung and so on. Not only this, it has students from wider geographical coverage having multiple ethnic and caste groups with various religious, social and economic background. These districts have good accessibility network and easy access to various Indian towns such as Darjeeling, Kalempong, Siliguri where commercial sex market and pre-marital sex is common. The several factors particularly easy access, to the Hill region in the north and the Tarai in the south, good climate, frequent transportation services have contributed to have large number of students in MRM Campus. These Indian markets have greater role in Nepal as being the historical linkage particularly for the purpose of marketing, employment as low paid laborers. There is long history of labor flow from Eastern Hill of Nepal to Eastern and North Eastern part of India, especially in tea estate and infrastructure development. The area as a whole was commonly known as 'muglan', an unknown place (Subedi, 1993). More importantly, the commercial sex is common in many of these Indian towns. There is still high flow of people from Eastern Tarai and Hill of Nepal to Darjeeling and Siliguri for the purpose of everyday marketing.

Many youth people today get late marriage and more people start sex before marriage. They begin to perceive sex as the normal part of their lives as sign of modernization. Prostitution of the Nepalese girls especially in border districts is one of the major contributing factors for spreading HIV/AIDS

(Roka, 2002:77). Thus, what is the extent of knowledge, attitude and behaviour of the students' studying at different levels with their varying socio-cultural and economic background in MRM College is the main problem of this study. However, the following are the specific research questions of this study.

Do the knowledge, attitudes and behaviors of the college student about HIV/AIDS depend on the level of education, age composition, sex, place of residence?

Is there gender difference in knowledge, attitudes and behavior towards HIV/AIDS?

Do all the college students by caste and ethnicity and place of residence have same attitude and behaviours towards the HIV/AIDS infected person in the society?

What is the role of media in acquiring the knowledge to HIV/AIDS?

Do they have information regarding modes of transmission and preventive measures of HIV/AIDS by sex, education and cast/ethnicity?

How do college level students perceive pre-marital sex?

### **Objectives of the study**

The main goal of this research is to examine the knowledge, attitude and behaviours to HIV/AIDS and pre-marital sex among students of MRM College Ilam. The specific objectives of this study are:



To examine the knowledge and attitudes on HIV/AIDS, modes of transmission and its preventive measures among college students studying in MRM College, Ilam.

To study the role of media in building the knowledge and attitude about HIV/AIDS and per-marital sex.

To examine the perception of college students towards pre-marital sex.

### **Limitations of the study**

Any research work is hardly without any limitations. This study is based on the variables such as education, age, sex, cast/ethnicity, media attention, and level of education, habit of reading newspapers, occupation and educational status of parents. The major limitations of this study are following.

This study is based on the sample data collected from the students studying at various levels in MRM College, Ilam.

The conclusion/result carried out from this research depends on the reliability of primary and secondary data collected from various sources.

The result of the study may not be generalized as a whole for the entire Region as this study covers only the college students who come from different parts of the Eastern Development Region.

Although at least ten percent respondents are required to draw the conclusion in any study, this study has conducted based upon five percent sample that covers 101 students with respect to different caste/ethnicity, age, sex, education level and place of residence. The time and resources both

economic and human have been the major constraints to cover more than the above said sample size.

### **Organization of the study**

This study is systematically organized into seven chapters. The first chapter is about the introduction of the HIV/AIDS, research problem, objectives and limitations of the study. The second chapter is about the literature in which the literatures concerning the global, regional and country wise situation of HIV/AIDS has been presented. It has specifically focused on the literatures from South Asian countries and further highlighted about the available literatures from Nepal. The research methodology is presented in chapter third in which methods, tools and techniques of data collection and analysis has been presented. The details discussion about demographic and socio-economic characteristics in respect with caste/ethnicity, age, sex, education, etc., is presented in chapter four. The findings of the study about the extent of knowledge, attitude and behaviors on HIV/AIDS of the students of MRM colleges are presented in chapter five. Chapter six deals about the pre-marital sexual knowledge, perception and behaviors. Finally, the summary, conclusion and recommendation of the study are presented in chapter seven.

## **CHAPTER – II**

### **THE LITERATURE REVIEW**

#### **2.1 The World situation on HIV/AIDS**

Acquired Immunodeficiency Syndrome (AIDS) epidemic is the most destructive health disaster in the human history. It has now become a global crisis and is one of the worst challenges for development. HIV/AIDS is a major threat to the productive segment of the labor force by reducing earning and skills and experience. There is still neither a cure nor vaccine for AIDS. Though life-prolonging drugs have been made accessible and affordable, the treatment is out of access of especially those who are living in the developing countries (PRB, 2006). The first case of it was reported before two decades in Los Angeles in June 5, 1981. The causative factor of AIDS, i.e. HIV was identified in 1983. Irrespective of race, ethnicity, geographical boundaries, gender and socioeconomic condition, HIV/AIDS has been spreading. Now, there is no country without having HIV/AIDS. However, HIV prevalence rate in developing countries is higher compare to developed countries (PRB, 2006).

The pandemic nature and magnitude of the public health problems associated with HIV infection were taken as a global issue much later when HIV rose very rapidly. Observing the global epidemic, it is estimated that 38.6 million people worldwide were living with HIV by the end of 2005 and 4.1million became newly infected with HIV .Out of this figure, it is estimated that 2.8 million had died due to AIDS (UNAIDS, 2006). Out of total infected children, only 15 percent are living outside Africa region. The behaviours of

the people and HIV preventive programs determine the spread of HIV infection. The number of HIV infected people is increasing in continuous basis because of growing population and life prolonging efforts of antiretroviral therapy (UNAIDS 2006). More than 58 countries are providing HIV and AIDS education through primary (74%) and secondary (81%) level school education. However, HIV preventive programs are failing to reach to those who are in the greatest risk. Efforts to increase HIV knowledge among youth people remain inadequate throughout the world (UNAIDS, 2006).

The global statistics published by UNAIDS/WHO in 2006 informed that nearly 39.5 million [range: 34.1 to 47.1million] have been living with HIV/AIDS since 1981. Similarly, 37.2 million [ranges from 32 to 44.5 million] adults, 17.7 million [ranges from 15.1 to 20 million] women, 2.3 million [ranges from 1.7 to 3.5 million] children, were living with HIV/AIDS. Moreover, 4.3 million [ranges 3.6-6.6 million] people were newly infected by HIV/AIDS. Out of this figure 3.8 million [ranges from 3.2 to 5.7 million] were adult. Youth, less than 25 years old, accounts half of all the new HIV infected population. Worldwide, around 6,000 people infected with HIV every day. In developing countries, 6.8 million people are in immediate need of lifesaving AIDS drug; of these, only 1.65 million are receiving the drugs (UNAIDS/WHO, 2006).

Two decades ago when HIV/AIDS emerged as health problem in South African countries, a vast difference was observed in life expectancy. In 2003, the average life expectancy of eleven countries was 47 years down from 62

years. A more striking example is the situation in Botswana where the figure before AIDS was 74.4 years (PPD, 2003).

AIDS is now considered not only a health problem, but also a great threat to development and security. Although the epidemic began at first in developed country, 95 percent of new infections have occurred in developing countries. Moreover, the epidemic is affecting developed and developing countries differently. In industrialized countries, mortality and infection rate have declined dramatically over the past few years, largely due to the availability of antiretroviral medication. AIDS in these countries is now a chronic disease and a manageable health problem. However, in developing countries, AIDS is destroying societies, community and nations. Now only less than 20 percent of the people at risk of HIV infection have access to basic preventive services. There is wider gap in acquiring HIV/AIDS between haves and have not, rich and poor thereby presenting a new ethical and human right (Narain et al., 2004).

The rate of HIV prevalence is continuously rising over the years with the multiple impacts on human livelihood. There is close relationship between HIV/AIDS and economy. The epidemic has negative effects on GDP growth in high prevalence countries. The impact of HIV/AIDS on human security is give as follows.

Table 2.1: Impact of HIV AIDS on Human Security

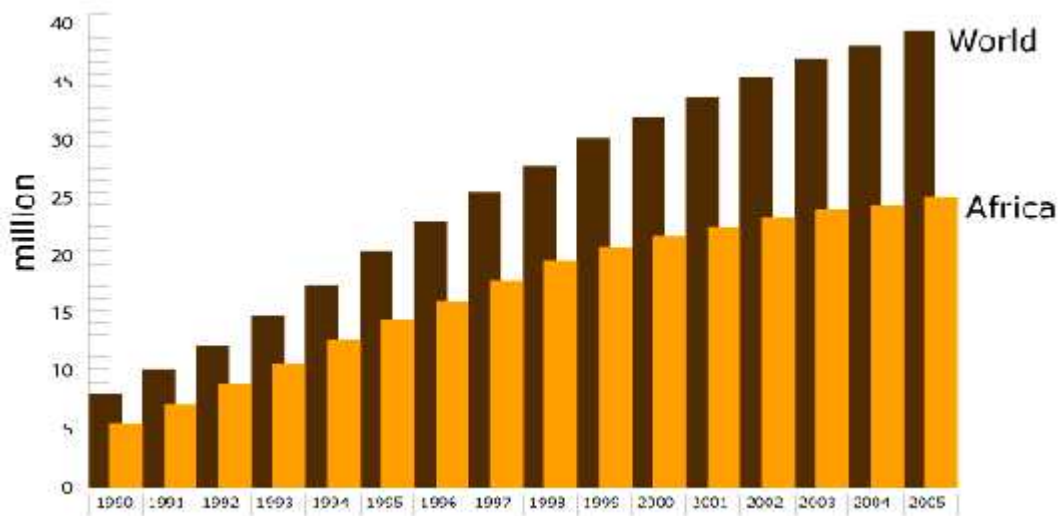
<b>Human security categories</b>	Economic	Food	Health	Environment	Personal	Community	Political

<b>Scale of impact of HIV/AIDS</b>	positive high impact (++)	positive high impact (++)	positive very high impact (+++)	No impact (-)	positive high impact (++)	positive low impact (++)	positive low impact (++)
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Source: AIDS in Asia, 2001.

Calculation from sub-Saharan African countries suggested that annual lost of GDP because of HIV/AIDS ranged between 0.3 to 0.5 percent (Narain, 2004:27). HIV/AIDS related death has forced to sell all the properties to cover for economic burden of high treatment and other cost of HIV/AIDS. In a large perspective, the reduced household income and shift in expenditure from consumption goods to medical care have resulted negative impact on private and health sector.

### The Global trends of HIV/AIDS



The number of people living with HIV/AIDS has risen from around 8 million in 1990 to nearly 40 million today, and has been growing. Around 63 percent of people living with HIV/AIDS are from sub-Saharan African (UNAIDS/WHO, 2006). In percent of population aged 15-49, the top 15

HIV/AIDS prevalence countries outside Africa are Haiti, Bahamas, Trinidad and Tobago, Belize, Guyana, Suriname, Papua New Guinea, Cambodia, Barbados, Honduras, Jamaica, Thailand, Ukraine, Estonia, and Myanmar (PRB,2006).

## **2.2 Regional situation of HIV/AIDS**

Sub-Saharan Africa is the most heavily affected region by HIV/AIDS where HIV/AIDS victims are more than any other region of the world. It is estimated that 24.5 million people were living with HIV/AIDS at the end of 2005 (UNAIDS, 2005) and more African died of HIV/AIDS and HIV/AIDS related illness than of any other causes (PRB, 2005). Between 4.5 million to 6.2 million people were living with HIV/AIDS in South Africa. During the year of 2005, 4.5 million people were newly infected with HIV/AIDS and out of this figure, 95 percent were from African region (PRB, 2005). HIV/AIDS prevalence rates and the number of people dying from HIV/AIDS are notable in African region. The prevalence rate in the world is only 1.1 percent, whereas in sub-Saharan African region, this rate is 7.1 percent (PRB, 2006). In this region, the cumulative death by HIV/AIDS is 24,000,000 (PRB,2006). Based on its extensive antenatal clinic surveillance system, as well as national surveys about HIV/AIDS testing and mortality data from its civil registration system, it is estimated that 5.5 million [ranges 4.9 million to 6.1 million] were living with HIV/AIDS in 2005(UNAIDS, 2005). Neither HIV/AIDS prevalence rate is not uniform nor the number of people dying from HIV/AIDS is uniform, even in the African countries. Somalia, Senegal, Botswana Lesotho, Swaziland, Zimbabwe are the high HIV/AIDS infected countries. Somalia and Senegal the HIV prevalence is under 19 percent of

the adult population where as south Africa and Zambia around 15–20 percent, Botswana 24.1(24.1%) , Lesotho(23.2%), Swaziland (33.49%) (UNAIDS, 2006). The sub-saharan African region has the high prevalence rate of HIV/AIDS.

Poverty, Easier access to narcotic drugs, labor migration, weak public health services, lower educational status resulted rise in school dropout, conflict, failure to use condom, lack of awareness of preventive measures are responsible to increase the number of people, mainly youth living with HIV (World Bank, 2003) bearing largest burden (22% people age15-49 year of age are living with HIV/AIDS)of HIV/AIDS. The spread of HIV/AIDS between Eastern Europe and Central Asia is closely linked. Injecting drug use, prostitution, trafficking of women and girls across the regional broader, increasing migration and mobility to seek the work and tourist induced sexual risk behaviors have been resulting to HIV/AIDS. The mobile population, commercial sex worker, drug user, and unprotected homosexual intercourse act as the bridge population that is responsible to spread the HIV/AIDS in European countries (World Bank, 2003). In Latin America, some 140000 [100000-420000] were newly infected with HIV/AIDS in 2005. Brazil, Chile, Costa Rica, Mexico, Panama, Uruguay and Venezuela have high prevalence rate of HIV/AIDS in this region (UNAIDS, 2006).

## 2.2: The regional statistics for HIV and AIDS, by the end of 2006

Region	Adult and children living with HIV/AIDS	Adult and children with nearly infected	Adults prevalence	Death of adult and children
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			(%)	
Sub-Saharan Africa	24.7 million	2.8 million	5.9	2.1 million
North Africa and Middle East	46,0000	68,000	0.2	36,000
South and South East Asia	7.8 million	860,000	0.6	590,000
East Asia	750,000	100,000	0.1	43,000
Oceania	81,000	7,100	0.4	4,000
Latin America	1.7 million	140,000	0.5	65,000
Caribbean	250,000	27,000	1.2	19,000

Source: world epidemic of AIDS & HIV published by UNAIDS/ WHO, 2006

The adult HIV/AIDS prevalence is higher in African countries followed by Caribbean, South and Eastern Asia. In this region, HIV is spreading because of open borders; flow of population to different countries is higher. Only in sub-Saharan region 2.1 million people had died by the late of 2006 which is largest figure of death as compared to other continents.

### **2.3 The HIV situation in Asia**

National HIV infection level in Asia is low compared with some other continents, notably African countries. But the population of many Asian

countries is so large. Low level of HIV prevalence in those large populated countries means large numbers of people are living with HIV/AIDS.

In Asian HIV infection profile shows that 8.3 million [ranges from 5.7 million- 12.5 million] people living with HIV in 2005. In 2006, the figure of HIV infected people has increased to 8.6 million [ranges from 6 million to 13 million].The cumulative death of AIDS due to HIV infection including those who become newly infected is approximately 630000 [ranges from 430000 -900000] (UNAIDS, 2006) by the late of 2006 in Asia. Mainly poverty related factors such as separation of marital partners, sex for commercial gain, high prevalence of other sexually transmitted infections, unsafe sexual behaviors plays the chief role in increasing the HIV infection rate. Customs, beliefs and practices like sexual partnership, across age groups, use of intra vaginal desiccants, use of alcohol and drugs and so forth are the major risk factors in contributing to HIV transmission (Narain et al., 2004).

China, the largest country of Asia where 650000 [ranges from 390000-1.1 million] people were living with HIV by the end of 2005<sup>1</sup>.Injecting drug users have been highly infected by HIV in China because significant number of injecting drug users use non sterile injection, unprotected sex and do not use condom during intercourse (UNAIDS, 2006).The majority of the clients of sex worker in China are female internal migrant worker and are involved in paid sex. Due to the conservative thinking, traditional attitudes and believes, they do not follow the preventive measures resulting in HIV/AIDS.

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<sup>1</sup> [www.unaids.org/en/HIV.data/epi2006](http://www.unaids.org/en/HIV.data/epi2006).

Half of the new HIV infection is due the unprotected sexual practice in china in 2005 (UNAIDS, 2006).

India, the first serological evidence of HIV infection appeared in northeast state among female sex workers in Tamilnadu in 1986. India, the second most populous country, has significant number of people living with HIV/AIDS. Approximately, 5.7 million [ranges from 3.4 million-9.5 million] people of which 5.2 million people of adult age 15-49 were living with HIV in 2005 (UNAIDS, 2005). The Indian government estimated that about 3.8 million people were infected with HIV and 550000 were with AIDS in 2002 (World Bank, 2003). About two third of the reported HIV infections have been in seven states of India where HIV prevalence is 4-5 time higher then in other Indian states. The highest prevalence rate are found in Mumbai, Karnataka, Nagpur area of Maharashtra, some part of Tamilnadu, Andrapradesh, some part of Manipur, Nagaland and some part of West Bengal . Notably in the south part of the country, the infection levels in rural and urban tend to be similar (UNAIDS, 2005).Unprotected heterosexual intercourse has been the major cause of HIV spreading in rural area. Paid sex, drug users are also responsible for spreading HIV in India. Due to the social and cultural factors, more than half of the street based sex worker never or seldom used condoms but brothel based sex is safer as compare to counter part.

South –East Asian region has high number of HIV infected people .The main cause behind it is unprotected paid sex and sex between men among with unsafe injecting drug use. Vietnam is another host country in Asia. In 2005,

260000 (ranges from 150000-430000) were living with HIV and 4000 people become infected with HIV each year (UNAIDS, 2005). Injecting drug users and person who buy sex or sell are highly infected with HIV/AIDS. During 1996, nine percent of injecting drug user were suffered by HIV which rose to 30 percent in 2003. Very low class injected drug users involved in sex market are infected with HIV. The use of condom is higher in brothel based sex (UNSAIDS, 2005). Less than half of young people have comprehensive knowledge of HIV. Moreover, the health policy of this country has given emphasis to strengthen the knowledge and awareness on HIV/AIDS (UNAIDS, 2005).

In neighboring country Thailand, it is estimated that 580000 [330000-920000] adults and child were living with HIV by the end of 2005 (UNAIDS, 2006). One third of the newly infected in 2005 were married women who probably were infected by their spouse. The government of Thailand is encouraging for regular HIV test and use of condom. Due to the social change, the pre-marital and homosexual practices have become common in Thailand which remains high risk of HIV infection. The homosexual practice has increased from 17 percent in 2003 to 28 percent in 2005 (UNAIDS, 2006). In Myanmar, it is estimated that 360000 [200000-570000] people are living with HIV infection. The government has launched many programs to save the life of individuals. More than 11000 injecting drug user are believed to have been benefited from the government effort (UNAIDS, 2006).

The SAARC countries have distinct characteristics such as different ethnic groups with distinct characteristics such as distinct cultures, low health

development indicators, agrarian nature, low economic condition as well as low literacy rate, high infant, child and marital mortality rate, high fertility and poor consumption pattern. The society is being free due to the influence of western culture, norms and values. The influence of urbanization, industrialization and following of European culture is significant in bringing the change in social and cultural pattern (Aryal, 2000). Pre-marital sex , poverty , illiteracy , income inequalities, social translation, gender inequalities, violence, sexual abuse, powerlessness, trafficking of girls and women and so on compel girls and women of reproductive age to be involved in unsafe sexual activities. Consequently, they have greater risk of being infected by HIV/AIDS (UNFPA, 2001). The young girls are more vulnerable because of inability to refuse unwanted or unsafe sex. In the case of Bangladesh around 95 percent of 15-19 years of age do not know even a single preventive method of HIV/AIDS (UNFPA, 2001).

The given information in the table below shows that India has the highest prevalence rate (0.8) among other south Asian countries. Bangladesh and Bhutan has less prevalence as compared to others. In Nepal, HIV prevalence rate is 0.5 percent of the total population.

Table 2.3: HIV/AIDS infection in South Asian Region

Country	Reported AIDS case	% of prevalence among adult with HIV *	Estimated HIV infection

Bangladesh	17	<0.1	13000
Bhutan	13	<0.1	< 100
India	48933	0.8	3970000
Maldives	9	<0.1	< 100
Nepal	634	0.5	58000
Pakistan	-	0.1	-
Sri-Lanka	405	0.1	4800
Afghanistan	-		-

Source: HIV/AIDS in Asia 2005

\* SAARCE Tuberculosis Center Thimi, Bhaktatu , Nepal 2003.

Three out of every five South Asian women are illiterate, including three quarters of Pakistani women and nearly two-fifths of Nepali women. The school dropout percentage in India is significant (UNFPA, 2001). The first case of HIV positive was detected in 1980 in Bangladesh. Due to strengthening the awareness programs, information education and communication campaign about disease, the HIV infection is low in Bhutan. India is highest infected county. Within short period, it has emerged as one of the most serious health problems in India. The first case of HIV was reported in 1991 in Maldives. In this country the prevention and control programs are lunched from grass root level to control the disease. Continuous spread among injecting drug users, trafficking of female for prostitution, changing values among youth people, high rates of migration and mobility and open border and similarly, low awareness among male who have sex with male are the major risk factors of HIV/AIDS infection in south Asian region (<http://web.worldbank.org>).

## **2.4 The HIV/AIDS situation in Nepal**

Nepal, the least developing country is also suffering from pandemic HIV/AIDS infection for last two and half decade. Nepal has the low prevalence rate of HIV and AIDS (0.5%), however, some of the groups like sex worker, Clients of sex worker, intravenous drug users, both rural and urban area, migrants workers, the prevalence rate is higher (NCASC, 2006). The current situation of HIV/AIDS is different from when the first case of HIV/AIDS was identified in Nepal. Since then the number of people having HIV positive is gradually increasing. The trend of detected HIV positive data shows that there were only 4 HIV positive in 1988. The increasing rate of HIV positive was low by late 1996. In 1996 this number reached to 135. After one year in 1995, this number rapidly rose to 489. In the year of 2004, 1282 people were infected with HIV positive. By the end of 2005, more than 950 cases of AIDS and over 5,800 cases of HIV infection were officially recorded. By the end of March 2007, this number of AIDS infection rose to 1293 out of 9043 number of people living with HIV around the country (NCASC, 2007). The new case of infection by HIV in March 2007 is 155 and 25 out of total HIV (NCASC, 2007). UNAIDS estimated that 75,000 people were living with HIV at the end of 2005. According to the official record, 384 had died by the end of 2<sup>nd</sup> March 2007. The HIV/AIDS infection varies by sex, working behaviours, personal attitudes towards sex and so forth. The infection by HIV/AIDS of male population is two times higher than female population in Nepal (NCASC, 2007) as given in the following table.

Table 2.4: The cumulative HIV infection by sub-group and sex in Nepal

SUB-group	Male	Female	Total	New Cases in March 2007
Sex Worker(SW)	-	669	669	4
Clients of SWs/STD	4191	103	4294	58
Housewives	-	1778	1778	48
Blood or organ recipients	17	5	22	0
Injecting Drug Use	1844	33	1877	31
Men having Sex with Men (MSM)	13	-	13	0
Children	245	145	390	14
Total	6310	2733	9043	155

Source: (NCASC, 2007).

The variation in prevalence of HIV/AIDS can also be seen by age and sex. Males are highly infected by HIV/AIDS as compared to females in Nepal. High mobility, comparatively less strong society for males in sex matters, may be the main cause behind males being highly infected by HIV. As a whole, clients of sex workers are highly (nearly half of total) infected by HIV/AIDS in Nepal. The given table clearly shows the present figure of HIV/AIDS. The aged 30-39 years people are living in more vulnerable situations. People in the age of 50 years and above are less infected as compared to other age groups in Nepal.



Table 2.5: Cumulative HIV infection by age group in Nepal

Age group	Male	Female	Total	New Case in March 2007
0-4	102	55	157	4
5-9	120	70	190	6
10-14	36	26	62	4
15-19	211	218	429	0
20-24	980	534	1514	22
25-29	1528	696	2224	35
30-39	2559	857	3416	65
40-49	649	234	883	18
50 above	125	43	168	1
Total	6310	2733	9043	155

Source: National Center for AIDS and STD Control, March, 2007.

The high HIV infection rate is in the age group 30-39 which accounts for 37.38 percent out of total infected by HIV. Out of total, 24.6 percent infected cases are in the age group 25-29. Similarly the lowest infection (0.68%) is in the age group of 10-14.

The HIV/AIDS situation in Nepal may be higher than what we are generally believed because every year 5000-7000 thousand Nepalese girls are sold in India for prostitution, pornography and pornographical performance (Acharya, 2001), foreign labour migrants especially youth are increasing every year for low class job, mainly in India (KC,2003) and gender based violence like sexual harassment in working, public place, force prostitution,

untouchability, sexual abuse, dowry related violence, are still existing in our society (Adhikari,2004) that also contributed for increasing HIV infection.

Nepal is committed to a number of international declarations on HIV issues. United Nation General Assembly Special Session Declaration on HIV/AIDS was held in July 2001. Following this, sixth international congress on HIV/AIDS in Asia and Pacific was held in October 2001 in which Nepal also took part. The Congress recommended the following guidelines for combating HIV/AIDS in developing countries. Taking part in the Congress, Nepal also adopted the following guidelines.

1. Multi-sectoral engagement
2. Broad Political commitment
3. Civil society involvement
4. Prevention and care of HIV/AIDS.

The National Health policy program was formulated in 1991 with primary objective to provide knowledge about the modes of transmission and prevention of this disease (MOH, 1991). Second long term health plan (1997-2017) has also given high priority to increase the level of knowledge about the preventive measure from HIV/AIDS. Nepal has affirmed ICPD (1994) and Beijing conference (1995) which deals about the physical, mental and social well-being of individual. Both conferences focused on the safe effective accessible and affordable services for combating HIV/AIDS in Nepal (UN, 1994). The ICPD also emphasized the reproductive and sexual health and as well as sexual and reproductive right of everyone. Reproductive health implies that people are able to have a satisfying and safe

sex life and access to appropriate health care service that keep far from acquiring HIV/AIDS infection to individual. It is a human right so every one should have the access to get information. Similarly, the Beijing conference, 1995 focused on reproductive right providing 12 different areas of development to keep women far from vulnerability of female.

## **2.5 The knowledge of HIV/AIDS**

UNFPA (2006) has undertaken a study about the knowledge level of adolescent towards HIV and AIDS in India. The study was conducted on 400 adolescent girls (200 from rural and remaining 200 from urban area). The key findings of this study was that there is significant different in the knowledge among rural and urban residence. The teacher plays major role in bringing the change in attitude, myths and disbelief towards HIV/AIDS (UNFPA, 2006). Similarly, UN (2002) claims that in 31 out of 34 countries, at least 95 percent of the most educated female respondents knew about AIDS. The knowledge of HIV/AIDS varies by educational level. In Peru 99 percent of educated had heard about AIDS followed by 47 percent with no education. But in few countries such as Brazil, Malawi, Uganda, and Zambia, the knowledge of HIV/AIDS is high with no education. The 98 percent of those with no education said they knew about AIDS.

Radio, television, and newspapers and magazines are considered as the major sources of information. Every seven in ten male and almost half of female have heard about HIV/AIDS by radio. But in some countries television is serving as more effective source of HIV information. In highly

HIV infected countries, the main sources of information were friends and relatives (UN, 2002).

In India, 36 percent would favor pre-marital sexual intercourse. 21 percent male were involved in it at nearly thirteen years of age and another 21 percent male were involved in pre-marital sex at the age of fifteen and some were involved in it the age of eighteen (UNAIDS,2005). A study on HIV/AIDS among college youth in Mumbai was conducted in 1996 which revealed that the basic concept about contraception was lower, to about one-fifth of both male and female respondents regarding STDs transmission 64 percent of male and 54 percent of female had accurate knowledge that STDs can be transmitted through blood transmission and direct skin to skin contact (UNFPA, 2006).

Most of the girls in India get marriage earlier and nearly half of all female are sexually active by 18 years of age. By this age, knowledge and level of awareness of sexually transmitted diseases is poor. The knowledge of STDs and AIDS is particularly limited even among urban collage students; it ranged from 65 to 95 percent in boys and 25 percent in girls. The knowledge about mode of transmission, prevention and treatment, particularly of HIV/AIDS seems low. The main source of information is mass media (ICRC, 2004 cited in UNFPA, 2006:53).

Study report on reproductive health needs for adolescents held in Bangladesh; published the finding in 1999, revealed that most of the adolescents did not have clear idea about the reproduction, number of girls who know about condom (preventive measure) was low (35%), the

knowledge on STDs was low in rural areas compare to urban. Pre-marital affairs is common among adolescent (UNFPA, 2006: 48) only three in four of youth had heard and HIV/AIDS, but did not know about its symptoms, transmission and prevention.

In Pakistan, sexuality among adolescents' manly girls is little researched, primarily due to the taboos restricting open discussion of sexuality. Sex education

is not included in formal curriculum. Children and adolescents are exposed to all of the risk associated with HIV and AIDS. There is low level of knowledge and information regarding the AIDS prevalence, transmission, and treatment because of low social indicators (UNFPA, 2006: 58). In Sri-Lanka, the gender discrimination is low. The awareness level of HIV and AIDS is high in general population except adolescents, where STI prevalence is high. The awareness level on HIV and AIDS is higher among college level male student as compare to female. In Maldives, a report published in 2003 that provides demographic and socio-economic profile of youth people revels that youth know how STDs are transmitted but there is lack of qualitative and quantitative information on actual adolescent's sexual behaviors (UNFPA 2006:59-60).

In Nigeria, one study was held on HIV/AIDS knowledge, sex and use of condom among first grade high school students in Gombe state. The finding of this study was that 676 (80%) respondents have heard about HIV/AIDS through different sources. Radio, health workers, friends, brothers, and sisters were the major sources for acquiring the information on HIV/AIDS. Out of total respondents, 261(31%) had heard about HIV/AIDS through

radio, similarly 245(49%) through health worker, and 118(80%) from friends. Six hundred and sixteen (73%) have heard of AIDS related death and 49(8%) respondents had heard about AIDS death form school mate, similarly, 55 (9%) through brother and 49(8%) sister. Six hundred and eighty (72%) students discussed about HIV/AIDS. Among them 170 (28%) discussed with friends, 157 (20%) discussed with school mate and 10 percent discussed with other person about HIV/AIDS.

This Nigerian study also revels about the knowledge on mode of HIV transmission. The students believed that major modes of transmission are sexual

intercourse, unprotected blood exchange, mother to her newly born baby and sharing needle and razor. Majority of the respondents (78%) believed that HIV is transmitted through sexual intercourse followed by mother to her baby, sharing needle and blade with 74 percent and 75 percent respectively. Inaccessibility to adequate information and education on adolescent sexual and reproductive health, the problem of HIV/AIDS had become a major problem among youth in Nigeria (UNAIDS, 2005).

Study among young sex workers in Cambodia found that they had limited knowledge which was based on various facts, myths and rumors and is not always correct (skhom, 2002). An unfortunate misconception among many young people including in Kampala of Uganda, and Ho chiming city of Vietnam, is that STDs symptoms go away over time or that good personal hygiene will prevent STDs (and HIV).One in five female among university students in Horin, Nigeria, 30 percent of youth in parts of Chile and half of

young men and women in sites of Guatemala also hold this belief (UNFPA, 2003).

## **2.6 The knowledge of HIV/AIDS in Nepal**

In Nepal, Knowledge of AIDS is higher. More male than female are reported to have heard about HIV and AIDS. An overwhelming majority (99%) of respondents who had heard of HIV/AIDS reported to have knowledge on its modes of transmission and adolescents and youth regardless of level of education had fair knowledge of how to prevent STD and HIV (UNFPA, 2006). UNSCO (2006) reported that majority of the street based children have a basic knowledge of HIV and AIDS but preventive knowledge is more limited.

In Nepal, knowledge of AIDS is much higher among male (72%) than among female (50%). Although the percentage of women who have heard of AIDS has nearly doubled in the last five years from 27 percent in 1996. Two fifth of women and two-thirds of men believe that there is a way to avoid HIV/AIDS (NCASC, 2004). As level of education increases, respondents' knowledge of AIDS also increase: knowledge of AIDS is almost universal among respondents who have passed SLC.

A Study by FPAN shows that 85 percent of respondents have knowledge of STIs, two thirds of respondents reported HIV/AIDS as one kind of STDs, followed by syphilis (20%) and gonorrhoea (13%). Fifty two percent of respondents said that electronic media is the main source of information, followed by school (19%), print media (12%), friends and relatives (10%)

and health worker (7%). The role of parents in making their children aware is negligible in the study area. The overwhelming majority (94%) has heard about HIV/AIDS. Ninety three percent of the respondents perceive unsafe sexual intercourse as one of the chief way of HIV/AIDS transmission, followed by unsafe blood transfusion (78%) and sharing injection (74%) (Pathak, 2002).

A KAP survey among 1400 young people in seven different district of Nepal shows that Nepalese are highly aware in HIV risk, but this awareness does not necessary translate into safe sexual behaviours. Although an overwhelming majority (92%) of teenagers has heard about HIV/AIDS, only 74 percent of teenagers knew that they should use condoms while having sex and only two third (69%) said that they should not have sex with commercial sex workers. The study also reveals that almost 20 percent teenagers considered pre-marital sex experience. The knowledge of HIV/AIDS is limited among adolescents: only 19-24 of married adolescent girls are reported to have heard of HIV/AIDS in Bangladesh and Nepal (UNFPA, 2006).

Roka (2002) has examined the knowledge of HIV/aid among school adolescents of Khotang district reveals that the knowledge of HIV/AIDS among students is significant. Majority (90%) of the students has heard about HIV/AIDS and some misconception is also observed mainly about the mode of transmission of HIV/AIDS. By sex female have less knowledge as compare to male students. The pre-marital sex occurs but very few percent of boys and girls use contraception during sex occurred outside marriage.



Radio is the main source of information of HIV/AIDS. The sources of information vary by place of residence.

Pre-marital sex is an ethical issue. Nobody would like to express openly. Most of the people in the society do not accept sex before marriage. However, it occurs in society. Pandit (2005) studied about the per-marital sex in Chitwan district. The finding of this study was that there was the gap in perception about pre-marital sex by sex, age, religion, cast/ethnicity and place of residence. Kinsey, et al. (? cited in Pandit, 2005:9) found that about 10 percent of unmarried girls aged 17 year and one-third of unmarried women aged 25 year found to be involved in sexual intercourse. Similarly, 80 to 90 percent approved premarital sex. Majority of the American males have intercourse by teenage and this percent for female in the same age was 60 percent.

Chaudhary, (1998) has analyzed pre-marital sex in Bangladesh taking the sample of more than 1200 adolescent. The study revealed that the pre-marital sex among adolescents in general was increasing with the increasing age of adolescents. The majority of the unmarried urban adult boys reported to have engaged in sexual relations in the age below sixteen. The prevalence of pre-marital sex was in increasing trend, while girls in rural area had low prevalence rate of pre-marital sexual intercourse. The incidence of pre-marital sex among rural adult boys was uncommon; about one in four to two in five unmarred rural boys reported to have had sexual experience in between the age of sixteen to eighteen.

The study of male in five border towns showed that 41 percent unmarried adolescent age 18-19 were sexually active. This survey also found that pre-marital sex was 19 percent. The use of contraception was low but knowledge about contraception use was found higher (UNFPA, 2006:49) in Nepal. Young girls do not disclose about pre-marital sex while boys do. The use of contraceptive before marriage is not acceptable, they seem to be shy to ask about contraceptives that result unsafe sex and higher chances of acquiring STDS and HIV/AIDS (UNFPA, 2006:39). The research on pre-marital issues are found in very limited number primarily due to cultural taboos, restriction of open discussion especially in Hindu and Muslim dominated society. Moreover female sexuality has been found tightly controlled, more severe on unmarried girls (ibid: 57) because of taking sexuality as the ethical issues especially in developing countries. The study has further suggested that almost 20 percent of teenagers reported pre-marital sex as proper; and 20 percent boys and nearly 10 percent girls interviewed had the sexual experience. Sixty percent of boys accepted that they use condom while 74 percent of girls asked their partner to use condom (UNFPA, 2006:39).

It is very important that the pre-marital sex is not allowed but it takes place in many ways as claimed by Subedi (2006:110) that “boys and girls might try to meet secretly in the district center to view a Hindi or Nepali films or they can meet in private. Pre-marital sex occurred in night club, forest and field. Most courtship includes experience of romantic love which might lead quickly to engagement in pre-marital sex”.

Although there are many literatures about HIV AIDS within and outside from Nepal, but there are limited literatures about pre-marital sexual

behavior especially in Nepal. The studies have commonly concluded that there is variation on knowledge, attitude and behaviors about HIV/AIDS with respect to age, sex, level of education, place of residents and caste/ethnicity. Furthermore, the studies on HIV AIDS and pre-marital sexual behaviors among college students are very limited. In this context, this study will try to fulfill the gap in the study. In addition, this study is conducted among students who come from many districts bordering to India.

## **CHAPTER – III**

### **METHODOLOGY**

#### **3.1 Methodology**

Methodology refers to the sequential arrangement of all the steps involved in research particularly from identification of the problem to conclusions and recommendations that systematically require for solving the research problems. In this chapter, I have discussed about the methods, tools and techniques and the procedures that I used for the data collection, compilation and analysis. Further, with a brief introduction of the study area, I have also discussed about nature of data, sample size, selection procedures of the respondents, tools and techniques of data collection, methods of data processing, and data analysis in particular. Finally, I have also mentioned the operational definition of the various terms and concepts that I have used for this study.

#### **3.2 Introduction of the study area.**

Mahendra Ratna Multiple College (MRM College), Ilam is the leading campus under the Tribhuvan University. It was established in 2017 B.S. It is located in Ilam, the district headquarter of Ilam. Geographically, it lies in 26°40' - 20 °08' north latitude to 87°40' to 88°10' east longitude. MRM College Ilam is one of the leading campuses of Tribhuvan University. It has certificate and bachelor level programs in Arts, Commerce, and Education Faculty. In addition, it offers masters degree in Nepali literature. There are students from wider geographical coverage having multiple castes and ethnic

groups. In terms of district, there are students from Ilam, Jhapa, Morang, Panchthar and Taplejung districts of Eastern Development Region. Ilam has good road network to those district. The several factors particularly easy access, to the Hill region in the north and the Tarai in the south, good climate, frequent transportation services have contributed to have large number of students in MRM Campus.

### **3.3 The nature and sources of data**

To draw the reliable and acceptable finding of the research questions, primarily, two types of data, primary and secondary are used in this study. However, the findings of the study are mainly based on the primary data (field survey). The primary data which is qualitative and quantitative in nature were collected directly from the respondents, under study population by means of interview, questionnaires, and observation methods. Secondary data used in this study were collected from the various national and international annual reports, newspapers, bulletins and previous dissertations published by government and non-government organizations,

### **3.4 The universe and sample size and selection procedures**

The total students of the college are about 4000. However, all of them have not admitted. Thus, sample was determined based on the formally admitted students of Mahendra Ratna Multiple College, Illam, studying in proficiency Certificate and Bachelor level in different year (1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup>). The sample was taken from the different streams such as Education, Humanities and Commerce. In this way, total 2123 formally admitted students was the

universe (totality of the respondents) of this case study. Out of this figure, 101 students were selected as sample, in which 60 percent students were from PCL and remain 40 percent were from bachelor level. The detail about the number of students by level of study and sample size is given in the table below.

Table1: Distribution of total number of students and sample size

Level of student		Total students	Sample size	
Intermediate	I.ED first year	255	0.12*101	12
	I.EDsecond year	170	0.08*101	8
	I.A first year	255	0.12*101	12
	I.A Secomd year	212	0.10*101	10
	I.com first year	233	0.11*101	11
	I.Com second year	191	0.09*101	9
Total students		1316	62	
Bachelor	B.ED first year	124	0.06*101	6
	B.ED second year	124	0.06*101	6
	B.ED Third year	62	0.03*101	3
	B.A First year	83	0.04*101	4
	B.A second year	83	0.04*101	4
	B.A Third year	83	0.04*101	4
	B.B.S first year	103	0.05*101	5
	B.B.S second year	83	0.04*101	4
	B.B.S Third year	62	0.03*101	3
Total students		807	39	
Grant total students		2123	101	

Source: Field study, 2006.

Above given table clearly shows that in the first step the total sample sizes (101) was determined by using the proportionate allocation method. It represented that higher the total population of different levels' students higher the sample size and vice versa. The number of student in intermediate level was higher (1316) so that 62 percent was taken as sample from this level. Similarly, in bachelor level only 807 students were studying so by using the same method 39 students from different year of the level were selected. In the second step the selected sample, that is 101, students were

chosen by using the sample random sampling method without considering age, sex, cast/ethnicity, marital status and religious.

For the fulfillment of the research problem, the students studying in PCL and Bachelor level in different years were selected. The respondents are from different parts of the region selected by the proportionate allocation method with respect to study level, faculties, sex, geographical location of permanent residence of the respondents.

### **3.5 The data collecting methods, techniques and tools**

Both qualitative and quantitative methods of data collection methods were used. The study mainly based on quantitative method. To collect the quantitative data, the semi- structured questionnaires having 46 questions with best skipping pattern was prepared and asked to each respondent under sample frame.

Besides quantitative method, qualitative method was used to collect information about knowledge, attitudes and behavioral information on pre-marital sexual behaviours and HIV/AIDS, many qualitative types of information were collected. Several methods particularly observation, focus group discussion and key informants interview techniques which are describe below were used to collect qualitative information.

#### **3.5.1 Observation**

During the field study, some qualitative information required for the fulfillment of the research objectives which were gathered through direct or

indirect observations. The observation was mainly focused on to know personal relationship, psychological behaviors and personal activities of the respondent. The researcher himself involved several time with a few students and dialogue to discover human perception about the issues.

### 3.5.2 Focus Group Discussion

In the real field survey, the focus group discussion was also conducted among 24 students studying in different level with respect to caste, ethnicity, religion, place of residence, etc. The selected students were divided in two groups by sex. The unstructured discussion was organized in the separate classroom. The male students of different level were facilitated by researcher himself. While doing FGD it was faced difficulties with girl students to discuss about sexual practices and HIV/AIDS related issues. In this situation I took help of Mrs Sita Devi Dahal, the asst- accountant of MRM College, who facilitated for the discussion. It was by her help, all the girl students shared their views and information. The detail of focus group is given in appendix-B.

### 3.5.3 Key Informant interviews

The junior staff of the college, who has been working for twenty years was selected as the key informant. He knew about what types of reading materials frequently borrowed by students of different levels. The questions were previously designed but all were open ended type from which the qualitative data could be generated. The voice recorder was used during conversation. The conversation (appendix-c) was in Nepali language which was converted during the analysis of this study. It was mainly focused to



know about the types of materials such as books, journals, newspapers, etc., and information that were available about HIV/ AIDS and issuing frequency of those materials.

### **3.6 The data processing, editing and coding**

After the field survey, all the filled questionnaire were collected, checked and edited to find out whether there were mistake or not in skipping and other type of errors, systematically. The open ended questions were systematically re-coded after the field survey. Then the code-book was prepared in computer. The coded data were entered in SPSS (11.5 version) computer program for data processing. By the help of SPSS program, master table was prepared then the data were edited again to find out the entry error, known as data cleaning.

### **3.7 Data analysis and interpretation**

Several data tables were prepared for the analysis. The tables have been presented along with the description in the chapters. Tables are put systematically from setting the demographic and socio-economic background of the respondents and further the tables related knowledge, attitude and behaviors are analyzed with the help of several statistical techniques, graphs and text. The result has also shown through bar graph, pie chart and diagram as required. Finally, a descriptive report has been prepared as an outcome of the study.

### 3.8 Operational definitions of concept and variables

Various terms, concepts are used in this study. It is the small case study so the conclusion may not be generalized without giving the operational definition. To reach in the conclusion of the study or to give the boundary of the study, the following terms are used in the sense as defined below as the working definition for this study purpose. These terms and concepts are as follows.

**Knowledge:** It refers to the understanding, idea and concepts of the respondents especially about infection, causes and routes of transfusion, symptoms, prevention and control of HIV/AIDS and pre-marital sex.

**Attitudes:** It refers to the way of thinking and perception of the respondents towards HIV/AIDS and those who are suffering from STS, HIV/AIDS and pre-marital sex towards positive or negative, favorable or unfavorable response of the respondents defines the attitude.

**Practice:** It is the behaviors either acceptable or rejectable, caution or negligence in relation to HIV/AIDS. It is related to the unsafe sexual practice, unsafe sexual relation practices.

**Respondent:** It refers to those students who are studying in Mahendra Ratna Multiple College Ilam in different years during field survey and randomly selected as the sample students for this study. However, key informants are also the respondents but they are mentioned as the key informants.

**Questionnaires:** Written or printed list of questions to be answered by the respondent. The printed lists were used to collect the qualitative information with respondents.

**Pre-marital sex:** the sexual activities done before marriage.

**Primary data:** Those information which have collected from the respondents, key informants and from focus group discussion by the researcher with various data collection tools and techniques.

**Nuclear family:** The family where only one generation live under one roof together is called nuclear family.

**Joint family:** The family where more than one generation live under roof and share kitchen, bedroom, property ect. commonly is called joint family.

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

**4.1 Background**

For the fulfillment of the research objectives, various demographic and socio-economic background characteristics of the respondents need to be explained so that analysis of the research questions can be presented in most of the demographic researches.

In this chapter, various individual and household characteristics such as age and sex of the respondents, religion, cast/ethnicity marital status, living status, educational and occupational status of the parents have been presented as the basic independent variables that are essential for the study. It is common feature of most of the demographic researches that the analyses are based on different variables. Students of MRM College are from different backgrounds. Students vary by age and sex, cast/ethnicity, religion, living status, marital status, educational and occupational status of the parents. These demographic and socio-economic variables play significant role in determining the knowledge, attitudes and behaviors on pre-marital sex and HIV/AIDS.

**4.1.1 Age and sex of the respondents**

Age and sex play important roles in acquiring knowledge, attitudes and these variables further determine pre-marital sexual behaviors and HIV/AIDS. The interest in sexual intercourse is higher in certain stage of life cycle that is the age between 20-30 years in general. In this age group, rate of HIV prevalence is higher. Similarly the prevalence of HIV differs by sex. The distribution of respondents by age and sex taken from the field survey is given in table 4.1 below.

Table 4.1: Distribution of respondents by age and sex

Age	Sex
-----	-----

Group	Male		Female		Total	
	number	percent	number	percent	Number	percent
15-19	21	20.8	26	25.7	47	46.55
20-24	27	26.7	23	22.8	50	49.5
25 over	3	3	1	.99	4	3.97
total	51	50.5	50	49.5	101	100

Source: Field survey, 2007.

The above table(4.1)shows that the percentage of students in the age group 20-24 is higher (49.5percent) in comparison to other age groups. Male students are higher in the age group 20-24 years whereas the female percentage is higher in the age group of 15-19 year. Very few percentages (3.9%) of students are under the age of 25 years and above.

#### 4.1.2 Distribution of the respondents by religion

Students in this college are from different religious backgrounds. As shown in the census of 2001, the population of Kirat religious people is higher in Ilam district. However, in the case of students of MRM campus this does not match because the majority of the students i.e. 51 percent are Hindu (Table 4.2), 25 percent are Kirat and 19 percent are Buddhist.

Table 4.2: Distribution of respondents by cast/ethnicity and religion

Caste/ethnicity	Religion				Total	Percent
	Hindu	Kirat	Buddhist	Others		
Brahmin	26	0	0	0	26	25.74
Chhetri	22	1	0	0	23	22.77
Rai	0	17	5	1	23	22.77
Dalit	3	0	0	0	3	2.97
Limbu	0	6	1	0	7	6.93
Gurung	0	0	6	0	6	5.94
Tamang	0	1	6	0	7	6.93
Shrestha	1	0	0	3	4	3.96
Magar	0	0	1	1	2	1.98
total	52	25	19	5	101	-
percent	51.49	24.75	18.81	4.95	-	100.00

Source: Field survey, 2007

It is clearly seen from the above table that majority of the respondents are Brahmins. The share of this cast is 26 percent followed by Chhetri with 23 percent and Rai 23 percent. According to the census 2001, Mechi is the zone dominated by Rai and Limbu, however, majority of the students in this college are Brahmin and Chhetri. Religiously, majority of the students i.e. 51 percent (N=51) are Hindu, 25 percent Kirat, 18 percent Buddhist and remaining about 5 percentage are from other religions background.

#### 4.1.3 Distribution of the respondents by current living stratus and educational level

The knowledge, similarly attitudes and behaviors are determined by the place of current living status of the people. Those students who are living in the hostel are migrant students. Due to lack of strict rules of hostel, the hostel students are free. They have to take decision themselves to go elsewhere. In such situation, unless they take right decision towards reproductive health or sexual behaviors, there remains higher chance of infection with STS and HIV/AIDS.

Table 4.3: Distribution of respondents by current living status and educational level

Current place of living	Educational status of respondents				Total	Percent
	Intermediate	percent	Bachelor	percent		
Own home	9	15	6	15	15	15
Hostel	10	16	8	21	18	18
Rented Room	38	61	25	64	63	62
Relatives	5	8	0	0	5	5
total	62	100	39	100	101	100

Source: Field survey, 2007

The above table (Table 4.3) shows that MRM College's students have various characteristics of their residence. Majority of the students (N=63) live in rented rooms followed by hostel (N=18), own home (N=15) and vary few live in the house of their relatives (N=5). Out of total intermediate students (N=62), 38 (61%) live in rented rooms

whereas in Bachelor level the percentage of students living in rented room goes higher (64 %). Very few percentages of students (5%) live in relatives and others.

Table4.4:Distribution of the respondents by origin of districts and level of study

Student from different district	Educational status of respondents by districts				Total	percent
	Intermediate	Percent	Bachelor	percent		
Taplejung	12	12	5	5	17	17
Panchthar	9	9	7	7	16	16
Ilam	31	31	20	20	51	50
Jhapa	8	8	3	3	11	11
Morang	2	2	4	4	6	6
Total	62	61	39	39	101	100

Source: Field survey, 2007

About 50 percent students are from the Ilam district. Remaining students are from other districts such as Taplejung, Panchthar, Jhapa and Morang. Out of the students from other than Ilam district, 17 percent are from Taplejung, 16 percent from Panchthar, 11 percent from Jhapa and very few (6%) students are from Moran.

#### 4.1.4 Distribution of respondents based on the habit of reading newspaper

Administratively, this educational institute is located in the district headquarter. Due to good transportation and communication facilities, the popular daily, weekly, monthly newspapers and bulletins are easily available here. Not only that but also the campus itself have a well known library having 25423 different books and journals. Students can read various newspapers and magazines in the library which help them to broaden their knowledge on HIV/AIDS and pre- marital sex.

Table 4.5: Distribution of students based on habit of reading of newspaper

Habit of reading newspapers	Educational status of respondents											Grand total		
	Intermediate					Bachelor								
	Sex				Total		Sex				Total			
	Male		Female		N	%	Male		Female		N	%	N	%
	N	%	N	%			N	%	N	%				
Daily	7	28.0	7	28.0	14	22.6	8	32.	3	12.0	11	28.2	25	24.75
Sometimes	23	32.9	20	28.6	43	69.4	10	14.3	17	24.3	27	69.2	70	69.31

Rarely	1	20.0	3	60.0	4	6.5	1	20.0	0	0	1	2.6	5	4.95
Never	1	100.	0	0.0	1	1.6	0		0	0	0	0	1	0.99
Total	32	31.7	30	29.7	62	100.	19	18.8	20.	19.8	39	100	101	100

Source: Field survey, 2007.

Note: 'N' refers number of readers.

The above table (Table 4.5) indicates that significant proportions of respondents like to read newspaper. Negligible respondents never like to read it. However, students who like reading newspaper daily are low. Only one in four (25%) students read newspaper daily. The above table shows that around 69 percent (N=70) respondents read newspaper/magazine 'Sometime'. Similarly, around 4 percent of students (N=5) rarely read magazine. Why do students read or do not read newspapers was an interesting inquiry that I did in the field work. Students replied that usually are attracted to the sensitive news relating to major national or international news, emotional issues, stories of model figure such as film stars and sexual behaviors related issues.

#### **4.1.5 Distribution of respondents based on their parents' educational status**

Educational status of respondents' parents is taken as the important variables because the previous studies have shown that parents' educational status plays the key role in determining the knowledge and in changing the behaviours of their generation on pre-marital sex and HIV/AIDS. Educated parents freely discuss with their family member on reproductive health issues. They share their ideas to their children, from which children can be aware and that results low chance of STD, HIV/AIDS infection. Educated parents psychologically treat their children to bring commonly acceptable behaviours in sustainable manner.



Table 4.6: Educational status of parents of the respondents.

Educational Level	Mother		Father	
	Number	Percent	Number	Percent
Literate	40	39.6	73	72.3
Illiterate	59	58.4	24	23.7
No mention	2.0	2	4	3.9
Total	101	100	101	100

No schooling but literate	10	9.90	5	4.95
Primary	15	15.84	27	26.73
Lower secondary	8	7.92	6	5.94
Secondary	4	3.96	8	7.92
SLC	2	1.98	12	11.88
Intermediate	0	0.00	9	8.91
Bachelor and above	1	0.99	5	8.91
Total	40	39.59	73	72.3
Grand Total	101	100	101	100

Source: Field survey, 2007.

The above table (Table 4.6) shows that higher percentages of respondents' father are literate. Out of total sample population, 72.3 percent (N=73) respondents' father are literate having different level of educational. Most of the respondents' fathers (16 %) are with primary education followed by not schooling (10 %), lower secondary (8 %) and other. Unlike fathers' educational status of the respondents, 58 percent (N=59) of their mother are illiterate. Only 39 percent mother of the respondents are literate and 2 percent did not mention the literary status of their mother. Out of total literate mother, most of them have received primary education (16 %) followed by no schooling (10 %), lower

secondary (8%) and very few percent (0.99 %) have received bachelor and above level of education.

#### 4.1.6 Occupational status of parents of the respondents

Occupation is another major economic variable to determine the knowledge and attitudes of pre-marital sex and HIV/AIDS. The parent's occupational status directly affects on gaining the emerging information to their children. The previous studies indicate that those children whose parents involved in agriculture have low knowledge on prevention, treatment and precautions of HIV/AIDS.

Table 4.7: Occupational status of parents of respondents

Occupation	Father's Occupation		Mother's Occupation	
	Number	%	Number	%
Agriculture	65	64.36	75	74
Service	22	21.78	6	6
Business	11	10.89	7	7
Daily Wages	0	0.00	6	6
Others	3	2.97	6	6
Not respondent	0	0.00	1	1
Total	101	100.00	101	100

Source: Field survey, 2007.

The table (4.7) shows that most of the parents of respondents are involved in agricultural occupation. Similarly service and business are the second and third major occupations having a few involved in daily wage labors. Out of total respondents, 64 percent (N=65) father of respondents are involved in agriculture where as the percentage mother is 74 (N=75) in this occupation. Mothers are highly involved in agricultural occupation. Similarly, 21 percent (N=22) father are involved in services but only 6 percent mother are involved in services. High percentages of mother are involved in daily wage activities and 6 percent of them are involved in other types of occupation.

#### 4.1.7 Distribution of respondents by household with different types of communication facility

Information on communication and education about HIV/AIDS is obtained from different sources. Radio and television are the major sources of information on reproductive health issues. However, all most all household do not have even the radio, a common mean of information. According to the census 2001, more then half of the household have radio facility whereas only 22 percent have TV facility. Moreover, 41.3 percent of the total households have no access to either one or other means of media. Household communication facility varies by place of resident, ecological belt and development region in Nepal. While in the case of this study, the major sources of information with respect to place of residence i.e. rural or urban is given in the table below.

Table 4.8: The distribution of household of the respondent by means of communication facility

Source: Field survey, 2007.

Respondents by Localities		radio facility			television facility			telephone facility			internet facility		
		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Rural	N	84	2	86*	36	51	87	11	76	87	0	87	87
	%	97.6	2.4	100	41.4	58.6	100	12.6	87.4	100	0	100	100
Urban	N	14	0	14	12	2	14	8	6	14	4	10	14
	%	100	0	100	86	14	100	57.5	42.5	100	28.6	71.4	100
Tota	N	98	2	100	48	53	101	19	82	101	19	82	101

\*One respondent has missed to give response.

Note: N refers number.

The above table (Table 4.8) shows that radio is the main source of the information in the rural area. Out of total 87 respondents from rural area, 98 percent (N=84) have radio, 41 percent (N= 36) have television, and only 12 percent (N=11) have telephone. However, none of the households have internet facility. In this case study, 14 respondents are from the urban area. Out of them, all household (100 %) have radio facility, 86 percent (N=12) have television facility and 28 percent (N=4) have internet facility.

#### 4.1.8 Family Size by urban and rural residence

Family size of respondents is another variable which determines the knowledge, attitudes and behaviors on HIV/AIDS and pre-marital sexual behavior. To analyze the HIV/AIDS and pre-marital sex, families of respondents were divided into two groups such as nuclear family and joint family. The information on family size was obtained by asking the separate question in questionnaire.

Table 4.9 Distribution of respondents by family size

Variables	Types of Family					
	Nuclear Family		Joint Family		Total	
	Number	%	Number	%	Number	%
Rural	39	86.7	48	47.5	87	86.1
Urban	8	7.9	6	5.9	14	13.9
Total	47	46.6	54	53.4	101	100.0

Source: Field survey, 2007.

The family size by rural and urban residence is given in table (table 4.9). It varies according to the residence of respondents. Out of total, majority of students, 55 percent (N=54), are from joint family whereas 46.6 percent (N=45) are from nuclear family. Respondents who have come from rural area are members of joint family. Respondents who are from urban (7.9%) have nuclear family whereas a few percent who live in urban area also have joint family.

**CHAPTER – V**  
**KNOWLEDGE, ATTITUDES AND BEHAVIOURS**  
**ON HIV/AIDS**

**5.1 Knowledge on STDs**

This chapter deals with the knowledge, attitudes and behaviors on HIV/AIDS and Pre-marital sex of the students studying in MRM College. Fundamentally, this chapter presents and analyzes the data on HIV/AIDS, source of knowledge, mode of transmission of STDs, way of preventions and control and views towards infected persons. Data on the nominal knowledge on STDs have been analyzed by the background characteristics such as age, sex, ecological region, resident, occupational status of parents of respondents, religion and level of education and so on.

Data on nominal knowledge of STDs is presented in Table 5.1 by background characteristics of the respondents. Knowledge of sexually transmitted diseases differs by age group. Among the respondents, the knowledge of STDs from 20 to 24 years of age is lower (72%) compare to the age group of 15-19 years (87 %). The knowledge of STDs is much higher among male (81.1%) in compare to female (77%). By ecological region, the students who come from Terai region have higher knowledge i.e. 89 percent whereas in hilly region this percent is 77. The detail of the knowledge based on various backgrounds is given in the table below.

Table 5.1: Knowledge on STDs by background characteristics

Background characteristics	Basic knowledge on STDs							
	Yes		No		Do not like to mention		No response	
Age Group	number	%	number	%	number	%	number	%

15-19	41	87.2	5	10.6	0	0	1	2.1
20-24	36	72	12	24	2	4	0	0
25+	3	75	1	25	0	0	0	0
<b>Sex</b>								
male	42	81.1	8	16	1	1.9	0	0
female	38	77	10	20	1	2.0	0	
<b>Ecological region</b>								
Hill	63	76.8	16	19.6	2	2.4	1	1.2
Tarai	17	89.5	2	10.5		0	-	0.0
<b>Residence</b>		0		0.00		0	-	0.0
Rural	63	76.8	16	19.6	2	2.4	1	1.2
Urban	17	89.5	2	10.5		0	-	0.0
<b>Father's occupational status</b>								
Agriculture	48	77	14	23	-	0	-	0.00
Service	18	72	4	3.96	2	2	1	0.99
Business	11	100		0		0		0.00
Others	3	100	-	0	-	0	-	0.00
<b>Mother's occupational status</b>								
Agriculture	56	77.8	16	22.2	-	0	-	0.00
Service	5	55.6	1	11.1	2	22.2	1	11.1
Business	7	100		0.00	-	0	-	0.00
Daily wages	5	83.3	1	16.7	-	0	-	0.00
Others	-	0	6	100	-	0	-	0.00
<b>Religious</b>								
Hindu	41	82	9	18	-	0	-	0.00
Kirat	20	74.1	5	18.5	1	3.7	1	3.7
Buddhist	14	77.8	4	22.2		0		0.00
Others	5	83.3		0.00	1	16.7	-	0.00
<b>Level of study</b>								
Intermediate	48	77.4	12	15.6	1	1.6		0.00
Bachelor	32	81.5	6	15.4	1	2.6		

Source: Field survey, 2007.

On the basis of place of residence, knowledge on STDs is found higher to the students from urban areas compared to the students from rural areas. In rural area more than 20 percent students have no knowledge. However, only 10 percent of student from urban area have no knowledge of STDs.

The occupational status of parents varies the knowledge on STDs of their children. Those students whose parent mainly father involved in agricultural have lower level of knowledge (77%) compare to the parents having business (100 %). In the case of mother occupation, those students whose mother are involved in business have higher knowledge (100 %) followed by daily wages (83 %), agricultural (77%) and service (55%).

Students who follow the Hindu religion have higher knowledge (82 %) compare to the Buddhist (78%) and Kirat (74%). It is significant to note that the students who followed except above three religions have higher knowledge (83 %).

The knowledge of sexually transmitted disease also varies by the level of schooling. Those students who study in bachelor level have higher knowledge on STDs (81%) compare to the students studying in intermediate level (77 %). However, 16 percent of students studying in bachelor level have no even nominal knowledge of STDs. Higher percentage of bachelor students (3 %) don't like to mention their response then that of intermediate students (2 %).

## **5.2 The distribution of students by disease specific knowledge on STDs**

Respondents who had heard of STDs were further asked whether they have had the specific knowledge on syphilis, gonorrhea, both of them and others or not. Out of hundred and one respondents, only eighty respondents who have heard of STDs have been asked this question. Syphilis, gonorrhea are highly transmitted diseases from one to another. The previous studies show that there is higher chance of infection of HIV to those who are suffering from sexually transmitted diseases due to lack of knowledge on above mention disease.

The data on knowledge of STDs is presented in table 5.2 by background characteristics of the respondents. Out of total respondents, 79 percent respondents have mentioned the name of STDs. Male respondents have more knowledge in gonorrhoea (63%) but female

have more knowledge in syphilis (52 %). One in two respondents have knowledge on syphilis and gonorrhoea.

By residential condition, the respondents who are from rural area have more knowledge on gonorrhoea (95%) compared to respondents from urban area. By residential, rural people are more familiar with gonorrhoea (94%) whereas urban people with syphilis (29%). The knowledge of sexually transmitted diseases varies by ecological zone. Respondents who are from hilly region have more knowledge on syphilis (94 %) whereas the knowledge on gonorrhoea is higher in Terai region (31 %). The respondents from Ilam district have higher knowledge (41%) on syphilis. However, its knowledge is found lower among students from Morang and Jhapa district (6%) but in the case of gonorrhoea, the respondents from Jhapa and Morang districts are more familiar (16%).

Table 5.2: Respondents by disease wise specific knowledge on STDs.

Knowledge of STIs					
Background characteristics		Syphilis	Gonorrhoea	Syphilis, Gonorrhoea and other	Total
<b>Sex</b>	Male	8	12	22	42
		47.1%	63.2%	50.0%	52.5%
	Female	9	7	22	38
		52.9%	36.8%	50.0%	47.5%
Total	17	19	44	80	
	100%	100%	100.0%	100.0%	
<b>Residence</b>	Rural	12	18	36	66
		70.6%	94.7%	81.8%	82.5%
	Urban	5	1	8	14
		29.4%	5.3%	18.2%	17.5%
Total	17	19	44	80	
	100.0%	100.0%	100.0%	100.0%	
<b>Ecological Zone</b>	Hill	16	13	35	64
		94.1%	68.4%	79.5%	80.0%
	Tarai	1	6	9	16
		5.9%	31.6%	20.5%	20.0%
Total	17	19	44	80	



		100.0%	100.0%	100.0%	100.0%
<b>Districts</b>	Taplejung	5	1	7	13
		29.4%	5.3%	15.9%	16.3%
	Panchthar	4	3	7	14
		23.5%	15.8%	15.9%	17.5%
	Illam	7	9	22	38
		41.2%	47.4%	50.0%	47.5%
	Jhapa	1	3	6	10
		5.9%	15.8%	13.6%	12.5%
Morang	0	3	2	5	
	0.0%	15.8%	4.5%	6.3%	
Total	17	19	44	80	
	100.0%	100.0%	100.0%	100.0%	
<b>Educational Status</b>	Intermediate	10	10	29	49
		58.8%	52.6%	65.9%	61.3%
	Bachelor	7	9	15	31
		41.2%	47.4%	34.1%	38.8%
	Total	17	19	44	80
100.0%		100.0%	100.0%	100.0%	

Source: Field survey, 2007.

Similarly, by level of education, respondents from bachelor level have lower knowledge (41%) of syphilis followed by gonorrhoea (47 %). In intermediate level, the knowledge of both diseases is higher compared to students of bachelor level. More than 65 percent students of intermediate level have knowledge of syphilis and gonorrhoea. Finally, to those respondents who are female, residing in Tarai region, those living in rural area and studying bachelor level and students from Morang and Jhapa district have lower knowledge of the sexually transmitted disease in compare to the above given background characteristics as presented in table 5.2.

### 5.3 The distribution of those who hear about the HIV/AIDS

The extent of information/knowledge is found different in response to the question, “**Do you know about HIV/AIDS?**” To know an idea of the extent of knowledge about HIV/AIDS, respondents were asked the above question. Based on this question, the knowledge of HIV/AIDS among students is given below.

Table 5.3: Knowledge on HIV/AIDS by sex and education level

Background characteristics	The knowledge of HIV/AIDS
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		Yes	%	No	%	Total	%
Sex	Male	45	52	6	43	51	50.50
	Female	42	48	8	57	50	49.50
	Total	87	100	14	100	101	100
Education Level	Intermediate	57	65.5	5	36	62	61.39
	Bachelor	30	34.5	9	64	39	38.61
	Total	87	100	14	100	101	100

Source: Field survey, 2007

The above table (Table 5.3) clearly shows that the knowledge of students by background characteristics such as sex and level of education. Out of total respondents (N=101), 86 percent (N=87) have heard about HIV/AIDS whereas 14 percent do not have even the nominal knowledge of HIV/AIDS. By sex, male have higher knowledge than female. Out of 87 students who have heard about HIV/AIDS, 52 percent are male and 48 percent are female. By level of education, students having higher level education have lower knowledge on HIV/AIDS and vice versa. In total, 14 percent students have no knowledge. If this percentage is further divided into two level, 64 percent (N=9) who are in bachelor and remaining percentage (N=5) is in intermediate level do not have any knowledge about HIV/AIDS.

#### 5.4 Sources of information on HIV/AIDS

There are various means of communication from which information on HIV/AIDS are obtained. The means of media is one of the crucial factors to spread the knowledge to people. The respondents who have heard about HIV/AIDS were further asked the question like **“From which source did you hear about HIV/AIDS?”** Among the various sources, radio, television, magazine, text book, health personal, friends/relatives ect., are found the main sources of gaining knowledge on it. The details about the sources of information are given in the table 5.4 below.

Table 5.4 presents the sources of information about HIV/AIDS based on the sex and educational status of the respondents. Nearly four in ten (39%) respondents have heard about HIV/AIDS from radio, followed by teacher (11.5 %), friends/relatives (10%),

health personal (9%) Magazine (9%) and very few percent have (4%) heard from television respectively.

Table 5.4: Sources of knowledge on HIV/AIDS among students

Variables	Sources of Knowledge of HIV/AIDS									
	Radio	TV	Magazine	NGOs/INGOs	Health personal	Friend/Relatives	Teacher	Text Book	others	Total
<b>Sex</b>										
Male	16	2	5	3	4	6	6	2	1	87
	48.5%	50.0%	62.5%	42.9%	50.0%	66.7%	60.0%	28.6%	100.0%	51.7%
Female	17	2	3	4	4	3	4	5	0	42
	51.5%	50.0%	37.5%	57.1%	50.0%	33.3%	40.0%	71.4%		48.3%
Total (%)	33	4	8	7	8	9	10	7	1	87
	37.9%	4.60%	9.20%	8.05%	9.20%	10.34%	11.49%	8.05%	1.15%	100.0%
<b>Educational Status</b>										
Intermediate	24	2	4	3	5	5	7	6	1	57
	72.7%	50.0%	50.0%	42.9%	62.5%	55.6%	70.0%	85.7%	100.0%	65.5%
Bachelor	9	2	4	4	3	4	3	1	0	30
	27.3%	50.0%	50.0%	57.1%	37.5%	44.4%	30.0%	14.3%	0.0%	34.5%
Total (%)	33	4	8	7	8	9	10	7	1	87
	37.9%	4.60%	9.20%	8.05%	9.20%	10.34%	11.49%	8.05%	1.15%	100

Source: Field survey, 2007.

By sex, 51 percent female (N=17) have highly heard about HIV/AIDS from radio. Out of total 7 respondents, 5 were female who are female, have heard, 5 respondents 71 percents (N=5) are female similarly 67 percent (N=6) male have highly heard about it from friends. By level of education, 57 respondents are from intermediate level and 30 from Bachelor level. Out of total 7 students who have heard from text book, 87percents (N=6) are from intermediate level. Similarly, NGO/INGOs are the main sources (57%) to those who are studying in bachelor level.

## 5.5 The information obtained from radio and TV program

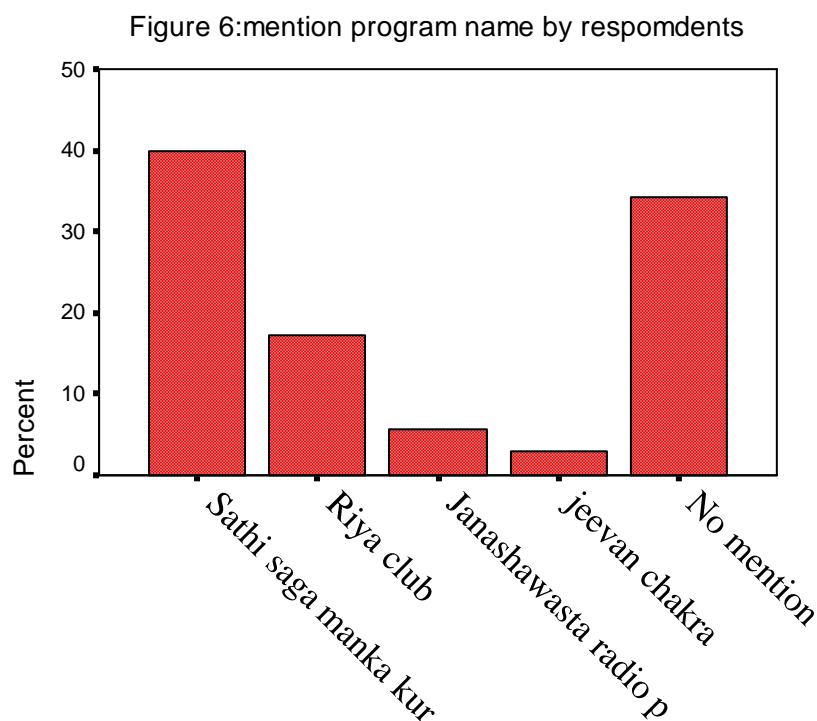
To extent the knowledge on HIV/AIDS, various programs from radio and television have been broadcasting in regular basic. During the field survey, the respondents whose main source of gaining information on HIV/AIDS was radio and television were further asked to mention the programs' name. The main aim to ask such additional question is to examine the habit of listening radio and role of media especially radio to strengthen the knowledge and make aware about HIV/AIDS. The result is given in the following table.

Table 5.5: Sources of Knowledge about HIV/AIDS Program

Knowledge about programs' name		
	Frequency	percent
Sathi Saga Manka Kura	14	37.84
Riya Club	6	16.22
Janashawasta Radio Program	2	5.41
Jeevan Chakra	1	2.70
No mention	14	37.84
Total	37	100.00

Source: Field survey, 2007.

Some specific programs related to reproductive health have been broadcasting from radio and television. The table 5.3 presents the percentage of respondents who know the name of program that is frequently listened to gain the knowledge of HIV/AIDS. Out of total respondents whose main source of getting information is radio and television, 37 percent (N=14) listen Sathi saga manka kura, 16 percent (N=6) listen Riya club, similarly some students take note from Janasawasta radio program (6%) and Jeevan Chakra (3%).It is significant to note that 38 percent (N=14) do not know the name of program , although they response that the main source of gaining knowledge on HIV/AIDS is Radio and Television .



### 5.6 Knowledge about HIV/AIDS transmission

HIV/AIDS is sexually transmitted disease. It transmits due to unprotected sexual behaviors from one to another except some exceptional cases. Students who are studying in different level were asked the question “**do you know about route cause of HIV/AIDS transmission?**”. The responses is given in the table below.

Table 5.6: Knowledge of mode of HIV/AIDS transmission

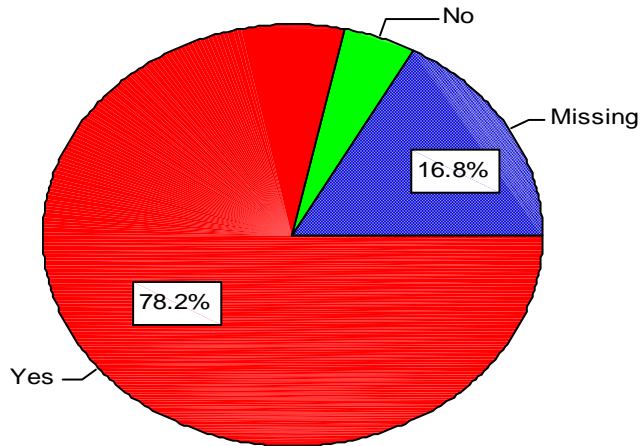
Response	Frequency	Percent
Yes	79	78
No	5	4.9
<b>Total</b>	<b>84</b>	<b>83</b>
No response	<b>17</b>	<b>16.8</b>
<b>Grand total</b>	<b>(84+17)= 101</b>	<b>(83.2+16.8)=100</b>

Source: Field survey, 2007

The above table (Table 5.6) shows percentage of the respondents who know the mode of transmission of HIV/AIDS. Out of total respondents (N=101), only 83 percent (N=84) gave information. Out of those who gave information, 78 percent (N=79) know about

how it transmit to each other. While the percentage of having no information/knowledge about the way it transmits is 5. About 17 percentage (N=17) of respondents did not like to give their response to the researcher.

Figure: 6 knowledge on mode of transmission of HIV/AIDS



To know the knowledge on mode of transmission of HIV/AIDS, respondents who said “yes” and “no response” in just previous question were further asked the additional question on the mode of transmission of HIV/AIDS. To analyze the transmission knowledge of HIV/AIDS, 7 different option were given to the students intending to know the level of their knowledge and perception about the causes of HIV AIDs transmission. The major causes was listed in the questionnaires were unprotected sex, contaminated needles, unsafe blood transfusion, infected mother to her baby, etc., and the result is as below.

Table 5.7: Distribution of respondents’ knowledge of mode of transmission on HIV/AIDS

Cause of transmission of HIV/AIDS	Yes		No		Total
	Number	%	Number	%	
Unprotected sex	78	89.1	9	10.9	87
Contaminated needles	53	61	34	39	87
Blood transfusion	60	70	27	30	87
Mother to her baby	63	72.3	24	27.7	87

Brest feeding	17	19.8	70	80.2	87
Kissing	11	12	76	88.1	87
Sleeping together	10	11.5	78	89.1	87

Source: Field survey, 2007

The above table (Table 5.7) reveals the result of the responses. It indicates that 98 percent (N=78) are well aware that HIV/AIDS is transmitted through unprotected sexual contact and 70 percent (N=60) through blood transfusion, 72 percent through mother to her baby and 61 percent through contaminated needles. Similarly, 19 percent (N=17) students mentioned breastfeeding, 12 percent gave their response of HIV/AIDS transmission through kissing and 11 percent (N=10) belief that it transmit by just sleeping together with HIV infected person.

### 5.7 Distribution of respondents by views on vulnerability

Respondents were asked about risk people of HIV/AIDS during the field survey. HIV/AIDS is sexually transmitted diseases so it does not easily spread without any risky sexual behavior. Mainly sex workers, clients of sex worker, injected drug users housewives, are in more vulnerable group. The result of the vulnerability is presented below.

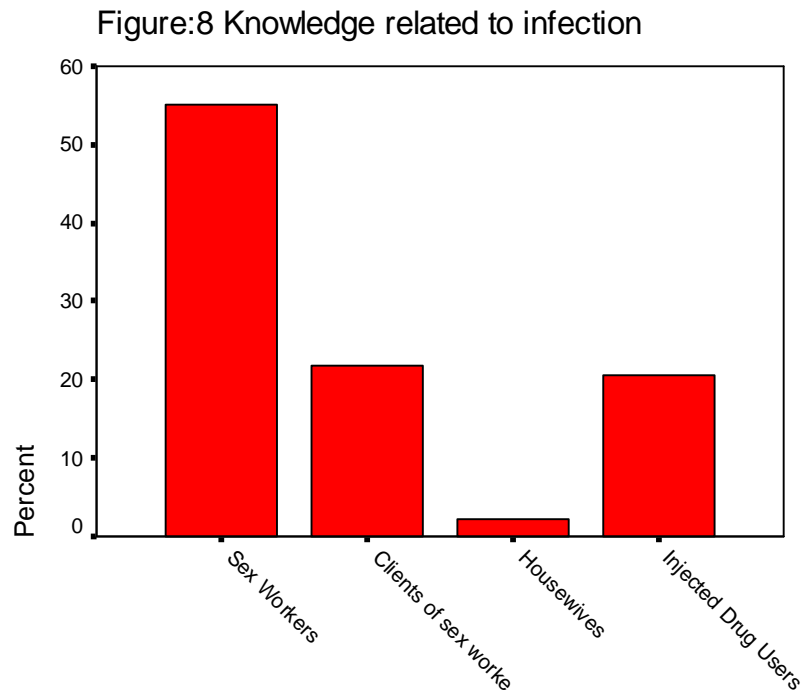
Table 5.8: Views towards Vulnerability

<b>Views towards highly Vulnerability</b>				
<b>Characteristics</b>		<b>Frequency</b>	<b>%</b>	<b>Valid Percent</b>
Valid	Sex Workers	48	47.5	55.2
	Clients of sex workers	19	18.8	21.8
	Housewives	2	2.0	2.3
	Injected Drug Users	18	17.8	20.7
	<b>Total</b>	<b>87</b>	<b>86.1</b>	<b>100.0</b>
Not asked the question to them	14	13.9		
<b>Grand Total</b>	<b>101</b>	<b>100.0</b>		

Source: Field survey, 2007.

The above table reveals the views of respondents towards the vulnerable group of HIV/AIDSs infection in the community. Out of 87 respondents, 55 percent (N=48) believes

that people who involve in sex business are the high risk group of HIV/AIDS infection. Similarly, 21.8 percent (N=19) give their response that clients of sex worker, 20 percent (N=18) believe to injected drug users although many previous studies show that the clients of sex workers are in the high risk group of HIV/AIDS infection.



### 5.8 Knowledge for the preventive measures of HIV/AIDS

Among the respondents who have ever heard about HIV/AIDS were asked about the methods of prevention of HIV/AIDS. All respondents have not heard about it so all are not included in this analysis which is shown in table 5.9. Intending to know the preventive knowledge of respondents, four multiple options were included in the questionnaire. Based on these options the preventive knowledge of the respondents is analyzed, which is given in table 5.9 below.

As given in table 5.9, among total respondents (N=87), about 21.7 percent (N=18) believe that HIV/AIDS can be prevented by not doing sex at all, 22 percent (N=19) believe that it can be prevented by not having sex with unknown persons. Similarly, 47 percent (N=41) students mentioned that condom plays a significant role to prevent HIV/AIDS. Very few percentages (10.3) of students believe that everyone can be safe with HIV/AIDS by using



sterilized surgical instruments. The above table (Table 5.9) also presents the preventive knowledge of respondents by background characteristics i.e. age, sex, religion, residence, educational status and habit of reading newspapers of the respondents. By age, students whose age is in between 15-19 highly believe to condom as means of protector of HIV/AIDS. Similarly, students whose age is 24 and above they highly believe that not doing sex with unknown person is the best method of preventing from HIV/AIDS.

Table 5.9: Distribution of respondents on preventive knowledge on HIV/ AIDS

Percentage		Preventive knowledge of HIV				Total	
		No sex at all	Do not have sex with unknown person	Use condom during sexual intercourse	Use sterilized surgical instruments		
<b>Background characteristics</b>						Number	%
<b>Age</b>	15-19	15.0	22.5	50.0	12.5	40	100
	20-24	25.6	18.6	46.5	9.3	43	100
	25+	25.0	50.0	25.0	0.0	4	100
<b>Sex</b>	male	17.8	22.2	51.1	8.9	45	100
	female	23.8	21.4	42.9	11.9	42	100
<b>Religion</b>	Hindu	27.9	25.6	37.2	9.3	23	100
	Kirat	13.0	8.7	65.2	13.0	43	100
	Buddhist	17.6	23.5	47.1	11.8	17	100
	Others	0.0	50.0	50.0	0.0	4	100
<b>Residence</b>	Urban	33.3	0.0	58.3	8.3	12	100
	Rural	33.3	0.0	58.3	8.3	75	100
<b>Educational status</b>	Intermediate	15	17.2	55.2	12.1	58	100
	Bachelor	31.0	31.0	31.0	6.9	29	100
<b>Habit of reading newspapers</b>	Daily	36.4	13.6	40.9		22	100
					9.1		100
	Sometimes	17.2	24.1	46.6		58	100
					12.1		100
	Rarely	0.0	25.0	75.0		4	100

					0.0		100
	Never	0.0	0.0	100.0		1	100
<b>Total in column</b>		<b>18</b>	<b>19</b>	<b>41</b>	<b>9</b>	<b>87</b>	
<b>Percent in column</b>		<b>20.7</b>	<b>21.8</b>	<b>47.1</b>	<b>10.3</b>	<b>100</b>	

Source: Field survey, 2007

Similarly by sex, males (51%) believe highly to consistency use of condom during sex as the reliable method of prevention where as 43 percent females only believe with condom as the best method. Most of the students who rarely read newspapers highly believe to condom.

## 5.9 Understanding towards HIV/AIDS of respondents

There may be different feeling among students on what the HIV/AIDS is. To analyze the respondents understanding toward HIV/AIDS, the separate question with giving four options was asked to those respondents who had heard about this pandemic disease. Their response is given below.

Table 5.10: Understanding towards HIV/AIDS

Background characteristics		Views of HIV/AIDS								
		Fatal disease		Sexually transmitted disease		Communicable disease		Dangers and Transmitted by unsafe sexual contact		Total
		N	%	N	%	N	%	N	%	N
Age	15-19	9	10.3	8	9.2	5	5.7	18	20.7	40
	20-24	13	14.9	9	10.3	5	5.7	16	18.4	43
	25+	2	2.3	1	1.1	1	1.1	0	0.0	4
Sex	Male	11	12.6	11	12.6	8	9.2	15	17.2	45
	Female	13	14.9	7	8.0	3	3.4	19	21.8	42
Religion	Hindu	14	16.1	10	11.5	5	5.7	15	17.2	44
	Kirat	7	8.0	5	5.7	2	2.3	8	9.2	22
	Buddhist	1	1.1	2	2.3	4	4.6	10	11.5	17
	Others	2	2.3	1	1.1	0	0	1	1.1	4
Caste/ethnicity	Brahmin	8	9.2	6	6.9	1	1.1	9	10.3	24
	Chhetri	5	5.7	4	4.6	2	2.3	6	6.9	17
	Rai	6	6.9	3	3.4	2	2.3	9	10.3	20

	Dalit	1	1.1	1	1.1	1	1.1	0	0.0	3
	Limbu	1	1.1	1	1.1	1	1.1	4	4.6	7
	Gurung	1	1.1	0	0.0	1	1.1	2	2.3	4
	Tamang	0	0.0	1	1.1	2	2.3	4	4.6	7
	Shrestha	1	1.1	1	1.1	1	1.1	0	0.0	3
	Magar	1	1.1	1	1.1	0	0.0	0	0.0	2
Residence	Rural	24	27.6	17	19.5	7	8.0	27	31.0	75
	Urban	0	0.0	1	1.1	4	4.6	7	8.0	12
Educational status	Intermediate	14	16.1	7	8.0	7	8.0	29	33.3	57
	Bachelor	10	11.5	11	12.6	4	4.6	5	5.7	30
Total		24	27.6%	18	20.7%	11	12.6%	34	39.1%	87

Source: Field survey, 2007.

Note: N refers to number.

The understanding of respondents towards HIV/AIDS is different which is shown in table 5.10. Significant percentage (39%) of respondents believes that HIV/AIDS is the dangerous disease and it is transmitted by unsafe sexual contact. Similarly 27 percent (N=24) respondents believe that HIV/AIDS is the fatal disease, 20 percent (N=18) accept it as the sexually transmitted disease and only few percentage (12 percent) of respondents consider HIV/AIDS as the communicable disease.

## **CHAPTER – VI**

### **PRE-MARITAL SEXUAL KNOWLEDGE, PERCEPTION AND BEHAVIORS**

#### **6.1 Background**

This chapter examines the knowledge, perception and behaviours of the students about pre-marital sex. Sex is a biological phenomenon. However, social customs and personal feelings, in our society, forbid pre-marital sex. Pre marital sex is socially unacceptable issue, especially in developing countries like Nepal, therefore, both female and male hesitate to provide information on attitudes and behaviors towards it. To analysis the pre-marital sexual issues, the previously structured questionnaires (Appendix-c) were not sufficient to draw the reliable information. Therefore, in addition to quantitative responses, information from focus group discussion (Appendix- A), key informant (Appendix – B) and situational observation have been considered as the main sources of information. The information regarding pre-marital sex obtained from questionnaires survey is given in appendix D.

#### **6.2 Knowledge about pre-marital sex**

Most of the respondents were teenagers so that they had knowledge about premarital sex but they did not like to talk to each other and did not like to share their perception about it openly. It has found that if female talk about sex openly before getting marriage, society mistreated them and called them by using the derogative terms like *randi*, *beshya* and so on. Maximum students admitted that they had gained knowledge from their colleagues (33%) followed by radio, television and magazine. The role of health personnel to aware the teenagers about pre-marital sex, safe sex and use of condom during sex was found passive, especially in rural area because most of the health personal are male and they feel odd to discuss the sexual matters with female. Knowledge on premarital sex is found higher in the age group 20-24, Kirat religion followers, living in urban areas and who had higher education.

#### **6.3 Perception towards pre-marital sex**

Most of the respondents were familiar about the sex. They took it as one of the most essential biological needs required for the propagating generation (appendix-d), very few students thought it to be absurd. Nearly two in five perceived that sex is a basic need.

The information obtained by FGD about premarital sex shows that sexual intercourse between male and female is not only sex. People do different things with each other to express their sexual feeling. They touch each other's bodies, hold hands; smooch, fondle with the breasts and do other activities that feel good to them. As people grow up, they begin to feel attraction to opposite sex and want to express their feelings. In our society opinion about premarital sex has been controlled by religious, ethnical, moral and ideological rules that put restriction for open discussion. The per-marital sex may be higher in those castes in which love and inter-caste marriage is normally accepted. In this collage, students come from wider geographical area representing different age group, caste, religion and they tried to exchange the emotional relationship with their pals of same age, same education level and opposite sex and that may result in pre-marital sex.

#### **6.4 Premarital sexual behaviors and methods of fulfilling sexual desire**

Various means that encourage pre-marital sex are available in urban place. Significant proportion of students responded that they read vulgar magazines, some students said that they watched blue film, and very few disclosed that they visited porn websites. The proportion of students visiting the porn websites is significantly low because most of the students lacked proper knowledge about computer. Female did not like to watch blue film because they feared that other would mark them. They mostly read the vulgar magazines to develop attitudes about sex. Our society is silent in sex related matters. If someone shares his/her idea about sex openly then society treats the person negatively. Mainly students in the teenage group like to see the nude pictures that help to build a kind of concept about sex. There is high possibility in involving sex in the urban area but most of the students embarrassed to buy the contraception from the shop. It has known that it is

difficult for unmarried girls and boys to communicate on contraception and to buy contraceptive devices such as condom, etc.

### 6.5 Discussion about pre-marital sex

Pre-marital sex has become an emerging issue in both developed and developing countries. People in developing countries like Nepal especially in rural area, give the conservative perception towards sexual behaviors so that parents, relatives, did not like to discuss with their generation about sexual behaviours, safe and unsafe sex and preventive measures. Out of 96 respondents, nearly 70 percent had discussed about pre-marital sex with their friends and 24 percent did not do so with friends and little percentage did not like to give any response about it. Discussion about pre-marital was mainly held among same sex and same level of friends.

### 6.6 Pre-marital sex and society

Nepalese society does not accept sexual activities before getting marriage. Intending to know the students' perceptions, it was asked that "what happen if the society accepts pre-marital sex easily?" The responses are given below in table 6.1.

Table 6.1: Distribution of the respondents on opinion toward pre-marital sex

Age group	what happen if society accept it								Total	
	Easily fulfillment of sexual needs		Enjoyment access		High risk of unwanted pregnancy		High risk of STDs			
	N	%	N	%	N	%	N	%	N	%
15-19	9	20.9	8	18.6	14	32.6	12	27.9	43	100
20-24	7	15.2	11	23.9	12	26.1	16	34.8	46	100
25+	-	-	1	25.0	-	-	3	75.0	4	100
Total	16	17.2	20	21.5	26	28.0	31	33.3	93	100

Source: Field survey, 2007

The table 6.1 reveals that 33 percent of the respondents believe that there is high risk of spread of STDs, 26 percent believed that the frequency of unwanted pregnancy will surge high, 19 percent believe to enjoyment access and some (17%) believe that there will be easy fulfillment of the sexual needs. By age group, respondents with lower age group believe that the risk of unwanted pregnancy will increase if pre-marital sex is accepted easily by society. Similarly, higher age groups believe that there will be high risk of transmission of STDs from one to another. Key informants viewed that cultural restriction in sex is good for developing country like ours because the country cannot bear high population growth that might be the outcome of unprotected sex and further it also controls social disorders. If the per-marital sex is made free; the reproductive and sexual right should especially be treated so that sex related crimes can be controlled.

Students believe that the per-marital sex is highly occurring in urban area. It has found that females are more interested in keeping pre-marital sex as compared to male. It comes to know from FGD that students coming from different society having dissimilar culture, increasing age and level of study, free from family control, and mixed cultural environment change their behaviors in decision making towards sexual matter.

Due to the socio-cultural norms and values, students did not like to mention the pre-marital sexual experience. During field survey, 38 percent of the respondents did not like to response about the per-marital sexual experience where as only 4 percent said that they have such experience.

### **6.7 Opinion towards possible sex partners**

The pre-marital sex may occur with different people. A few studies show that some people kept sexual relationship with their own girl/boy friends, some with co-worker and also with commercial sex workers, unknown person and others. During the field survey, students were asked the question about the possible sexual partner. The responses of them are presented in the table below.

Table 6.2: Respondents' views in choosing possible sexual partner

The possible sexual partners														
Age	Girls/ boys friends		Co-worker		CSWs		Unknown person		Others		No response		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
15-19	12	13.0	4	4.3	3	3.3	3	3.3	8	8.7	12	13.0	42	45.7
20-24	18	19.6	2	2.2	0	0.0	3	3.3	15	16.3	8	8.7	46	50.0
25+	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0	3	3.3	4	4.3
<b>Total</b>	31	33.7	6	6.5	3	3.3	6	6.5	23	25.0	23	25.0	92	100.0
<b>Sex</b>														
male	17	18.5	2	2.2	0	0.	3	3.3	13	14.1	12	13.0	47	51.1
female	14	15.2	4	4.3	3	3.3	3	3.3	10	10.9	11	12.0	45	48.9
<b>Total</b>	31	33.7	6	6.5	3	3.3	6	6.5	23	25.0	23	25.0	92	100.0

Source: Field survey, 2007

The table 6.2 shows the opinion of respondents towards possible sexual partners. Higher percentages (34%) of respondents believe that the pre-marital sex may occur with girls or boys friends as compare to others. Every one in four did not like to give the answer of this question. Only 6 percentages believe that pre-marital sex is with co-workers, another 6.5 also believe to unknown person.

It came to know from the informal discussion that most of the students live in rented home with friends. Boys and girls live in same rented home and they become good friends so that relationships gradually develop between them. They can frequently meet as per their desire so such type of relationship rise the possibility of pre-marital sex with friends.

Table 6.3: Respondents' opinion towards pre-marital sex and HIV

	Frequency	Percent	Valid Percent
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Strongly Agree	22	21.8	23.4
Agree	29	28.7	30.9
Disagree	26	25.7	27.7
Strongly disagree	17	16.8	18.1
Total	94	93.1	
No response	7	6.9	
Total	101	100.0	100

Source: Field survey, 2007

The above table (Table 6.3) reveals that majority of the respondents (31%) believe that pre-marital sex plays a vital role in determining HIV prevalence. On the other hand few percentages (18%) do not believe that premarital sex is related to HIV.

## **CHAPTER –VII SUMMARY, CONCLUSION AND RECOMMENDATION**

### **7.1 Summary**

The study on knowledge, attitudes and behaviours about HIV/AIDS and pre-marital sex is a study conducted among MRM college students studying in different levels in 2006.

This study is mainly based on primary data; however secondary data as per the requirement is used. The both qualitative as well as quantitative methods and their tools and techniques of data collection are used. Out of total 2123 students, 101 students were selected for the study by applying the sample random sampling method using proportionate allocation technique. In this study, 62 percent of students were selected from intermediate level and remaining 39 from bachelor level.

The age of respondents ranges from 15 to 25 age and above. The higher proportion of students (49.5%) are in 20-24 age group, followed by 15-19 (46%) and 25 over (4%). By sex 50.5 percent are male and 49.5 percent are female. The higher percentages of the respondents are Brahmin (25%) followed by Chhetri (22%), Rai 22 percent and the lowest percent is of Magar (2%). Most of the respondents are Hindu (52%), Kirat

comprises 25 percent and Buddhist constitutes 18 percent of the respondents. By the place of residence, majority of the students live in rented home (62%) followed by own home, hostel and institution and relatives with 15 percent, 18 percent and 5 percent respectively. Regarding the place of their permanent home, higher percentage of students come from different parts of Ilam district, others from Taplejung, Panchthar, Jhapa and few students are from Morang district. As majority of students from rural areas, significant proportion of respondents' parent are involved in agriculture and few are engaged in business and service for their livelihood. The literacy rate of respondents' father is higher (72%) where as nearly 40 percent mother are literate and most of parents have received primary education .

The extent of knowledge also depends upon the access to information. In this study, knowledge means the understanding about HIV/AIDS; similarly attitudes refer to the human perception and behaviour is the way of treating of others who are infected to STDs and HIV/AIDS. The significant proportion of the students does not read newspaper daily (25%). Nearly 70 percent read it sometime. Radio is the major source of information in the household of the respondents from rural area whereas in urban area, television is stated as the second main means of information. Very few households in urban area have internet facility.

Respondents are found to have appreciable knowledge about STDs. Almost 79 percent have heard about STDs. This can be the result of increasing access to information, education and communication. The knowledge of STDs varies by age, sex, place of residence, religious background and level of study. The respondents having lower age group (15-19) have higher (87%) knowledge then that of other two succeeding age groups (Table 5.1). Students from Tarai have better knowledge (90%) then those from Hill (77%). Students who follows Hindu religion have higher knowledge (82%) followed by Buddhist and Kirat with 77 percent and 74 percent respectively.

Comparatively, male have higher knowledge about STDs like gonorrhoea (63%) while female are more familiar with syphilis (52%).

The higher percentage of the respondents (86.1%) has even heard about the HIV/AIDS but this percent varies by age, sex, and education status and so forth. Male has higher knowledge on HIV/AIDS than female comparatively. Majority of the respondents have heard about HIV/AIDS from radio (37%) which is the major source of information followed by teacher, friends/relatives, health workers, magazine, text books with 11 percent, 10 percent, 9 percent, 8 percent and 7 percent respectively (Table 5.4).

The role of radio and television is vital in transforming the knowledge of HIV/AIDS. Many programs related to HIV/AIDS broadcast from Radio Nepal and Nepal Television. Nearly 38 percent have heard about it from *Sathi Saga Manka Kura*. Similarly, *Riya Club* and *Janashawasta Radio Program* accounting for 16 percent, 5.4 percent respectively (Figure 6). HIV/AIDS is transmitted through various routes. Significant percentage (16.3%) of respondents do not know about the process of HIV/AIDS transmits from one to another.

Large proportion of the respondents (89%) stated that the unprotected sexual contact with infected person is the mode of transmission of this disease. Similarly, 72 percent believe it to be transmitted from mother to her baby, 70 percent said that blood transfusion and few percent (11%) believe that it transmits by sleeping together. Majority of the respondents (55%) have given their response that sex workers are more vulnerable to HIV/AIDS followed by client of sex workers (21%), injected drug users (20%) respectively.

Majority of the respondents (21%) reported that HIV/AIDS can be prevented by not doing sex at all followed by 19 percent with not having sex with unknown persons and 41 percent mentioned that condom plays a significant role to prevent HIV/AIDS. Very few percentage (11%) stated that everyone can be safe from HIV/AIDS by using sterilized surgical instruments.

Majority of respondents (39%) has considered HIV/AIDS as the dangerous and sexually transmitted disease. Similarly, 27 percent take it as the fatal disease and 12 percent of the respondents considered it as communicable disease respectively. The FGD and key

informant's analysis emphasized that students should be encouraged to love infected persons so that their morale will be boosted and they can have normal social life.

Pre-marital sex is the sexual intercourse between male and female before getting married. Due to some short of social cultural circumstances in the society especially in developing countries, pre-marital sex issue is not liked to discuss, share openly to each other. Sex before marriage is not accepted by society. It is taken as an ethical issue. Radios, television similarly magazine are the major sources for taking information about premarital sex.

The role of health personal to aware the teenagers about pre-marital sex behaviours, safe sex and use of condom during sex was found passive, particularly in rural area because most of the health personal are male and females are shy to ask about contraception. In this college, students come from wider geographical area with respect to their pals of age group, same educational level; they try to exchange the emotional relationship with their pals of same age group and same educational level that leads to pre-marital sex. Majority of the respondents show their desire in sex activities to get the sexual satisfaction because of watching movies together. The blue film is another source among the same sex. The other sources of inspiration are found various prone sites in the internet and so on.

## **7.2 Conclusion**

The knowledge on HIV/AIDS among college students is significantly higher as 86.1 percent students have heard about HIV/AIDS. Some misunderstandings are also reported mainly about the transmission routes of HIV/AIDS. Study reveals that male students have more knowledge than their female counterparts because they easily and openly discuss about reproductive health issues. Due to shyness and social obstacles for female regarding sexual issues in Nepalese society, they have less knowledge on HIV/AIDS. Radio is the main source of information about HIV/AIDS. Very few percentages (4.6%) of student have received the information about HIV/AIDS from television. Rural students have less knowledge than the urban students studying in this campus. Students of bachelor level

have found lower knowledge than the intermediate students because bachelor students are more subjects specific and seem to know less about general matters.

Teenage is the sexuality period so all students aware about sex and all most all have heard about pre-marital sex but they do not like to share their perception about it openly. Radio is the main source of information about pre-marital sex and all of students usually listen radio and discuss with their friends about it frequently. There are higher chances of occurring pre-marital sex among students because they frequently see the Nepalese or Hindi films. In addition, easy to set time for spending leisure time, the beautiful tea garden in close vicinity to the hostels of both girls and boys are other cause of having pre-marital sex.

### **7.3 Recommendations**

HIV/AIDS is a major health problem especially among youth. It is more vulnerable in developing countries. Therefore, there should have specific program for the youth of the most susceptible age group, sex, caste and class. This study is not enough to examine knowledge on HIV/AIDS in this area so HIV/AIDS related research should be conducted by caste and ethnicity.

The female have low level of knowledge on STDs and HIV/AIDS and are very much shy to show the STIs problem to the male doctors. Therefore, counseling services with female doctor or nurse is essential.

STDs check up services should be made more accessible, affordable and effective. A separate reproductive health related course with due focus to HIV/AIDS should be included in college level curriculum.

HIV/AIDS should be taken as the common problem and all the students should be informed about the current information on reproductive health through public awareness campaign.

Students should be encouraged to keep safe sex if they involve in pre-marital sex. Access to the family planning tools must be made easy.

The further studies taking large sample size may provide more reliable results. Because the DHS (2001) shows higher knowledge (96 %) as there is only 89 percent respondents have knowledge about HIV/AIDS in this study.

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**B. Household Characteristics**

Q. N.	Questions	Response Category	skip
9	Can your father read or write?	Yes.....1 No.....2 →	Q.11
10	If yes, what is your father education level?	No schooling .....1 Primary .....2 L. Secondary .....3 Secondary .....4 SLC and intermediate..... 5 Intermediate ..... 6 Bachelor & Over .....7	
11	Can your mother read or write?	Yes .....1 No.....2 →	Q.13
12	If yes, what is your mother's education level?	No schooling.....1 Primary .....2 L. Secondary .....3 Secondary .....4 SLC .....5 Intermediate .....6 Bachelor & Over .....7	
13	What is your father's occupation?	Agriculture.....1 Service.....2 Business .....3 Daily Wages .....4 Others (specify).....5	
14	What is your mother's occupation?	Agriculture.....1 Service.....2 Business .....3 Daily Wages .....4 Others (specify).....5	
15	How many members are there in your family?	member of family male                      female	
17	Where is your permanent residence?	Village.....1 Town.....2	
18	Do you have the following facility at home?	Electricity.....1 Radio.....2 TV .....3 Telephone.....4 Computer with Internet.....5 None of above facilities....6	
19	Do you use to read the newspaper?	Daily.....1 Sometimes.....2	

		Rarely .....3	
		Never .....4	



20	Have you heard about Sexually Transmitted Infections(STIs)	Yes.....1 No.....2 →	Q27
21	If yes, which STIs have you heard?	Syphilis .....1 Gonorrhoea.....2 Othere.....3	
22	From which sources have you heard about STIs?	Radio.....1 TV.....2 } → Magazine .....3 GO/NGO/INGO.....4 Health personnel.....5 Friends/Relatives.. .6 Parents.....7 Teachers/.....9 textbook.....10 Others (specify).....11	Q. 23
23	Could you mention the name of any program that you had heard by these sources?		
24	Do you know about ways of transmission of STIs?	Yes .....1 No.....2 →	28a
26	If yes, which of the following are the routes of AIDS transmission?	Unsafe Sexual contacts.....1 Contaminated needles.....2 Blood transfusion.....3 Mother to her baby .....4 Breast Feeding.....5 Sharing Razor.....6 Kissing.....7 Sleeping together.....8 Others(Specify).....9	
27	In your opinion who are highly able to be infected form HIV/AIDS?	Sex workers.....1 Clients of sex workers.....2 Housewives.....3 Injected drug user.....4	
28a	Do you know how HIV/AIDS is prevented?	Do not have sex at all.....1 Do not have sex with unknown person.....2 Use condom.....3 Use sterilized surgical instruments.....4	
28b	In your opinion what is HIV/AIDS?	Fatal Disease.....1 Sexual transmitted disease.....2 Communicable disease.....3 Dangerous and transmitted by careless	

		sexual contact.....4 Immune deficiency syndrome.....5	
29	Does your teacher make you aware about STIs and HIV/AIDS?	Yes.....1 No.....2	
30	In your opinion what is sex?	Basic need.....1 Need for propagating generation.....2 Absurd.....3 Other (specify).....4	
31	What will you do if you meet the HIV positive person?	Love.....1 Hate.....2 Other..... 3	
32	Have you ever practiced premarital sex?	Yes.....1 → No.....2 →	33 34
33	Did you use condom at the time of intercourse ?	yes.....1 No.....2	
34	Why didn't you practice?	opinion	
35	What is the ideal time of sexual intercourse to keep us far from HIV/AIDS ? Why .		

## Appendix –A

### Focus Group Discussion about HIV/AIDS

#### CHECK LIST

- ) Use of free time
- ) Holiday time
- ) Returning time to room at evening
- ) Frequently going place
- ) About visiting friend
- ) Place of living of friends
- ) Rule of hostel, entering and exit time at hostel or rented home or own home
- ) Interest to see film
- ) Film time
- ) Use of library or book shop
- ) Area of interest in reading materials
- ) Concern toward health
- ) Interest to study the health related matter
- ) About sex
- ) About HIV/AIDS
- ) Basic Knowledge of HIV/AIDS
- ) Major sources of information about HIV/AIDS
- ) Mode of transmission of HIV/AIDS
- ) Different periods of HIV/AIDS
- ) Symptom (Major and minor)
- ) Prognosis
- ) Treatment
- ) Preventive methods
- ) High –risk group (male or female, age)
- ) High risk place
- ) Preventive measures
- ) Preventive knowledge
  
- ) Behaviors (way of treating towards HIV victims )



**Appendix- B**  
**Discussion with Key Informants**

**Check List**

- ) Working duration in this college.
- ) Educational environment in college.
- ) Number of books inside library.
- ) Books or materials that are asked by student for studying out of course.
- ) Knowledge of students on HIV/AIDS
- ) Reason for high or little knowledge on it
- ) About conveying the message towards students on HIV/AIDS
- ) Behaviors of student on sex matter
- ) Relation between teacher and students
- ) Campaigning regarding HIV/AIDS in the college
- ) Pre-marital sex issues and evidences related sex.
- ) Knowledge of students on HIV/AIDS (Preventive, transmission)
- ) Access of media to extent the knowledge of HIV/AIDS

**A Study on Knowledge, Attitude and Behaviours about Pre-marital sex and HIV/AIDs among College Students.**

**Field survey Questionnaires**

Name of the respondents:-.....

Permanent Address: - District..... village (rural)/town (urban).....

Educational status of the respondents: - level.....faculty.....year.....

Sn	variables	descriptions	Code. No.	Go To
2.	Age	Age of the respondent		
3	Sex	Sex of the respondent	Female.....1 Male.....2	
4.	Caste	Cast of the respondent	Brahmin.....1 Chattri.....2 Rai .....3 Dalits .....4 Limbu .....5 Gurung.....6 Tamang .....7 Shrestha.....8 Magar .....9	
5.	marital	Marital status	Married .....1 Unmarried.....2	
6.	Religion	Religion of the respondent	Hindu ..... Kirat ..... Buddhist..... Other .....	
7.	Address	Present place of living	At home.....1 At hostel At rented house ..... 3 At relatives ..... 4	
8	Family	What is your family type ?	Nuclear .....1 Joint .....2	
9		Do you read newspaper?	Daily .....1 Sometime .....2 Rarely.....3 Never .....4	

9	Can your father read and write?	Yes .....1 NO .....2	Q.11	
10	If yes, what is the education status?	No schooling .....1 Primary .....2 Lower secondary .....3 Secondary .....4 S.L.C .....5 Intermediate .....6 Bachelor and above .....7		
11	Can your mother read and write?	Yes .....1 NO .....2	Q.13	
12	If yes, what is the education status?	No schooling .....1 Primary .....2 Lower secondary .....3 Secondary .....4 S.L.C .....5 Intermediate .....6 Bachelor and above .....7		
13	What is your father's occupation?	Agriculture .....1 Service .....2 Business .....3 Daily Wages .....4 Other(Specify) .....5		
14	What is your mother's occupation?	Agriculture .....1 Service .....2 Business .....3 Daily Wages .....4 Other (Specify) .....5		
15	What is the type of your family?	Nuclear .....1 Join .....2		
16	Do you have the following facility at house?	Sources	Yes	No
		Radio	1	2
		Television	1	2
		Telephone	1	2
17	Do you use to read newspaper?	Daily .....1 Sometimes .....2 Rarely .....3 Never .....4		
18	Have you even heard about Sexually Transmitted Infections(STIs)	Yes .....1 No .....2	→ 20	
19	If yes, what type of STDs have you heard?	Syphilis .....1 Gonorrhoea ..... 2 Other .....3		
20	Have you heard about HIV/AIDS	Yes.....1 No.....2	→ 31	
21	If yes, from which source did you heard about it ?	Radio	1	
		Television	2	

		Magazine	3	
		GO/NGO/INGO	4	
		Health personal	5	
		Friends/Relatives...	6	
		Parent	7	
		Teacher	8	
		Text Book	9	
		Other	10	
22	Can you mention the name of program that you have heard about HIV/AIDS?			
24	Do you know about the way of transmission of HIV/AIDS?	Yes .....1 No.....2 No response .....3		26
25	If yes, which of the following is the route of AIDS transmission?	Causes	Yes No	
		Unsafe sexual contacts	1 2	
		Contaminated needles	1 2	
		Blood transfusion	1 2	
		Mother to her baby	1 2	
		Brest Feeding	1 2	
		Kissing	1 2	
		Sleeping together	1 2	
26	In your opinion, who is highly able to be infected from HIV/AIDS	Sex workers. ....1 Clients of sex workers.....2 Housewives .....3 Injected drug users.....4		
27	Do you know how HIV/AIDS is prevented?	Do not have sex at all.....1 Do not have sex with unknown person.....2 Use condom .....3 Use sterilized surgical instruments.....4		
28	In your opinion what is HIV/AIDS?	Fatal disease.....1 Sexual transmitted disease.....2 Communicable disease.....3 Dangerous and transmitted by careless sexual contact .....4		
29	Have your teacher ever made you aware about STIs and HIV/AIDS?	Yes.....1 No .....2		

	What will you do if you meet the HIV positive person?	Love.....1 Hate .....2 Other(specific) .....3	
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31	In your opinion what is sex?	Basic need .....1 Need for propagating generation.....2 Absurd .....3 Other (specific).....4	
32	What is your level of educational?	Intermediate .....1 Bachelor .....2	
33	Have you even heard about per-marital sex ?	Yes .....1 No .....2	
34	If yes, from which source have you heard about it?	Radio .....1 Television .....2 Magazine .....3 Health personnel.....4 Friends .....5	
35	In our opinion, where does the pre-marital sex occur frequently?	Rural .....1 Urban .....2	
36	Who, either male or female highly interest to involving in pre-marital sex?	Male .....1 Female .....2	
37	Have you ever watched the following?	Blue film .....1 Vulgar magazine .....2 Porn side .....3 Non of above .....4 No response .....5	
38	Have you ever discussed about the pre-marital sex?	Yes .....1 No .....2 No response .....3	
39	Have you ever kept sex?	Yes .....1 No .....2 Don't like to mention .....3 No response .....4	
40	If yes, did you do safer sex?	Yes .....1 No .....2 No response .....3	
41	Does our society accept pre-marital sex?	Yes .....4 No .....5	
42	Who will be the faithful sexual partner?	Girl or boy friends .....1 Co- workers .....2 CSWs .....3 Unknown person .....4 Others .....5	
43	If the society would make the sex free, the HIV prevalence rate will be higher, do you agree with this statement?	Strongly agree .....1 Agree .....2 Disagree .....3 Strongly disagree .....4	

**Appendix – D**  
**Pre-Marital Sexual Attitudes and Behaviors of the Respondents, 2007**

**In your opinion, what is sex?**

Characteristics	Number	Percent	Valid Percent	Cumulative Percent
Basic needs	39	38.6	39.0	39.0
Need for propagating generation	54	53.5	54.0	93.0
Absurd	3	3.0	3.0	96.0
Others	4	4.0	4.0	
Total	100	99.0		
Missing	1	1.0		
Total	101	100.0	100.0	100.0

**Have you heard about Pre-marital sexual practice?**

Characteristics	Number	Percent	Valid Percent	Cumulative Percent
yes	91	90.1	91.9	91.9
No	3	3.0	3.0	94.9
don't like to mention	4	4.0	4.0	99.0
No response	1	1.0	1.0	
Total	99	98.0		
Not response	2	2.0		
Total	101	100.0	100	100

**If yes, what is the source of hearing premarital sexual practice?**

Characteristics	Number	Percent	Valid Percent	Cumulative %
Radio	17	16.8	18.1	18.1
Television	16	15.8	17.0	35.1
Magazine	18	17.8	19.1	54.3
Health personal	10	9.9	10.6	64.9
Friend	33	32.7	35.1	
Total	94	93.1		
NO Response	7	6.9		
Total	101	100.0	100	100

**Do you discuss about pre -marital sexual intercourse?**

Characteristics	Number	Percent	Valid Percent	Cumulative Percent
Yes	69	68.3	71.9	71.9
No	23	22.8	24.0	95.8
no response	4	4.0	4.2	
Total	96	95.0		
Not asking question	5	5.0		
Total	101	100.0	100	100

**In our opinion, where does the pre-marital sex occur frequently?**

Characteristics	Number	Percent	Valid Percent	Cumulative Percent
Rural	26	25.7	27.7	27.7
Urban	57	56.4	60.6	88.3
No response	11	10.9	11.7	
Total	94	93.1		
Missing	7	6.9		
Total	101	100.0	100	100

**Have you ever watched the following?**

Characteristics	Number	Percent	Valid Percent	Cumulative Percent
blue film	11	10.9	11.7	11.7
vulgar magazine	17	16.8	18.1	29.8
porn side	7	6.9	7.4	37.2
non of above	31	30.7	33.0	70.2
No response	28	27.7	29.8	
Total	94	93.1		
Not response	7	6.9		
Total	101	100.0	100	100

**Does our society accept pre-marital sexual intercourse?**

Characteristics	Number	Percent	Valid Percent	Cumulative Percent
yes	3	3.0	3.1	3.1
No	82	81.2	85.4	88.5
Do not mention	6	5.9	6.3	94.8
no response	5	5.0	5.2	
Total	96	95.0		
Missing	5	5.0		
Total	101	100.0	100	100

**What happen if societies accept the pre-marital sex easily?**

Characteristics	Number	Percent	Valid Percent	Cumulative Percent
easily fulfillment of sexual needs	16	15.8	17.2	17.2
enjoyment access	20	19.8	21.5	38.7
High risk of unwanted pregnancy	26	25.7	28.0	66.7
high risk of STDs	31	30.7	33.3	
Total	93	92.1		
Missing	8	7.9		
Total	101	100.0	100	100

**Have you ever keep sexual intercourse?**

Characteristics	Number	Percent	Valid Percent	Cumulative Percent
Yes	4	4.0	4.2	4.2
No	45	44.6	47.4	51.6
Don't like to mention	36	35.6	37.9	89.5
No response	10	9.9	10.5	
Total	95	94.1		
Missing	6	5.9		
Total	101	100.0	100	100

**Who will be the faithful sexual partner?**

Characteristics	Number	Percent	Valid Percent	Cumulative Percent
Girl or boy friend	31	30.7	33.7	33.7
co-worker	6	5.9	6.5	40.2
CSWs	3	3.0	3.3	43.5
Unknown person	6	5.9	6.5	50.0
Other	23	22.8	25.0	75.0
No response	23	22.8	25.0	
Total	92	91.1		
Missing	9	8.9		
Total	101	100.0	100	100

**If the society would make the sex free, the HIV prevalence rate will be higher, do you agree with this statement ?**

Characteristics	Number	Percent	Valid Percent	Cumulative Percent
Strongly Agree	21	20.8	22.3	22.3
Agree	30	29.7	31.9	54.3
Disagree	26	25.7	27.7	81.9
Strongly disagree	17	16.8	18.1	
Total	94	93.1		
Missing	7	6.9		
Total	101	100.0	100	100

Note: All the data are from field survey, 2007.



