CHAPTER I

INTRODUCTION

1.1 General Background

Sexually Transmitted Diseases (STDs) and Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) are the emerging issues threatening the world 21st century. It has seen a dramatic spread of HIV/AIDS. Even though the effect of HIV/AIDS has been serious in every country throughout the world, it continues to be critical public health issues, particularly in African facing the worst effects of the epidemic. HIV/AIDS is now the leading cause of death in Africa and the fourth most common cause of death world wide. Although efforts for its prevention and control have been made continuously for wide by United Nations Organization (UNO), World Health Organization (WHO), Governmental, National and International Non-Governmental Organizations (NGOs and INGOs) to minimize the spread of HIV infection. It is still beyond the capacity of the medical world and is categorized incurable disease.

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

STDs have become one of the serious problems in both developing and developed countries. This is even called as the by product of the contemporary developed and so-called civilized society. But the mode of transmission and other factors associated with the increasing trend of the disease is not limited in the developed countries and the society. The severe impact of this disease is in less developed countries.

Acquired Immune Deficiency Syndrome (AIDS) is a serious illness that slowly attacks and destroys the body's immune system. The result is that the body becomes vulnerable to infections (opportunistic infections) and cancers, which are not so common in the population. Acquired Immune Deficiency Syndrome is not hereditary and is characterized by a number of symptoms occurring together.

It is the HIV that is the Human Immunodeficiency Virus that finally leads to AIDS. All body fluids could contain HIV, but its presence is particularly high in blood, semen of man, cerebrospinal fluid, and vaginal and cervical secretions of the women. A person infected with the virus becomes a carrier of HIV and can infect others.

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

There are three principle mechanisms of HIV transmission:

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

AIDS was first recognized internationally in 1981. As of 2000, an estimated 36 million adults and children around the world were living with the HIV/AIDS (UNAIDS, 2000). HIV causes AIDS, and when infected with HIV, a large proportion of people die within 5-10 years (WHO, 1992). The HIV/AIDS pandemic is one of the most serious health concerns in the world today because

of the high-case fatality rate and the lack of a creative treatment or vaccines. Epidemiological, studies have identified sexual intercourse, intravenous injections, blood transfusions, and fetal transmissions from infected mothers as the main routes of transmission of AIDS. Studies have also indicated that HIV cannot be transmitted through food, water, insect vectors or casual contact (MOH, 2001).

The first case of HIV/AIDS in Nepal was reported in 1988. Till December 2001, UNAIDS estimated that 38,000 people were living with HIV/AIDS, and 3,500 AIDS related death had occurred. Till February 2005, MoH reported 856 AIDS cases and 4755 HIV positives.

Table 1.1: Cumulative HIV/AIDS Situation in Nepal as of February 28, 2005

Condition	Male	Female	Total	New cases in Feb 03
HIV positive including AIDS	3469	1286	4755	75
AIDS(out of total HIV)	612	244	856*	2

* Death- 237 (New death cases in Feb 2005- 3)

Source: National Public Health Laboratory, National Center for AIDS and STD Control, Teku Hospital, February 2005.

In 1991, there were only 24 reported cases of HIV infections. Data regarding HIV/AIDS is scarce in Nepal. However available data indicate that around 0.5 per cent of the general population is HIV positive. As of June 2003, National Center for AIDS and STD control reported 2,942 HIV infections and 167 deaths by AIDS. According to Ministry of Health, 59 new cases of HIV were reported in June with 8 deaths by HIV AIDS. Among the total infected population, 1,515 were below age of 29 and 250 below the age of 19. The result is based on 200,000 voluntary blood tests. The June's data indicate

continuous infection among the population of young group. Out of 59 new cases of June, 34 were below 30 years age (Poudel, 2003).

The estimated HIV prevalence among adults (15-49) was 0.29 per cent in 1999. The prevalence rate among women receiving antenatal care is estimated at 0.2 per cent, while it as high as 50 per cent among IDUs and 17 per cent among female sex workers (in Katmandu), reflecting a concentrated epidemic among these high risk groups. The last rate was below 1 in 1992. Also, truck/bus drivers, seasonal and other labor migrants are at a high risk of infections. The estimated HIV prevalence rate among adults (15-24 years age) for 2015 is 2 per cent (United Nations Country Team of Nepal, 2002)

The major cause behind the rate of spread of epidemic in Nepal is its poverty. Poverty has compelled its most of the active population to migrate to the different Indian cities in search of work from where most of them return home with STDs or HIV positive. Besides, trafficking of young girls who are compelled to adopt prostitution in the brothels of Indian cities is also rapid in Nepal who are bound to return back to Nepal after being infected with HIV and STDs which have also been cause behind the rapid increase of HIV infected person in Nepal. Lack of awareness on different STDs is also the cause behind the rapid increase of HIV positive in Nepal because most of the Nepali people are ignore of the fact that HIV and STDs have direct relationship.

STDs are diseases, primarily transmitted through sexual intercourse or close intimate physical contact. STDs including HIV are also transmitted vertically from infected mother to newborn and through blood and blood products. The major STDs prevalence in Nepal are *Gonorrhea, Syphilis, Chlamydia, Trachomatis, Herpes genitals, Genital Warts, Cancroid, HIV/AIDS, Hepatitis B & C, Lymphogranuloma Venereum and Granuloma Inguinale.*

In developing countries, there is high incidence and prevalence of STDs. Failure to diagnose and treat STDs at an early stage may result in serious

complications including infertility, fetal wastage, neonatal infections, ectopic pregnancy, pelvic inflammatory diseases etc. An HIV/AIDS epidemic has focused more attention on STD prevention and control due to the evidence that untreated STDs increase the risk of sexual transmission of HIV.

Prevalence of high rate of STDs and HIV/AIDS in developing countries reflects the fact that where there is high rate of poverty and illiteracy, there is high rate of HIV prevalence. So the more emphasis should be given in generating awareness and knowledge among the people rather than investing in curing diseases because it is much more cheaper and effective way of defeating the epidemic.

Although adolescence is generally a healthy period of life, many young people suffer from inadequate family planning and reproductive health care. Each complication of pregnancies, childbirth and unsafe abortion are the major cause of death for women of age 15-19. Each year more than 2 million have unsafe abortions. Adolescents are especially at risk of infection with STDs including HIV/AIDS. Similarly, the highest rates of infection with STDs including HIV/AIDS are found among young people ages 20-24. The teen ages 15-19 have the next highest rates of STDs infections. WHO estimates that half of all people infected with HIV in the ages before 25 years. In developing countries, up to 80 percent of all new infections are among 15-24 years old. Adolescents are at risk of STDs and HIV/AIDS because they often have short-term sexual relationships and do not consistently use condoms to protect themselves (Shane, 1997).

1.2 Statement of Problem

AIDS education, consultants and information experts argue that mass awareness about the killer disease has reached an adequate level. HIV/AIDS problem have been deep-rooted mostly in developing countries. Ninety five

percent of the total infected population resides in these countries. It is affecting mostly the productive age groups between 18-30 years.

Studies have already shown that by the end of the first decade of the 21st century, the HIV will have become the number one killer of Nepali's in the age of15-49 and more number of younger populations will have HIV. Unless effective interventions are carried out, this spread will have cascading effect on all sectors of development and economy of the country (Poudel, 2003).

Nepal is also one of the developing countries, which is not an exception from this problem. Although, HIV/AIDS cases are found to be low in Nepal, if effective preventive measures are not developed and implemented, HIV will spread fast because of the low awareness about it. According to UNAIDS as of 2000 an estimated 36 million adult and children around the world were living with human immune deficiency virus. The first HIV infection in Nepal was identified in 1985. As of October 2001 a total of 535 AIDS cases and 1564 cases of HIV infection have been reported to the Ministry of Health. UNAIDS and WHO estimates there may be 33532 HIV positive persons in Nepal. Women living with HIV/AIDS are 10272 and children under 15 living with the epidemic are 926. According to the latest data provided by National Centre for AIDS and STD control of the total 2250 identified HIV positive cases in the kingdom 1223 are youth of 20-29 age groups. The second largest numbers are from 30-39 age groups.

The STDs/HIV/AIDS problems have been a knitting problem for Nepal also. The following factors are considered for rapid transmission of HIV inside the country (Aryal, 2000).

- Trafficking of young village girls for prostitution outside the country.
- Seasonal migration and mobility of youth in search of job.
- Low level of awareness of HIV/AIDS.
- Low coverage of mass media on AIDS prevention.
- Growing urbanization.

- Poor health infrastructure.

Male and female students of age 10-19 years are defined as adolescent. Adolescent can be divided in two groups: early adolescent (10-19) years and late adolescent (15-19) years. Adolescence is the transitional age from childhood adulthood. Many children experience biological as well as social change during this period. For instance, many children of this age go through puberty, experience change in their body structure, leave home, leave school and get married (Acharya, 1999).

Table 1.2 : Year-Wise Detection of HIV Positive in Nepal (1988-2002)

Year	Total sample	HIV Positive		
		Male	Female	Total
1988	9016	3	1	4
1989	5180	-	2	2
1990	8619	2	3	5
1991	17000	12	14	26
1992	33995	39	38	77
1993	38228	41	40	81
1994	16523	18	22	40
1995	21867	71	39	110
1996	10457	50	85	135
1997	9475	394	95	489
1998	3611	166	54	220
1999	5170	174	48	222
2000	3039	301	95	396
2001	1470	264	60	324
2002	5596	360	107	467
Total	189246	1895	703	2598

Source: National Centre for HIV/AIDS Control (NCASC), 2003.

Although many of the scientists in the world are trying to defeat HIV/AIDS virus since from its emergence, they are continuously facing failure. The virus has always defeated them. Within just two decades after the identification of HIV virus, the virus has been the most contributing factor for the death of most of the people in the world. In Sub-Saharan Africa, HIV/AIDS is now the leading cause of death, and it is the fourth biggest killer globally. In several countries, HIV/AIDS has been cause of decreasing life expectancy by 10 years.

Cases of HIV/AIDS are increasing in Nepal. HIV infection was first reported in 1988 when four cases of HIV were detected. The next year only two or more infections were reported. As of 2002 June, the Ministry of Health (MoH) has reported 606 cases of AIDS and 2,392 HIV infections. Given the existing medical and public health infrastructure in Nepal and the lack of continuity of HIV/AIDS surveillance systems, it is very likely that the actual number of cases is many times higher. UNAIDS/WHO estimates for 2002 around 60,018 people living with HIV/AIDS and 2,958 AIDS related death in that year alone (YOUANDAIDS/ The HIV/AIDS portal for Asia Pacific, 2005)[1].

No cure for the epidemic has been discovered till date. The world has been adversely affected by the disease since form its emergence. Despite many efforts made in national and international level for the control of disease, instead of being controlled, the disease is spreading with higher rate through out the world population. Since no cure for the disease is yet invented, only the measure for the control of disease is generation of awareness among the people and discouraging unsafe sex and injecting drug use.

The most crucial feature that distinguishes AIDS from other life threatening or fatal illness is that it selectively affects adults in their most sexually active ages which coincide with their prime productive ages (Armstrong, 1995). Adolescence is the transitional stage from childhood to adulthood and during this period they experience many biological as well as social changes. They are

[1] Downloaded from website *www.youandaids.org/Asia)* on 16th Feb 2005

curious about sex and if not given proper knowledge about sex and many other sexually transmitted diseases, they may encounter different sex related problems.

HIV/AIDS has become a disease of young people, with young people aged 15-24 accounting for half of some 5 million new cases of HIV infections world wide each year. Yet people often lack the information skill and services they need to protect themselves from HIV infection. Providing these is the crucial to turning back the epidemics (UNFPA, 2003).

The lives of million of adolescents worldwide are at a risk because they do not have the information, skills, health services and support they need to go through sexual development during adolescence and postpone sex until they are physically and socially mature, and able to make well-informed responsible decisions. The whole nation rests on the strength of adolescent population and if this population will be lost in somewhere in the wrong path, it will be very sorry for the nation. In South Africa, the government is worried because the majority of the youth population is affected by any of the STDs and the state has to bear additional burden.

Most of the sex workers, compelled to encompass the profession due to poverty, are adopting unsafe sex with their co-partners due to lack of knowledge and awareness about the cause of HIV/AIDS and other STDs which has been cause behind the high prevalence rate of the epidemic among the developing nations.

Researchers, with their research, have proved that the prevalence of the epidemic is higher in developing countries like Nepal. Due to inadequate sex education and open discussion on sex related topic with parents, friends and teachers, the adults in lack of adequate sex education are walking along the wrong track which has often been found to be ended with HIV or other STDs.

1.3 Objectives of the Study

The general objective of the study is to find out the secondary level student's knowledge and attitude on STDs and HIV/AIDS. The major objectives of the study are as follows:

1. To assess the knowledge and perception about AIDS and STDs.
2. To examine the mode of STDs and HIV/AIDS transmission.
3. To identify the level of practice of condom to prevent STDs and HIV/AIDS.

1.4 Limitation of the Study

Every research has its own limitation and this research is also not an exception. The major limitations of the study were:

a. The research was conducted only in some selected schools of Putali Bazar Municipality so the result derived cannot be generalized for all the students studying throughout the country.
b. The research incorporated only school student not other non- school students and campus students, so the result can be generalized only for the school students of the research area.
c. The respondent of the research were only students studying in secondary level and since all the students could not be included in the research, only 20 per cent of the total students, above 14 years, studying in secondary level were taken as the respondent for the research.

1.5 Significance of the Study

This research incorporates the current issues advocated by the international and national governing bodies. In the world, adolescents occupy sizeable population and everywhere, the adolescents are future of the nations. The growing problem of AIDS epidemic has led to increased attention to the need

to know the sexual behaviour, use of condom during sexual intercourse and HIV/AIDS for implementation of any program and policy to the particular group of people in the community. In Nepal, researchers showed that adolescents are focusing to be risky group and has less access to information regarding HIV/AIDS. The study after the completion will be useful for both the general readers and so for the national planners to review the existing policy on the matter of reproductive health. The study is also expected to reveal the present study of knowledge, attitude and practice of the students in Syangja District, which will help to provide appropriate program in them.

CHAPTER - II

REVIEW OF THE PREVIOUS STUDIES

HIV/AIDS has been one of the greatest issues in the world today. Many NGOs/INGOs, organizations (both national and international) and the government of the each and every country has been working continuously to combat the disease. Despite the efforts made by different organizations and government to combat the disease, the disease, instead of decreasing, is spreading with the higher rate than earlier.

2.1 HIV/AIDS in Global Context

HIV infection already ranks among the top five health problems in Africa's urban population and is exacerbating the risk of other endemic diseases such as TB. Transmission of HIV infection also appears to be facilitated by STDs (Lamboray and Elmendorf, 1992).

High infection rates for women and the concentration of HIV infection in the middle age suggests that mortality due to AIDS will impact on patterns of care giving for both children and elderly. While families have traditionally provided care for large number of extended family members in African societies, the nature of AIDS epidemic may severely test the conventional practices. Not only will family care givers be required to care for potentially stigated HIV infected adults and their dependents , they may also be compelled to replace the infected patients' income generating activities (UN, 1994).

India is burdened with a larger HIV/AIDS epidemic than any other country in the world. More than 4 million Indian adults are infected with the HIV according to official government estimates and the actual number of people with HIV may be as high as 6.5 million among people with HIV, an unknown number- somewhere between 100,000 and 1,000,000 suffers from AIDS (Gupta et. al, 2004).

In Africa, the impact of the HIV epidemic has become a matter of concern for companies in view both of sheer magnitude of the epidemic and of its specific characteristics. It is on the African continent that HIV infection rates are highest. Over 25 per cent of the adult(14-49yrs) of Botswana and Zimbabwe, nearly 20 per cent of in Namibia and Swaziland, and more than 10 per cent in central African Republic, Djibouti, Kenya, Malawi, Mozambique, Rwanda and south Africa (UNAIDS/WHO, 1998[2]).

The cost of prevention- financial, social and personal- are significantly lower than the costs of treatment. An approach that has become increasingly popular, particularly in Africa, is the "ABC" approach- Abstain from sex, Be faithful to on partner and use condoms correctly and consistently. A fourth part of message "D" refers to harm reduction in areas of high drug use (either injecting drug use or recreational use of alcohol). Some also refers to ABC+, which includes the message to get tested and treated for STIs (which increases the risk of transmission of HIV in unprotected sex) (UNFPA, 2003).

At the present time there is growing population pressure to respond to AIDS, never seen before for a health or a development problem. In addition, the possibility of bringing the epidemic under control is being bolstered by success stories emerging from all continents. What we collectively do today in improving "Access for All" will remain critical to winning the fight against the epidemic (Zewdie, 2004).

Due to various efforts from the side of government, NGOs and INGOs, condom use rate had increased dramatically in last few years in Cambodia, especially in commercial sex situation. The number and proportion of men purchasing sex has fallen and HIV prevalence has decreased by 2002, however, over 94,000 young people had already died as a result of HIV infection, and over 25,000 were living with AIDS, during 2003 and 22,000 developed serious

[2] Cited from *International Social Science Journal; Health Policies and Social Values*; September 1992, UNESCO

AIDS related illness requiring medical care. It has been estimated that over 50 per cent of all deaths among men aged 25-35 and 40 per cent among women in the same age group, are HIV related (Dr. Vun, 2004).

There is no vaccine to prevent AIDS. There is no cure, yet the education and information can contain the spread of HIV infection. This is not an easy process because large numbers of people in widely diverse cultures must learn how HIV spreads and how it does not spreads, and then they must behave accordingly. Difficult to change, intimate practices are often involved. The process of information, education and support for behavioral changes requires the cooperation and active involvement of educational systems in every society (Gorden and Klouda, 1990).

According to the data from 39 African countries, Asian and Latin American countries, the level of awareness of AIDS are generally high. In over half of the countries, at least 90 per cent of the female population have heard of AIDS, and in more than three fourth of the countries at least 90 per cent of the male population have heard of the disease. However, awareness remains low in few African countries. In Bangladesh and Nepal, less than one in three ever married women have heard of AIDS (UN, 2002).

The pattern of epidemic in Africa is distinct from that found so far in more developed parts of the world. Specifically, the predominant mode of transmission is heterosexual with roughly equal numbers of women and men infected. Because large numbers of women carry virus, increasing numbers of infants and young children are infected. On average, there is one in three chances of an infected pregnant woman passing the virus on her child. Out of the population of approximately 17 million, 1.3 million adults were estimated in 1993 to be infected with HIV (Armstrong, 1995).

There is no any class of people who has been able to remain away form the grab of the epidemic. The disease has victimized each and every class of

people. The spread of disease on the people of farming community has challenged the food security of the world. The challenge of HIV/AIDS to food security is multiform, in particular as its impact on labor availability and effectiveness of the farm household and, consequently on the entire livelihood of its members thus threatening its continuation and very survival. In the farm households affected by HIV/AIDS through sickness and death of their member, the nature of the farm household change and with each changes, becomes more vulnerable and less of a production unit. The agriculture sector can thus benefit from a partnership with AIDS programs in order to design and implement agriculture and rural development strategies which strengthen the resilience of the farm households, farming communities and farming systems as well as contributing to maintaining .agricultural production (Guerney, 2002).

The importance of HIV/AIDS are worthy of protection and promotion in their own right; and a second, an environment in which human rights are respected, ensures that vulnerability to HIV/AIDS can lead a life of dignity without discrimination and the personal and societal impact of HIV infection is alleviated (NCASC, 2004).

Children 5 to 14 years old represent one window of opportunity because they are least likely to be infected with HIV. Education before they reach the peak vulnerable years will protect them and their protection will be reinforced by early training that promotes healthy life styles and avoidance of risky behaviors. Youth 15 to 24 years old represent second window. The high risk group which accounts for 60 per cent of all new HIV infections in many countries, is also the one where ignorance remains dangerously high and where education efforts can yield maximum results (WB, 2002).

Girls and young women are highly vulnerable to HIV/AIDS and lack of education make them more so. Girls are at greater risk than boys because of gender inequalities in status, power and access to resources. Education is among the most powerful tools for reducing the social and economic

vulnerabilities that exposes women to a higher risk of HIV/AIDS than men. An analysis of demographic and household surveys from 31 countries conducted since the early 1990s found that nearly half of all illiterate women lacked the basic knowledge to protect themselves against HIV/AIDS. Studies show that:

- Women with post secondary education are three times more likely than uneducated women to know that HIV can be transmitted from mother to child.
- In Zimbabwe, education had a protective effect against HIV infection for women that extended at least into early adulthood.
- In seventeen countries in Africa and four in Latin America better educated girls tended to start having sex later and were more likely to require male partners to use condoms.
- In Uganda, infected rate fall among young women of all educational background but the decline was greatest among secondary education. (WB, 2003).

Sexually Transmitted Diseases are spread by sexual intercourse or in some cases by close bodily contact without sexual penetration (e.g. Scabies and Pediculosis Pubis). The range of disease spread by sexual activity continues to increase. Increased knowledge of the natural history of untreated STD has shown that their detrimental effects on pregnancy and all new born (e.g. Miscarriage, Prematurity, Congenital and Neonatal Infections, Blindness) and their complications in women such as Pelvic Inflammatory Disease, Ectopic Pregnancy, Infertility and Cervical Cancer are more common and severe than had been previously realized. The HIV/AIDS epidemic has increased the attention given to other STDs; not only are they important causes of morbidity and mortality themselves, but they are also important makers of behavior associated with high risk of HIV transmission (Adler and Meheus, 2000).

STIs remain a major cause of acute illness and morbidity and have serious and far reaching health, social and economic consequences for millions of men,

women and children all over the world. After maternal causes, STIs are responsible for the greater number of morbidity cases (healthy life years lost) among women in developing countries (HMG/N, MoH, 2003).

The interrelation between STIs and HIV includes;

- STI increases the risk of acquisition and transmission of HIV.
- STI may influence the progress of immunodeficiency of HIV positive individuals.
- Concurrent HIV in an STI patient may change the natural history of the STI, ineffectivity may be increased and treatment may be prolonged.

The prevalence of STDs that cause genital ulcers (hancroid, genital herpes, syphilis etc.) has also been found to have positive association with HIV infection. The relationship between HIV and other STDs appears to be both highly dynamic and synergetic. Persons who have histories of STD are at increased risk of acquiring HIV, while HIV infected persons are likely to have greater susceptibility to infection with other STDs and, if co infected, may experience them in an unusually severe and protracted course (UN, 1994).

2.2 Scenario of the Epidemic in Nepal

With the spread of the disease throughout the world with higher and higher rate day by day, Nepal also could not remain aloof from the victimization of the epidemic. Since the first reported case of HIV/AIDS in Nepal in 1988, the disease has spread throughout the country with higher rate in short span of time.

Nepal is already facing concentrated HIV/AIDS epidemic within groups that practice high risk behaviors. A narrow window of opportunity to prevent full scale epidemic among the general population, however, immediate and vigorous action is needed. Nepal's poverty and gender inequality, combined with low levels of education and literacy will make the task all the more

challenging as well the denial, stigma and discrimination that surrounds HIV/AIDS (The World Bank, 2005[3]).

Surveillance data is scarce in Nepal. However, limited data indicate that HIV prevalence is currently around 0.5 per cent in the general population. As of June 2002, the Ministry of Health (MoH) has reported 606 cases of AIDS and 2,392 HIV infections. Given the existing medical and public health infrastructure in Nepal and the lack of continuity in national HIV/AIDS surveillance systems, it is very likely that the actual number of cases is many times higher. UNAIDS/WHO estimate for 2002 around 60,018 people living with HIV/AIDS and 2958 AIDS related deaths in that year alone. However, the currently low prevalence among the general population masks an increasing prevalence in several groups: Sex Workers in Katmandu 17.3%, IDUs 40.4 per cent nationwide, and 68 per cent in the Kathmandu Valley. It is now evident that Nepal has entered a "concentrated epidemic", i.e. the HIV/AIDS prevalence consistently exceeds 5 per cent in one or more sub-groups. The HIV situation in Nepal is characterized by the high prevalence among groups involved in high-risk behavior. Among street sex workers in Kathmandu, it rose from about one per cent in 1992 to about 16 per cent in 1998. Among Intravenous Drug Users (IDUs), it rose from about two per cent in 1991 to 50 per cent in 1997 (YOUANDAIDS, 2005[4]).

Table 2.1: Scenario of HIV/AIDS in Nepal

Cumulative HIV/AIDS Situation in Nepal as of February 28, 2005

Condition	Male	Female	Total	New cases in Feb 2005
HIV positive (including AIDS)	3469	1286	4755	75
AIDS(out of total HIV)	612	244	856*	2

[3] downloaded from www.worldbank.org.np
[4] downloaded from www.youandaids.org/Asia

Cumulative HIV Infection by Sub-Group and Sex

Sub-groups	**Male**	**Female**	**Total**	**New cases in Feb 2005**
Sex-Workers		567	567	1
Clients of SWs/STD	2489	61	2550	39
Housewives		607	607	11
Blood or organ recipients	7	2	9	
Injecting Drug Use	910	13	923**	24
Children	63	36	99	
Total	3469	1286	4755	75

Cumulative HIV Infection by Age Group

Age group	**Male**	**Female**	**Total**	**New cases in Feb 2005**
0-4 years	33	21	54	
5-9 years	24	15	39	
10-14 years	17	7	24	
15-19 years	172	173	345	2
20-24 years	674	323	997	13
25-29 years	899	332	1231	20
30-39 years	1283	320	1603	30
40-49 years	308	83	391	9
50-above	59	12	71	1
Total	3469	1286	4755	75

* Death – 237 (New death cases in February 2005—3)

** Mode of transmission – IDU or sexual

Source: National Public Health Laboratory, National Center for AIDS and STD Control, Teku Hospital, February 2005.

With the number of adolescents falling prey to HIV/AIDS, the country is going to have to face an alarming situation where its youthful and energetic population will be vulnerable to killer disease. Although the country still have low prevalence rate of HIV, it is heading towards the situation of concentrated epidemic. If proper steps are not taken to intervene the spread of the disease,

gravest of consequences are likely to hit the nation in the years ahead. As the time is running out, the country need to start dealing with the crisis before it blows out of control.

The girl children of age group of 13-20 from the marginalized communities are often driven into the sex industry and across the border, usually because it is the only means of generating income for their families. According to the estimates made by different non governmental agencies there are 25,000 commercial sex workers and 20 per cent of them are younger than 16 years. Higher the mobility of people across the porous border with India and an estimated 5000 to 7000 girls trafficked annually for flesh trade also increases the threat level (Poudel, 2003).

Nepal's vulnerability to HIV/AIDS is fueled by poverty, gender inequalities, low levels of education and literacy, denial, stigma and discrimination. Though the absolute number of HIV/AIDS cases is still low, there are already "concentrated" epidemics within certain high risk behavior groups in Nepal. immediate and vigorous action must be taken now to prevent further spread of HIV among groups at high risk and stop the infection from taking a foothold in the larger population (The World Bank, 2002[5]).

Battista (2000) conducted research on HIV/AIDS epidemic in various countries including Nepal. His research on Nepal was especially focused on HIV positive people and their experience in Nepal including relationship with their families and communities. After his research, he concluded that the most important in HIV/AIDS prevention education in Nepal is focus in the roots of problems and barriers that creates vulnerability to HIV. It is not enough to provide condoms and tell people AIDS kills, but to aim at breaking down reasons why condoms are not being used. Poverty, powerlessness, inequality, discrimination, ignorance are all factors to furthering HIV infection in Nepal. HIV/AIDS message should be incorporated into a larger education program targeting

[5] Downloaded form www.worldbank.org.np

poverty alleviation, developing job skills, equaling out the sexes, educating about sex. In order to prevent women from entering into sex-work, other solutions to their situation need to be provided. Income generating programs, literacy campaigns, shelter and food are all suggestions. Sex education in school, talking, pushing and creating comfortable space to make sex discussible with you partners, parents and friends is a vital educational tool. Sex needs to be visible and discussible in Nepal.

An AIDS strategy in Nepal has at least five target groups for whom different kinds of messages, media and support are appropriate. The first is the general public including businessman who travel to Bangkok; the second group is the communities which are most likely to lose their girls to the brothels of Bombay and their boys as migrant labor; the third group must be targeted are sex workers (and via them their clients), ex-sex workers and intravenous drug users; the fourth group is made up of those people who are HIV infected and people with AIDS (PWAs) and the final group are decision makers and resource allocators of society (ABC/Nepal, 1994).

Most of the research conducted on HIV/AIDS shows that the disease has been spreading in higher rate in developing countries compared to developed countries. Poverty, illiteracy, discrimination, lack of awareness are the catalyst for the higher rate of spread of disease. Since no cure has yet been invented for the control of the disease, only the major way to tackle the epidemic is creating awareness through various means. So, HIV/AIDS should be emphasized with continued high - level leadership. The epidemic cannot be tackled through medical/clinical interventions alone. HIV/AIDS prevention and control requires a multi sectoral approach, involving sectors other than health, such as education, finance, defense, agriculture and transport.

CHAPTER - III

RESEARCH METHODOLOGY

3.1 Study Area

The study area for the research was Putali Bazar Municipality of Syangja district and the four schools (two government and two private schools) within the Putali Bazar municipality were selected for the study using purposive sampling technique.

3.2 Research Design

The simple descriptive research design was incorporated. Besides since for the collection of the data, the researcher need to be there at the field, field study research design was also employed. The schools required for data collection was selected using purposive techniques but the respondents were selected through non-probability sampling.

3.3 Sources of Data

The study was primarily based on primary data, which was collected through field study. The questionnaire was distributed to the students who were selected randomly to fill it and the questionnaire filled by the students was the major source of data for the study. Besides, required other secondary data were collected from UN publications, study of related literature, previous dissertations and CBS publications.

3.4 Sample and Universe

The universe for the study were the schools of Putali Bazar municipality especially Syangja Bazar, from where only six schools were selected using purposive sampling (four boarding schools and two government schools) and

the respondents for the research were the students of secondary level of age 14 and above only. Since all the students could not be taken under study, only 20 per cent of the total students above 14 year age were taken as the sample size for the study who were selected using simple random sampling technique.

The schools selected for the study were Roshani Higher Secondary Boarding School, Shree Bhupu Sainik Higher Secondary Boarding School, Jyoti English Boarding School, Himalayan English Boarding School and Shree Araniko Secondary, Syangja Higher Secondary School (Government Schools). Total number of the students and sample size taken for the study is shown in the following table.

Table 3.1: Name of Schools and number of Students under Study

S. N.	Name of the school	Class	Total Number of students			Sample Size		
			Male	Female	Total	Male	Female	Total
1	Roshani Higher Secondary Boarding School	9	34	26	60	7	6	13
		10	25	15	40	4	3	7
2	Shree Bhupu Sainik Higher Secondary Boarding School	9	40	22	62	5	5	10
		10	36	24	60	6	4	10
3	Shree Araniko Secondary	9	55	40	95	8	5	13
		10	48	42	90	6	5	11
4	Jyoti English Boarding School,	9	24	18	42	5	4	9
		10	20	12	32	3	3	6
5	Syangja Higher Secondary School	9	61	34	95	8	6	14
		10	52	30	82	4	4	8
6	Himalayan English Boarding School	9	28	12	40	6	3	9
		10	26	18	44	5	5	10
	Total		449	293	742	67	53	120

Source: Field Survey, 2005.

3.5 Data Collection Techniques

3.5.1 Questionnaire

Since the major source for the research was primary data available from the schools, questionnaire both structured and unstructured was the major means for the collection of the data. The questionnaire was distributed among the students and the filled questionnaire was the major source for the analysis of the data.

3.5.2 Interview

Interview was conducted only in the case when some information not included on the questionnaire was required. The interview was informal. Besides, informal interview was taken with the headmaster, health and population teacher of the concerned schools to know the curiosity of the students about the topics concerned with HIV/AIDS and STDs and their attitude towards the subject matter of the curriculum.

3.6 Data Analysis

The collected data were analyzed using different tools. For tabulation and statistical analysis of the data, the data were entered in SPSS program and analyzed through the program. Also some qualitative analysis of the data was done.

CHAPTER - IV

CHARACTERISTICS OF THE RESPONDENTS

This unit deals with the general background of the respondent and their family. Family background has direct impact on different behavior of the people and also it has direct impact on the educational status of the students.

4.1 Demographic Characteristics of the Respondents

Demographic characteristics of the respondents include age, sex, marital status, family type and family size.

4.1.1 Age of the Respondents

Table 4.1: Age of the Respondents

Class	Age	Sex		Total	Class	Age	Sex		Total
		Male	Female				Male	Female	
9	14	2	4	6	10	15	6	4	10
	15	28	12	40		16	17	11	28
	16	10	15	25		17	3	4	7
	17	1	-	1		18	1	1	2
	18	-	-	-		19	1	-	1
	Total	41	31	72		20	-	-	-
						Total	28	20	48

Source: Field Survey, 2005.

The above table shows that majority of the students are of the age 15-16. Among the respondents selected for the students, most of the students in class 9 were of the age 14-16 and majority of the students in class 10 were of the age 15-16. In the study, only 6 students were found to be aged above 17 among which, 5 were female and only one was male.

4.1.2 Types of the Family

Most of the respondents were found to be from the nuclear family which indicates the majority of family being attracted towards the small size of the family.

Table 4.2: Types of Family of the Respondents

Type of Family	Sex		Total	Per cent
	Male	Female		
Nuclear	48	37	85	70.83
Joint	19	16	35	29.17
Total	67	53	120	100.00

Source: Field Survey, 2005.

The table shows that majority of the respondents i.e. 85 (70.83%) were from the nuclear family and only 35 (29.17%) of the respondents were from the joint family. The size of the family of the respondents indicate that most of them had family size ranging from 4 to 6. The table representing the number of family members in the family shows that, most of the respondents have the family size of 4 (21.67%), 5 (41.67%) and 6 (14.17%). The biggest family size found on the study was 13 of one of the female student and the smallest family size was 3 of three male students.

Table 4.3 Number of Family Members of the Respondents

No of Family Members	Sex of the Respondents		Total
	Male	Female	
3	2	1	3
4	20	6	26
5	26	24	50
6	6	11	17
7	7	4	11
8	1	2	3
9	2	1	3
10	1	1	2
11	1	1	2
12	-	1	1
13	1	1	2
Total	67	53	120

Source: Field Survey, 2005.

4.1.3 Marital Status of the Respondents

Most of the respondents as were of the age in between 14-16 years, they were unmarried. Only 4.69 per cent (3) female students were married and they were above 16. The marital status of the respondents is shown in the following frequency table.

Table 4.4: Marital Status of the Respondents

Marital Status	Sex of the Respondents		Total	Per cent
	Male	Female		
Married	0	1	1	0.83
Unmarried	67	52	119	99.17
Total	67	53	120	100.00

Source: Field Survey, 2005.

4.2 Socio-Cultural Characteristics of the Respondents

4.2.1 Living Arrangement of the Respondents

Living arrangement of the respondent is important since it is found that the students under the direct guidance of the parents are found to be more disciplined and sincere about their study. Out of the total students under study, only 16 per cent (24) students were studying remaining away from their guardians either in rent or with their relatives. The living arrangement of the students is shown in the following frequency table.

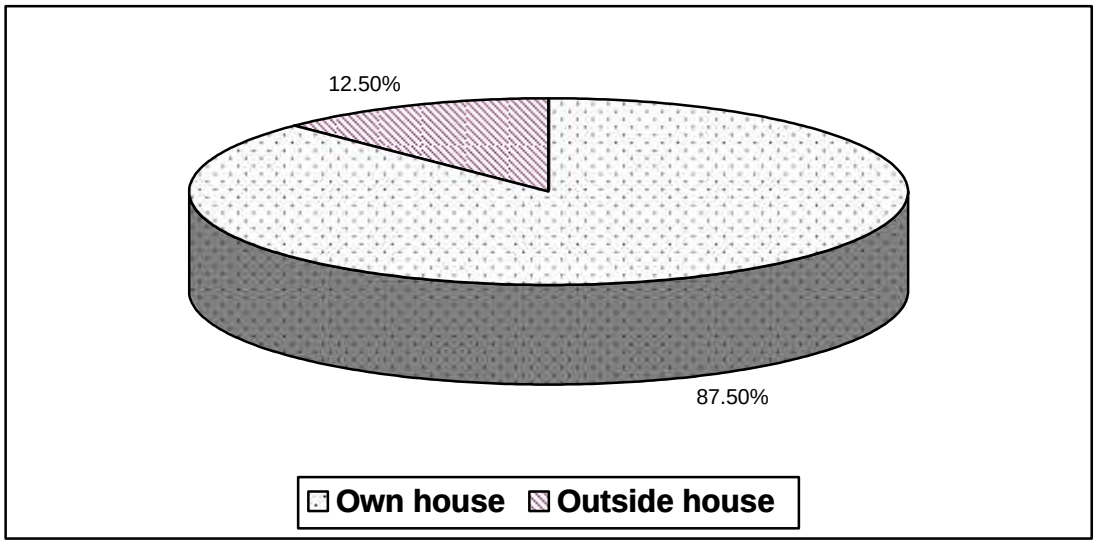
Table 4.5: Living Arrangement of the Respondents

Marital Status	Sex of the Respondents		Total	Per cent
	Male	Female		
Own house	60	45	105	87.5
Outside house	7	8	15	13.5
Total	67	53	120	100.0

Source: Field Survey, 2005.

Distribution of student living outside their permanent house is shown in through the following pie chart.

Fig. 4.1: Living Arrangement of the Respondents



Source : Field Survey, 2005.

4.2.2 Caste/Ethnicity of the Respondents

Caste/ethnicity is also found to be one of the determinant factor for the student's attitude on education. Basically, children of Brahmin and Chettri were found to be more sincere in study than other caste.

Table 4.6: Caste/Ethnicity of the Respondents

Marital Status	Sex of the Respondents		Total	Per cent
	Male	Female		
Brahmin/Chhetri	35	25	60	50.0
Gurung/Magar	18	12	30	25.0
Newar	8	7	15	12.5
Others	6	9	15	12.5
Total	67	53	120	100.0

Source: Field Survey, 2005.

The table of the caste/ethnicity of the respondent shows that most of the respondents were from Brahmin/Chhetri (50%) caste group. It shows that majority of the students reading in schools are from these caste groups. Gurung/Magars are second to Brahmin/Chhetri (25%) in number and then

comes Newar (12.5%). The other caste that comprises Darai, Thakuri, Bote, Tamang etc counts only 12 per cent of the total respondents.

4.2.3 Educational Status of the Father of the Respondents

Educational status of the parents plays a determinant role in the generation of awareness among the students. The educational status was divided into three categories; illiterate (who does not know both writing and reading), literate (those who can read and write and haven't passed SLC and literate (those who had passed SLC and above). During the study it was found that only 4.67 per cent respondents father were illiterate where as most of the respondents father were educated. 51.33 per cent of the respondents' father has completed SLC or above where as 41.67 per cent of the respondents' father were literate. The educational status of the respondents is shown through following frequency table.

Table 4.7: Educational Status of Father

Educational status of father	Sex of the respondents		Total	Per cent
	Male	Female		
Illiterate	3	4	7	5.83
Literate	30	20	50	41.67
Educated	34	29	63	52.5
Total	67	53	120	100.0

Source: Field Survey, 2005.

4.2.4 Educational Background of Mother

It is said that mother is the first school of any children and hence educational level of the mother plays the dominant role in the educational status of any children. The educational statuses of the mothers of the respondents were also taken in the study. The following table shows the educational status of the mother of the respondents. The table shows that majority of the respondent's

mother were just literate. 45.83 per cent of the respondent's mothers were literate and 29.17 per cent of the respondent's mothers were educated. The table also shows that 25 per cent of the respondent's mothers were illiterate. In comparison to father's literacy rate, mother's literacy rate is low.

Table 4.8: Educational Status of Mother

Educational status of mother	Sex of the respondents		Total	Per cent
	Male	Female		
Illiterate	14	16	30	25.00
Literate	36	19	55	45.83
Educated	17	19	35	29.17
Total	67	53	120	100.00

Source: Field Survey, 2005.

4.3 Economic Characteristics of the Respondents

4.3.1 Occupation of Mother

The following table shows the occupation of the respondent's mother.

Table 4.9: Occupation of Respondent's Mother

Occupation of Mother	Sex of the Respondents		Total	Per cent
	Male	Female		
Farmer	5	5	10	8.33
Governmental/private job	8	10	18	15.00
Household	51	33	84	70.00
Others	3	5	8	6.67
Total	67	53	120	100.00

Source: Field Survey, 2005.

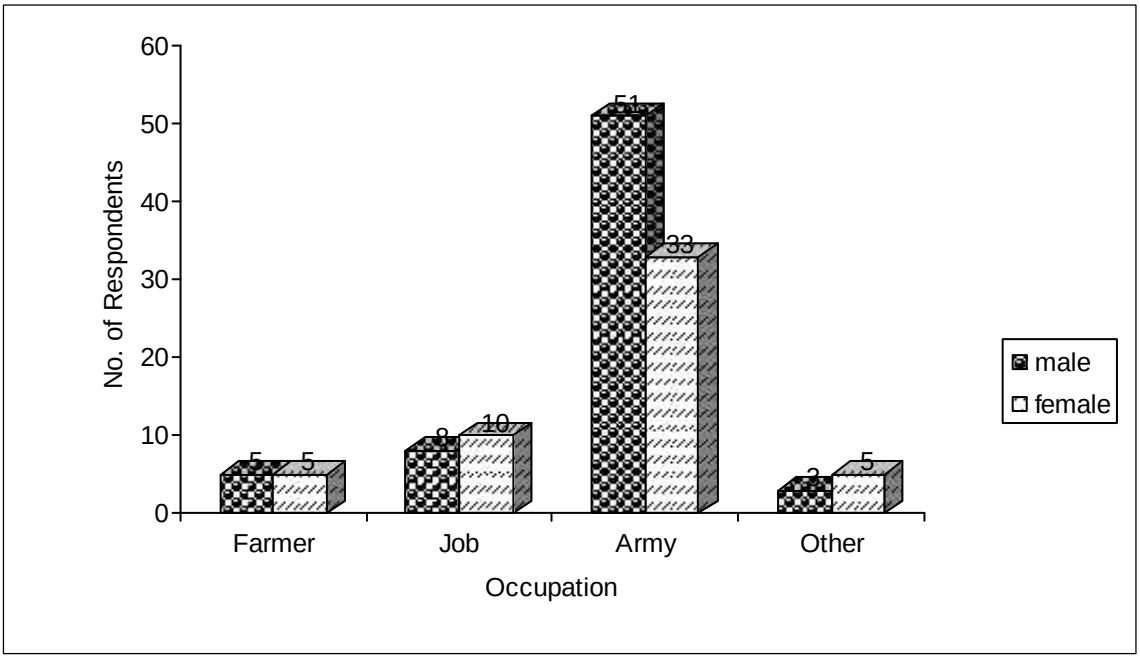
The above table reveals that most of the respondent's mothers are engaged in household activities. 70 per cent of the respondents mother are engaged in household activities and only 15 per cent of the respondent's mother were

found in governmental or private job. Only 6.67 per cent were engaged in other activities such as business.

4.3.1 Occupation of the Father

Occupation of the respondents' father is shown in the following figure.

Fig. 4.2: Occupation of the Respondent's father



Source: Field Survey, 2005.

About 51 per cent of the total respondents were from the family whose father was either teacher or work in any governmental or private offices. 26 per cent (39) respondents were children of army both Nepali and foreign, 14.7 per cent (22) respondents were children of farmers and remaining 22.7 per cent (34) respondent's father are businessman, employed in foreign country. the distribution of father's occupation of the respondents are shown in the following diagram.

4.3.3 Economic Condition of the Family

Economic condition of the family is also an important factor in the analysis of the student's behavior. The data revealed that the most of the students were

from the family with the good economic condition. 55 per cent of the students were from the good economic condition and only 3.2 per cent of the students were from the bad economic condition and the rest of the students which counts 41 per cent were from the moderate economic condition.

Table 4.10: Economic Condition of Respondents family

Economic condition	Sex of the respondents		Total	Per cent
	Male	Female		
Good	31	35	66	55.00
Bad	2	2	4	3.30
Moderate	34	16	50	41.0
Total	67	53	120	100.0

Source: Field Survey, 2005.

CHAPTER - V

KNOWLEDGE ON HIV/AIDS AND STDs

This chapter aims at analyzing the students' knowledge and attitude on HIV/AIDS and STDs and also on their view on the sufficiency of curriculum regarding the HIV/AIDS and STDs. In this chapter respondent's knowledge on STDs and HIV/AIDS and their attitudes regarding sex and sexuality are explored which directly or indirectly influences their sexual behaviors and has strong linkage with the transmission of STDs and HIV/AIDS.

5.1 Students Knowledge and Attitudes on HIV/AIDS

This section will try to analyze the respondent's knowledge and attitude on HIV/AIDS.

The respondents were asked a question *have you heard of HIV/AIDS?* to find out whether they had heard of HIV/AIDS or not. All the respondents (100%) reported that they had heard of the disease. Most of the respondents reported they heard about the disease for the first time when they were studying in class six. Since the information about the disease is given in their curriculum from class six, it was not an exception that all the students had heard of the disease.

5.1.1 Sources of Information of HIV/AIDS for the First Time

Different students have different sources of information. Most of the students' major source of information about the HIV/AIDS for the first time was course book. Their sources of information for the first time are given in the following table.

Table 5.1: Sources of Information on HIV/AIDS

Sources	Sex of the Respondents		Total	Per cent
	Male	Female		
Media	15	5	20	16.67
Parents	4	2	6	5.00
Course Book	36	40	76	63.33
Friends/Neighbors	12	6	18	15.00
Total	67	33	120	100.00

Source: Field Survey, 2005.

The table shows that majority of the students major sources of information about HIV/ AIDS is their course book. 63.33 per cent of the students told that their course book was the major source of information for HIV/AIDS and 16.67 per cent students' major source of information is media (electronic media and newspaper). Parents are the major source of information is only for 5 per cent respondents which reflect that the parents and children conversation on this topic is minimal.

5.1.2 Mode of Transmission of HIV/AIDS

Almost all the students know the major means of mode of transmission of the disease. Most of the students mentioned unsafe sexual intercourse as the major source of transmission of the disease.

Table 5.2: Mode of Transmission of HIV/AIDS

Mode of Transmission	No. of Respondents	Percentage*
Unsafe sexual intercourse	112	93.33
Using un sterilized blades and syringes	98	81.67
Kissing	1	0.83
Being born from infected mother	108	90.00
Blood transfusion	105	87.50
Shaking hands	0	0.00

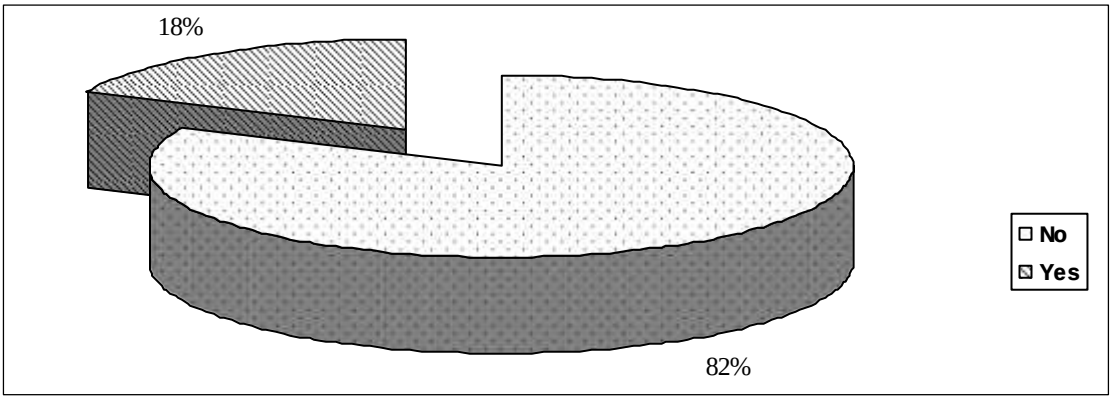
Source: Field Survey, 2005.

The above table represents the views of the respondents on the modes of transmission of the disease. The table shows that most of the respondents believe unsafe sexual intercourse as the major mode of transmission of disease which counts for 93.33 per cent and second counts being born from infected mother which is mentioned by 90.00 per cent of the respondents. 87.5 per cent of the respondent mentioned blood transfusion as the mode of transfusion of the disease and 81.67 per cent of the respondents also take using unsterilized blades and syringes as the mode of transmission. Only one respondent mentioned kissing as one of the mode of transmission of the disease but no one selected shaking hand as the mode of transmission.

5.1.3 Students Opinion on Parent-Children Conservation on HIV/AIDS

The students were asked whether their parents talk about the disease with them. The answer of the question is analyzed through the following pie chart.

Fig. 5.1 Students and Parents Conversation on HIV/AIDS



Source: Field Survey, 2005.

Only 18 per cent of the respondent replied that their parents talk with them about the disease and remaining 82 per cent of the respondents parents don't talk about the HIV/AIDS with their children. Those children whose parents talk with them about the epidemic reported that they basically get information about the mode of transformation and the preventive measures from the epidemic.

For those students who told that their parents don't talk with them about the disease, a question was asked, is it right not to talk about the disease? The opinion of the respondents is given in the following table.

Table 5.3: Students Opinion on Parent-Child Conversation on HIV/AIDS

Opinion	Sex of The Respondent		Total	Per cent
	Male	Female		
Yes	6		6	5.00
No	43	39	82	68.33
Don't Know	21	11	32	26.67
Total	70	50	120	100.00

Source: Field Survey, 2005.

According to the table, among 120 students whose parents don't talk with them about the disease, only 5 per cent (6) students told that it is right not to talk with children about the disease whereas majority of the students (68.33%) were

of the opinion that it is wrong. Also 26.67 per cent of the student mentioned that they don't know whether it is right or wrong.

Besides, these 120 students were asked reason behind their parents not talking with them about the disease. The reply of the student is shown in the following table.

Table 5.4: Reasons for Lack of Conversation on HIV/AIDS

Reason	Sex of the respondents		Total	Per cent
	Male	Female		
Conservative society	26	15	41	34.17
Lack of awareness	10	8	18	15.00
Don't have time	24	22	46	38.33
They themselves don't know	10	5	15	12.50
Total	70	50	120	100.00

Source: Field Survey, 2005.

The above table shows that majority of the students parents don't have time to discuss with their children about the disease which counts 38.33 per cent followed by conservative society which counts 34.17 per cent. Besides, according to the data, lack of awareness also counts for 15 per cent and 12.50 per cent of the students parent don't talk about the disease with them because they themselves don't know.

On the question, do parents need to talk about the disease with their children, almost all the student were of the view that they need to talk about the disease with their children. Only 1.33 Per cent students said no and 6 per cent students replied don't know.

5.1.4 Difference between HIV and HIV/AIDS

There is difference between being infected with HIV and having HIV/AIDS. This is one of the most important knowledge any person should have. The same

question was asked with students. The reply of the respondent is given in the following table.

Table 5.5: Knowledge on Difference between HIV and HIV/AIDS

Opinion	Sex of the Respondent		Total	Per cent
	Male	Female		
Yes	50	38	88	73.33
No	10	4	14	11.67
Don't Know	7	11	18	15.00
Total	67	53	120	100.00

Source: Field Survey, 2005.

The table show that majority of the student replied yes. 73.33 per cent of the students know that there is difference between being infected with HIV virus and having AIDS. 11.67 per cent of the students were of the view that there is no difference between having HIV virus and being infected with HIV/AIDS where as 15 per cent of the student have no idea about the relation between these two.

5.1.5 Most Effective Means to Generate Awareness

There are various means to generate awareness among the people about the disease. Various TV channels are broadcasting different advertisement to generate awareness among the people. The respondents were also asked to choose the most effective means to generate the awareness among the children about the HIV/AIDS.

Table 5.6: Most Effective Means to Generate Awareness

Reason	Sex of the respondents		Total	Per cent
	Male	Female		
Media	15	12	27	22.50
Course book	40	32	72	60.00
Parents	4	5	9	7.50
Friends and neighbors	8	4	12	10.00
Total	67	53	120	100.00

Source: Field Survey, 2005.

The table shows majority of the students (60%) believe that course book is the most effective means to generate awareness among the children. Second counts media (electronic media and newspaper) i.e. 22.50 per cent students believe it as the most effective where as 10 per cent believed friends and neighbor and only 7.50 per cent of the students believe that parents will be the most effective means to generate awareness among the children.

5.1.6 Prevention from HIV/AIDS

To test the knowledge of the respondents on the preventive measure of the disease, the respondents were asked a multiple choice question to choose the modes of prevention of the disease. 85 per cent of the respondent reported that use of condom during sexual intercourse, 80 per cent of the respondent selected avoid unsafe sexual intercourse and 54.17 per cent of the respondent selected use of sterilized blades and syringes as the major preventive measure of the epidemic. Besides 22.50 per cent of the respondent also reported not to have sex at all will be the preventive measure of the disease. Only 2 per cent of the respondent mentioned that not sitting together with HIV/AIDS patients is the preventive measure of the disease whereas 0.67 per cent of the respondent believed not letting HIV/AIDS patient to enter their house is the preventive measure of the epidemic. The students' response is given in table 5.7.

Table 5.7: Preventive Measures of HIV/AIDS

Prevention Measures	Number of respondents	Per cent
Not to have sex at all	27	22.50
Use of condom during sexual intercourse	102	85.00
Use of sterilized blades and syringes	65	54.17
Avoid unsafe sexual intercourse	96	80.00
Not letting HIV/AIDS patient enter your house	1	0.67
Not sitting together with HIV/AIDS patients	3	2.00

Source: Field Survey, 2005.

5.1.7 Vulnerability to HIV/AIDS

The students were asked a question who is more vulnerable to HIV/AIDS comparatively, male or female.

Table 5.8: Vulnerability to HIV/AIDS

Reason	Sex of the respondents		Total	Per cent
	Male	Female		
Male	7	5	12	10.00
Female	19	13	32	26.67
Both Equal	38	21	59	49.16
Don't Know	3	14	17	14.17
Total	100	33	120	100.00

Source: Field Survey, 2005.

49.16 per cent of the respondents replied that both male and female are equally vulnerable HIV/AIDS. Only 26.67 per cent of the respondents were right to say that, females are more vulnerable than male. Similarly 10 per cent of the respondent replied that male is more vulnerable where as 14.17 per cent replied that they don't know who is more vulnerable.

Similarly, in another question, only 1.33 per cent student replied that HIV/AIDS is transferred from male only but the entire remaining student replied that HIV/AIDS is transferred from both male and female.

5.1.8 If Suffered from HIV/AIDS

The students were also a question what will they do if they suffer from the disease to know their attitude on HIV/AIDS.

Table 5.9: Students Reaction to HIV/AIDS

What will you do	Sex of the respondents		Total	Per cent
	Male	Female		
Don't tell anyone	0	0	0	0.00
Tell parents	52	40	92	76.67
Don't know	10	12	22	18.33
Others	5	1	6	5.00
Total	67	53	120	100.0

Source: Field Survey, 2005.

No respondent replied that they will hide the disease. Most of the students i.e. 76.67 per cent replied that they will report to their parents in case they are suffered from the disease. Similarly 18.33 per cent of the respondents told that they don't know what they will do whereas 5 per cent of the respondents replied others such as generating awareness to other people, doing social work etc.

Besides this, the respondents were also asked the question will they be accepted by their parents if they report to them. Only 90 per cent (138) respondents replied the answer and among them 59.42 per cent (82) respondents told they don't know where as 36.23 per cent (50) respondents replied that they will be accepted by their parents. Only 4.35 per cent (6)

respondents replied that they won't be accepted by their parents because of social exclusion and family reputation.

5.2 Students Knowledge and Attitude on STDs

Sexually transmitted diseases are one of the most prominent diseases in Nepal. Many Nepali young girls are engaged in sex industry in different part of the country and brothels of India either forcefully or for fulfilling their daily needs. This has been cause disease has a direct relationship with HIV/AIDS since it is found that STDs increases the rate of acquisition and transmission of HIV/AIDS. Different NGOs and INGOs are working to decrease the involvement of younger girls in sex industry and generating awareness among these section of people on STDs and HIV/AIDS.

Secondary level students are in the population in the age of critical stage who if not given proper education and awareness can be the prey of such diseases. So the research was conducted also with the aim to find out the level of awareness and knowledge on the students about the STDs.

5.2.1 Heard of STDs

The students of secondary level were asked a question if they had heard of STDs. Cent per cent student mentioned that they had heard of the disease. Since the school curriculum includes a chapter on sexually transmitted diseases since from class six on Health and Physical Education, it was not a surprise that the entire student had heard of the disease.

5.2.2 Most Common STDs

There are different types of STDs prevalent most commonly in Nepal. Some of the common STDs prevalent in Nepal are *Gonorrhea, Syphilis HIV/AIDS, Hepatitis B & C Herpes genitals, Genital Warts etc.* The students were asked to

name the major STDs they had heard. The names of the STDs mentioned by the students are given below in the table.

Table 5.10: Most Common STDs

S.N.	Name of the STDs	Number of respondents	Per cent
1	HIV/AIDS	84	70.00
2.	Syphilis	98	81.67
3.	Gonorrhea	82	68.33

Source: Field Survey, 2005.

The table shows that the most frequently heard STDs are HIV/AIDS, syphilis and gonorrhea. It is so because these are the STDs that are included in the curriculum of the secondary level. The table represents that 70 per cent (84) respondents had mentioned HIV/AIDS as the STDs and 68.33 per cent (82) mentioned gonorrhea. The most common STDs heard by the student is Syphilis which is reported by 81.67 per cent (98) respondents.

5.2.3 Source of Information

There are various sources of information about the diseases. The students were asked which was the first source of information for them to know about the STDs. The answer of the respondent is given in the following table.

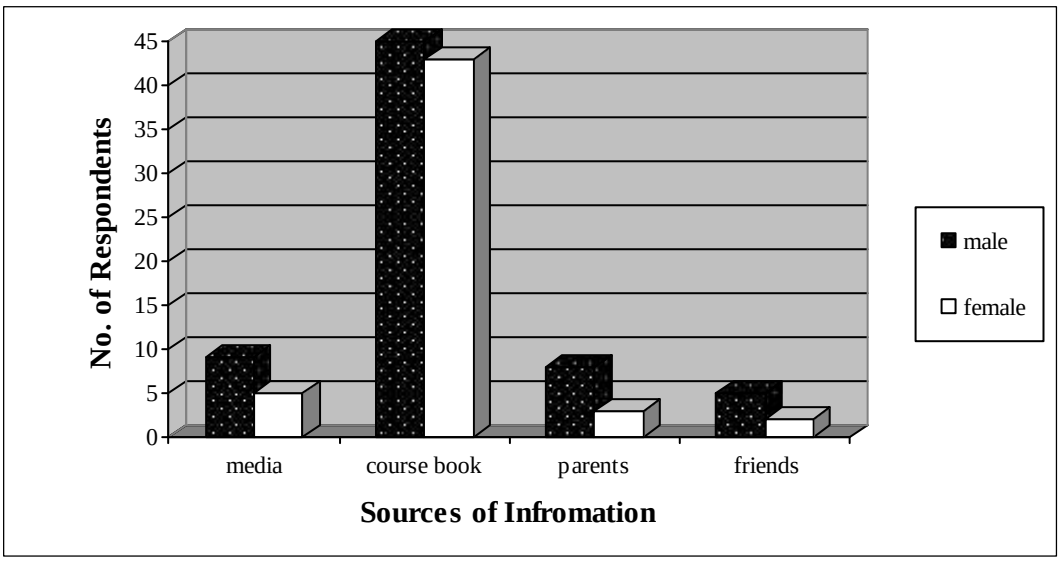
Table 5.11 Source of Information about STDs for the First Time

Sources	Sex of the respondents		Total	Per cent
	Male	Female		
Media	9	5	14	11.67
Course book	45	43	88	73.33
Parents	8	3	11	9.17
Friends	5	2	7	5.83
Total	67	53	120	100.00

Source: Field Survey, 2005.

The table shows that, the most of the students' first source of information is course book which counts for 73.33 per cent of the total respondents and the second is media, which includes radio, television, newspaper etc., which is the first source of information for 11.67 per cent of the total respondents. Parents are of the first source of information for 9.17 per cent of the students and friends are for only 5.83 per cent of the respondents. The first sources of information of the students is also shown through the following bar diagram.

Fig. 5.2: First Source of Information on STDs



Source: Field Survey, 2005.

5.2.4 Mode of Transmission of STDs

The major mode of transmission of STDs is the unsafe sexual intercourse. Besides this, there are also other modes of transmission of the disease. In the research, among 150 respondents, only 90 per cent (135) students reported that they know the mode of transmission of disease and 10 per cent reported that they don't know the mode of transmission of the disease. The modes of transmission of STDs as mentioned by the respondents are:

Table 5.12: Mode of Transmission of STDs

Mode of Transmission	No of respondents	Per cent
Having sex with infected person	105	87.50
Living together with them	8	6.67
Mosquito bite	6	5.00
Blood transfusion	98	81.67
Other	10	8.33

Source: Field Survey, 2005.

Out of 120 students who reported that they know the mode of transmission of STDs 87.50 per cent (105) student selected having sex with infected person as the major mode of transmission of the disease. Also 81.67 per cent of the respondent selected blood transfusion as the mode of transmission of the disease. 6.67 per cent and 5 per cent of the respondent selected living together with them and mosquito bite also as the mode of transmission of the disease. Besides, 6.67 per cent respondents mentioned other also as the mode of transmission of the disease. Among those 10 respondent 60 per cent respondent mentioned use of unsterilized syringes and blades and remaining 40 per cent mentioned being born from infected mother also as the mode of transmission of the disease.

5.2.5 Prevention from STDs

The following table represents the respondents view on the preventive measures of the disease.

Table 5.13: Preventive Measures of STDs

Prevention measures	Number of respondents	Per cent
Not having sex with multiple partners	65	54.17
Use of condoms during sexual intercourse	106	88.33
Having sex with only one partner	74	61.67
Avoiding sex with prostitutes	52	43.33
Not using infected blood	75	62.50

Source: Field Survey, 2005.

Most of the respondent mention use of condoms during sexual intercourse is the preventive measure of the disease which counts 88.33 per cent (106). 62.50 per cent (75) of the respondent reported not using infected blood as the preventive measure of the disease. Besides, having sex with only one partner as the preventive measure from the disease was reported by 61.67 per cent (74) respondents and 54.17 per cent (65) of the respondent reported not having sex with only one partner as the preventive measure of the disease. Also, 43.33 per cent (52) respondent mentioned avoiding sex with prostitutes as one of the preventive measure of STDs.

5.2.6 Infection from STDs

It is always not true that STDs are always transmitted through the sexual intercourse also. So, the students of the secondary level even though they hadn't had any sexual intercourse they might have been suffered from the disease. The students were asked a question if they had suffered from the disease. The answer of the respondent is displayed in the following table.

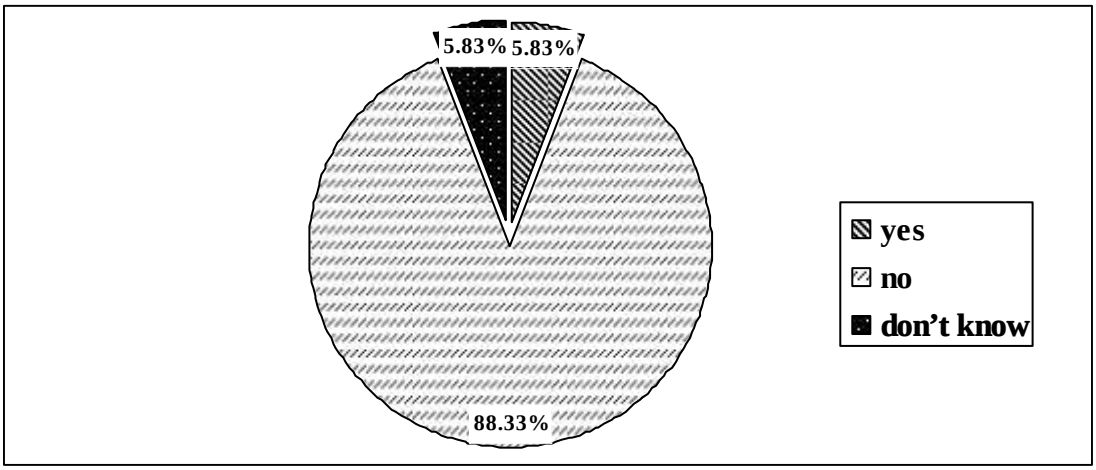
Table 5.14: Number of students infected by STDs

Infection	Sex of the Respondents		Total	Per cent
	Male	Female		
Yes	5	2	7	5.83
No	56	50	106	88.33
Don't know	6	1	7	5.83
Total	67	53	120	100.00

Source: Field Survey, 2005.

The above table shows that most of the students 88.33 per cent of are not infected by the disease. 5.83 per cent students (7) reported that they had been infected by STDs and 5.83 per cent students (7) reported that they don't know whether they had been infected by the disease. The students answer is also shown through the following pie chart.

Fig.5.3: Number of Students Infected by STDs



Source: Field Survey, 2005.

Among 12 respondents who reported they were infected by STDs, 8 of them mentioned that they informed their parents and were taken to hospital by their parents; only two respondents reported that they had medical treatment themselves and only one respondent reported that he ignored it because he didn't know it was STD. The student's reaction after being infected by STDs is given in the following table.

Table 5.15: Student's reaction after being infected by STDs

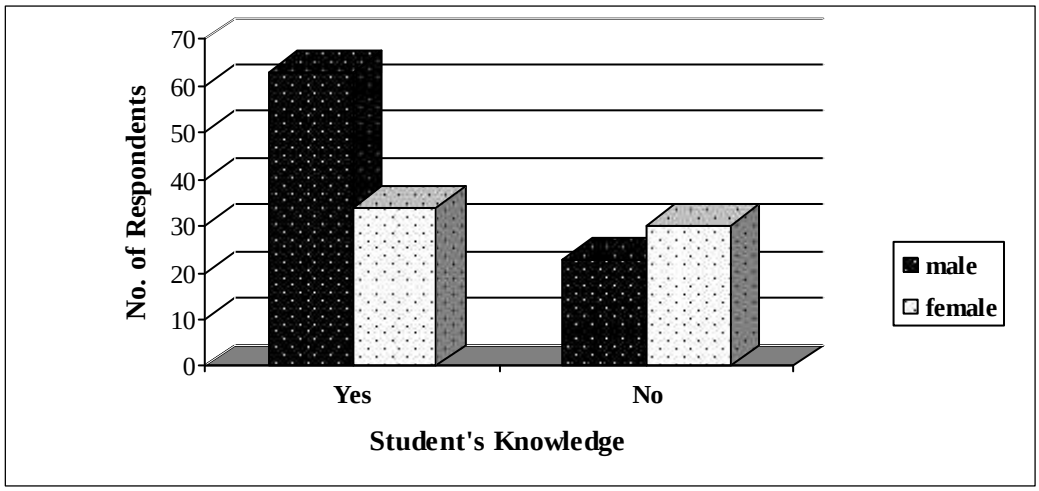
Respondent's Reaction after Infection	Sex of the Respondents		Total
	Male	Female	
Had treatment yourself	2	1	3
Informed parents	6	2	8
Ignored	1	0	1
Total	9	2	12

Source: Field Survey, 2005.

5.2.7 Relationship between STDs and HIV/AIDS

There is direct relationship between HIV/AIDS and STDs. STDs increases the risk of acquisition and transmission of HIV/AIDS. To find out whether the respondents possess the knowledge they were asked if they know the relationship between STDs and HIV/AIDS.

Fig 5.4: Knowledge on Relationship between STDs and HIV/AIDS



Source: Field Survey, 2005.

The above bar diagram represents the students knowledge on the relationship between STDs and HIV/AIDS. 64.67 per cent (97) respondents replied that they know the relationship between STDs and HIV/AIDS and 35.33 per cent (53) respondents of the respondent replied that they don't know the relationship between HIV/AIDS and STDs. Those 97 students were asked a question to find

out whether they actually know the relationship between these two and their reply is displayed in the following table.

Table 5.16. Knowledge on Relationship between STDs and HIV/AIDS

Relationship	Sex of the respondents		Total	Per cent
	Male	Female		
Increases	57	32	89	91.75
Decreases	3	1	4	4.12
No relationship	3	1	4	4.12
Total	63	34	97	100.00

Source: Field Survey, 2005.

The table shows that 91.75 per cent (89) out of 97 respondents have clear knowledge about the relationship between HIV/AIDS. They reported that STDs increases the risk of transmission and acquisition and HIV/AIDS. 4.12 per cent (4) respondents reported that STDs decreases the risk o acquisition and transmission of HIV/AIDS where as another 4.12 per cent respondents reported that there is no relationship between these two.

5.2.8 Sexual Relationship of the Respondents

The respondents were also asked a question to know whether they had had sex or not. The table shows their sexual life

Table 5.17: Sexual Relationships of the Respondents

Sexual relationship	Sex of Respondents		Total	Per cent
	Male	Female		
Yes	4	2	6	5.00
No	63	51	114	95.00
Total	67	53	120	100.00

Source: Field Survey, 2005.

Only 5 per cent (6) respondents reported that they had already experienced sexual intercourse while majority of the respondents reported that that had not yet had any sexual relationship. 95 per cent (114) respondents out of the 120 students mentioned that they hadn't had sex with any one till they date of research. The age of the respondents at the first sex who had had sex is given in the following table.

Table 5.18: Age at First Sex

Age at First Sex	Sex of Respondents		Total
	Male	Female	
14	1	0	1
15	2	0	2
16	1	0	1
17	1	1	2
18	0	2	2
Total	5	3	8

Source: Field Survey, 2005.

The table shows that most of the male respondents had sex at younger age i.e. below 17. All the three respondents who mentioned that they had sex were at the age 17 and 18 and were married. All the male respondent reported that they had sex for the first time with their girl friend where as all the female respondents reported that they had the sexual relationship with their husband. Beside this, all the 5 male respondent who had sex reported that they used

condoms during sexual intercourse where as all the female respondents reported that they didn’t used condoms because they had sex with their husbands.

5.3 Student's Attitude towards Curriculum

The school curriculum includes chapter on STDs and HIV/AIDS since from class six. Up to call eight it is included on Health and Physical Education where as in secondary level it is included on Population and Environment. Most of the teachers of the selected schools under study mentioned that students are found to be more curious and attentive while they are teaching this subject and especially the unit which includes information about STDs and HIV/AIDS.

5.3.1 Inclusion of STDs and HIV/AIDS on Curriculum

The respondents were asked whether STDs and HIV/AIDS are included on the curriculum. All the respondents mentioned that it is included in their curriculum. Also, cent per cent students mentioned that it is very much necessary to include in their curriculum. No responded reported that STDs and HIV/AIDS should be excluded from their curriculum or it is not necessary to include it in their curriculum.

5.3.2 Sufficiency of the Curriculum

The respondents were asked whether the information provided on their curriculum is sufficient for them.

Table 5.19: Sufficiency of School Curriculum on STDs and HIV/AIDS

Sufficiency of Curriculum	Sex of Respondents		Total	Per cent
	Male	Female		
Yes	15	10	25	20.83
No	52	43	95	79.17
Total	67	53	120	100.00

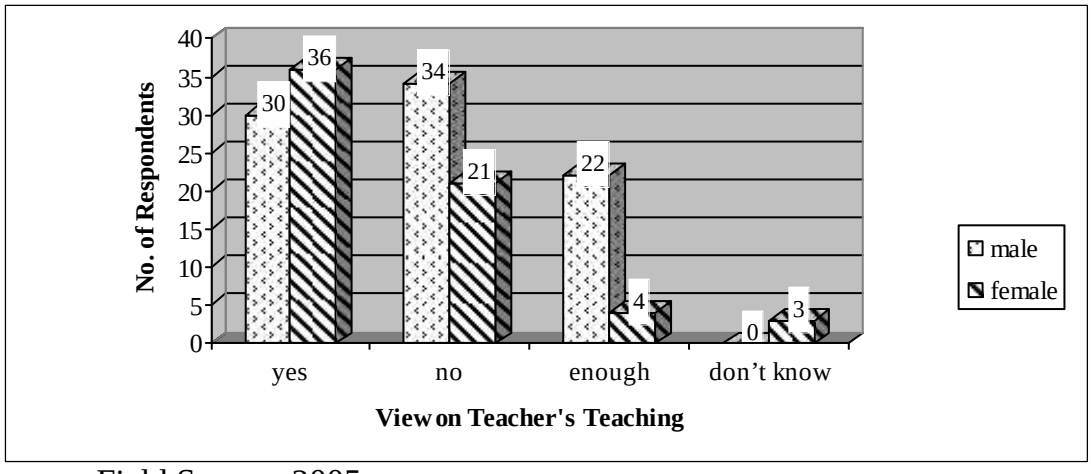
Source: Field Survey, 2005.

20.83 per cent (25) respondents mentioned that the content of the course about the STDs and HIV/AIDS is sufficient to them whereas 79.17 per cent (95) of the respondents mentioned that the curriculum is not sufficient for them i.e. they need more information about the diseases more than that included in their curriculum.

5.3.3 Student's Satisfaction on Teacher's Teaching

In most of the schools students complain that their teachers are not teaching the chapter including the information about sex because they feel shy to teach such topics. To find out whether the teachers of the schools under study teach them without hesitation or not the students were asked whether their teacher gives them full information about STDs and HIV/AIDS or not. The students answer is displayed on the figure 5.5.

Fig. 5.5: Student's Attitude towards Teacher's Teaching



Source: Field Survey, 2005.

45.83 per cent (55) out of 120 respondents replied that their teachers give them full information about the diseases while 35 per cent (42) respondents reported that their teachers don't give them full information about STDs and HIV/AIDS to them. Besides, 16.67 per cent (20) respondents replied that their teachers give them information more than that included in their curriculum and only three female students reported that they don't know whether the information given by the teachers is sufficient or not.

Out of 55 students who reported that their teachers not give them full information about STDs and HIV/AIDS 78.18 per cent (43) students reported that their teachers feel shy while teaching those topics. 20 per cent (11) respondents reported that their teachers themselves don't have enough knowledge about STDs and HIV/AIDS and only one male respondent reported that his teacher tell them unnecessary to learn such topics. No respondents reported that they don't like to read such topics. The reason as said by the respondent for their not giving full information about STDs and HIV/AIDS is displayed in the table 5.20.

Table 5.20: Reasons for Teacher's Hesitation on giving Full Information to Students

Reasons	Sex of the Respondents		Total	Per cent
	Male	Female		
They themselves don't know	3	8	11	20.00
They feel shy to teach the topic	30	13	43	78.18
They tell it as unnecessary	1		1	1.82
Students don't like to read such topics	0	0	0	0.00
Total	34	21	55	100.00

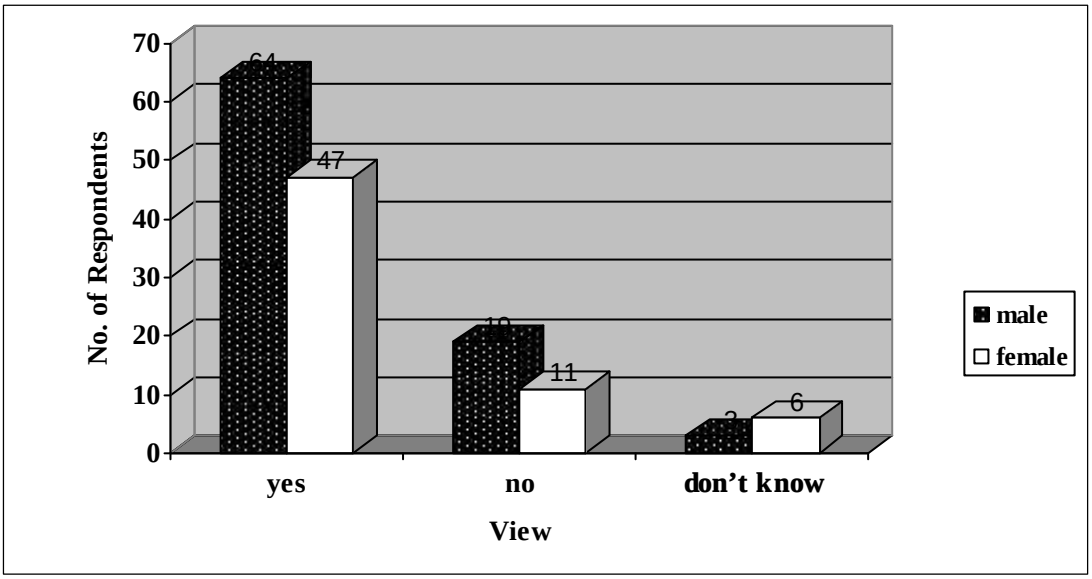
Source: Field Survey, 2005.

5.3.4 Students' View on Revision of Curriculum

The students were asked whether any changes on their curriculum with regard to STDs and HIV/AIDS are to be made or not. Most of the students reported that changes should be made on their curriculum. Their view on the sufficiency of curriculum with regard to STDs and HIV/AIDS is shown in figure 5.6.

74 per cent (111) respondents reported that the changes should be made on their curriculum where as 20 per cent (30) respondents were of the view that the curriculum is ok. Only 6 per cent (9) respondents reported that they don't know whether the changes should be made or not. All the respondents who reported that the changes should be made on their curriculum mentioned that the curriculum should be reviewed to include more information about the topic. This implies that the students are not satisfied with the content of the course on these topics.

Fig. 5.6: Students' view on Revision of School Curriculum



Source: Field Survey, 2005.

CHAPTER - VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

The summary of the whole study conducted on the schools of Putalibazar Municipality to find out the level of knowledge and attitudes on HIV/AIDS and conclusion of the study is included in this chapter. Besides, some recommendations derived from the study are also included.

This section is related to summary of the whole study.

- 120 students were taken under study from six selected schools (4 private schools and 2 governmental schools) of Putalibazar Municipality among which 55.83 per cent (67) were male and 44.17 per cent (53) were female. The schools were selected purposively where as the respondents for the study were selected randomly.
- 70.83 per cent (85) of the total respondents were from nuclear family and remaining 29.17 per cent (35) were from the joint family. Majority of the students were from the family size 3-5 and the largest family size of the respondent under study was 13.
- Only 0.83 per cent respondents were married and all the married respondents were female.
- 52.5 per cent of the respondent's fathers were educated and 41.67 per cent were just literate. Only 5.83 per cent of the total respondents' fathers were illiterate whereas 25 per cent of the respondents' mothers were illiterate and 45.83 per cent were literate. Only 29.17 per cent of the respondents' mothers were educated.
- All the students had heard of HIV/AIDS. Most of the respondent's (66.33%) first source of information is their course book and media is

for 16.67 per cent of the respondents. Similarly, friends/neighbors and parents counts 15 per cent and 5 per cent of the respondents respectively.

- 73.33 per cent (104) respondents reported that there is no difference between being infected with HIV virus and having HIV/AIDS and among remaining respondents, 11.67 per cent (14) replied that there is no differences and 15 per cent replied that they don't know. Beside, 50 per cent (59) respondents were of the view that that both male and female are equally vulnerable to HIV/AIDS and 26.67 per cent (32) replied that female are more vulnerable than male. Similarly, 10 per cent (12) reported male more vulnerable than female and remaining 14.17 per cent (17) replied that they have no idea about who is more vulnerable.
- All the respondents had heard of STDs. The most common STDs among the students are HIV/AIDS, Syphilis and Gonorrhea. 81.67 per cent of the respondents had heard of Syphilis as STDs followed by HIV/AIDS by 70 per cent and Gonorrhea by 68.33 per cent of the respondents.
- 87.50 per cent (105) respondents and 81.67 per cent (98) respondents reported having sex with infected person and blood transmission respectively as the mode of transmission of disease. Beside, 6.67 per cent (8) and 5 per cent (6) respondents respectively reported that living together with them and mosquito bite also as the mode of transmission of disease.
- Use of condoms during sexual intercourse was selected by 88.33 per cent (106) respondent as the preventive measure of STDs. Also 61.67 per cent (74) respondents reported that having sex with only one partner is the preventive measures.
- 45.83 per cent respondents replied that their teachers give them full information about STDs and HIV/AIDS and 35 per cent replied that their teachers don't because they feel shy to teach these topics. Only 16.67 per cent respondents reported that their teachers give them information more than that included in their course.

6.2 Conclusions

This section deals with the major conclusions derived from the analysis of the data collected from the respondents under study.

All the respondents under study have heard of STDs and HIV/AIDS but the knowledge on HIV/AIDS is quite more compared to STDs. The study also reveals that the major source of information for the students is course book. Beside, the respondents' knowledge on mode of transmission of HIV/AIDS is more than that of STDs. Some misconceptions about the mode of transmission of STDs is also reported.

Lack of open discussion about HIV/AIDS among the respondents and their parents is predominant. Only some respondents reported to have discussion with their parents about the topic. Lack of time of parents, awareness knowledge and conservative societies are some of the major reasons behind the lack of open discussion on the topic.

Although most of the respondents know that there is difference between being infected with HIV virus and having AIDS, there is some misconception that they are same. Also, majority of the students are of the view that course book is the most effective means to generate awareness among the students. Beside, use of condom during sexual intercourse and avoiding unsafe sexual intercourse are the major preventive measures of HIV/AIDS according to the students.

Majority of students were found to have misconception that both male and female are equally vulnerable to HIV/AIDS. Only 26.67 per cent of the students reported that female are more vulnerable than male.

The mostly heard STDs among the students of secondary level are HIV/AIDS, Syphilis and Gonorrhea. Only some of the respondents reported that they had been suffered from STDs and reported their parents after being infected. Also,

majority of the respondents knew that there is direct relationship between STDs and HIV/AIDS, more than one third of the respondents don't know that there is direct relationship between these two.

Some of the male respondents were found to have sex at the younger age with their girl friends. The knowledge on the importance of use of condom during sexual intercourse among these respondents was found to be adequate.

The course content in the curriculum of secondary level with regard to HIV/AIDS and STDs is not sufficient. Besides, some respondents are not satisfied with their teachers teaching. The reason behind their dissatisfaction is the hesitation of teacher's in teaching such topic.

The students want their curriculum to be revised. They want their curriculum to be updated with time and revise to include much more information about HIV/AIDS. This reveals that the students of secondary level are eager to learn much more about STDs and HIV/AIDS.

6.3 Recommendations

- Even through population, health and environment course is incorporated in secondary level school, because of the lack of the teachers who are expert on the subject matter, it seems necessary to manage the teachers who are expert on this course.
- STD and HIV/AIDS course included in the secondary level course book should be in detail.
- As every student has interest in having the knowledge about sex, it is necessary to launch the awareness programs throughout the country.
- Till today only Junior Red-Cross has launched awareness programs on STDs and HIV/AIDS, but it seems necessary that the other concerned institutions like District Education Office, District Administration Office and District Public Health Office should also launch these programs at the grass-root level.

- The world AIDS Day program should be conducted not only at the central level but in rural areas as well, as awareness campaign program.
- Role of mass media (newspaper and TV, Radio) should be promoted. Different effective dramas, news etc. should be broadcasted time by time about the cause and effects of STDs and HIV/AIDS.

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QUESTIONNAIRE FOR SECONDARY SCHOOL LEVEL STUDENTS

Group A: Individual Questionnaire

1.	Name of the respondent : ……
2.	School : …… 3. Grade ……
4.	Age : …… 5. Sex : ……. 6. Caste/Ethnicity: ……
7.	Marital Status : ……..… 8. Religious ……
9.	Permanent Residence: ……
10.	(If migrated family) place of origin: District : ……
	VDC : ……
	Reason for migration: ……

Group B

(Socio-Economic and Demographic Status)

Q.N.	Questions	Response Category and Coding Specification	Go To	Response
12.	Can you read or write a simple letter?	Yes ……1 No ……..2		
13.	Are you currently attending school?	Yes ……1 No ……..2		
14.	What class have your	Class …….		
15.	What do you do in leisure time?	Noting ……..1 Read in home ……2 Play with friends ……..3 Work in house ……..4 Work outside home ……..5		
16.	How many members are there in your family?	…….		
17.	Father's educational background:	a. Illiterate [ ] b. Literate [ ] c. Educated [ ] (level passed, …….)		
18.	Mother's educational	a. Illiterate [ ] b. Literate [ ]		

	background:	c. Educated [ ] (level passed, …….)		

19.	How many brothers and sisters do you have?	Brothers: ……..1 Sisters : ……2		
20.	What is the main occupation of your family?	⁾ Agriculture ⁾ Foreign employment ⁾ Service ⁾ Trade/Business ⁾ Wage worker		
21.	What facilities of the following are available in your family?	Yes No ⁾ Electricity 1 2 ⁾ Radio 1 2 ⁾ Television 1 2 ⁾ Computer 1 2 ⁾ Telephone 1 2		
22.	How often do you read newspaper?	⁾ Daily ……1 ⁾ Sometimes ……..2 ⁾ Rarely …….3 ⁾ Never …….4		

Group C

Knowledge on STDs and HIV/AIDS

23.	Have you heard about STDs?	Yes …….1 No …….2		
24.	If yes, which STDs have you heard?	Syphilis ……1 Gonorrhoea ……..2 Chalamydia ……..3 Trichonomosis ……4 Genital warts ……..…….5 Chancroid …….6 Others ……..7		

25.	What is the main source of information?	Radio ……..…….1 T.V. …….2 Magazine …….3 Doctors …….4 Friends …….5 Teacher ……6 Others …….7		
26.	Do you know about the way of transmission of STDs?	Yes …….1 No ..…….2		
27.	If yes, how is the STDs transmitted?	Sexual contact ……1 Living together ……..2 Sharing foods …….3 Others …….4		
28.	Have you heard about HIV/AIDS?	Yes ……...1 No ..……...2		
29.	If yes, what is the main source of information?	Radio ……...1 T.V. ……..2 Magazine ……..3 Doctors ……..4 Friends ……...5 Parents ……..….6 Teacher ……..7 Others ……...8		
30.	Is there anything a person can do to avoid getting STDs/HIV/AIDS?	Yes ……...1 No ..……..2 Don't know ..……..…3		
31.	If yes, what can a person do?	Safe sex …….. 1 Abstain from sex ……. 2 Using condom ……. 3 Avoid sex with prostitutes …….4		

32.	Have you heard of a person with HIV/AIDS?	Yes ……...1 No ..……..2		
33.	Do you know the way of transmission of HIV/AIDS	Yes ……...1 No ..……..2		
34.	If yes, how is the HIV/AIDS transmitted?	Sexual contact ……..1 Living together …….2 Sharing foods ……..3 Others ……..…4		
35.	Do you know the prevention of HIV/AIDS?	Yes ……...1 No ..……..2		
36.	If yes, how can it be prevented?	Safe sex ……...1 Use of condom ……..…2 Faithful to one partner ……..…3 Regular medical checks ……4 Safe blood transfusion ……..……5 Others ……..…6		
37.	In you community, if some one has HIV/AIDS then what do you do?	Socially hate ……1 Encourage to long life ……..…2 Behave as usual ……..…3 Others ……..4		
38.	In your opinion do we need sex knowledge?	Yes …… No …….. Don't know …… (If yes) Reason ……		
39.	Have you got sex Knowledge from your parents?	Yes ……...1 No ..……..2		
40.	Do you even talk about sexual activity with your friends?	Yes ……...1 No ..……..2		

41.	How did you get sex knowledge?	From friends ……..…..1 From school ……2 Radio ……..3 Television ……...4 Newspaper ……..5 Film ……6 Others …….7		
42.	Which of the following statement is true ?	a. AIDS is transferred from infected male only. [ ] b. AIDS is transferred from infected female only. [ ] c. AIDS is transferred from both of them. [ ] d. AIDS is transferred from neither of them. [ ]		
43.	Do your parents talk about HIV/IDS with you?	Yes ……...1 No ..……..2		
44.	Do you think that parents need to talk about HIV/AIDS with their children?	Yes ……...1 No ..……..2 Don't know ..……3		
45.	If no, then why ?	…….		
46.	Have you ever been infected by STDs?	Yes ……...1 No ..……..2		
47.	Do you know that there is relationship between STD & HIV/AIDS?	Yes ……...1 No ..……..2		
48.	If yes, then what type of relationship?	a. STDs increases the risk of acquisition and transmission of HIV/AIDS. [ ] b. STDs decreases the risk of acquisition and transmission of HIV/AIDS. [ ]		

		c. There is no relationship between these two. [ ]		
49.	Can AIDS be cured?	Yes ……...1 No ..……..2 Don't know ..……3		
50.	Are there any AIDS related program conducted in your school?	Yes ……...1 No ..……..2		
51.	In your opinion is it necessary to a student to have knowledge and awareness about AIDS?	Yes ……...1 No ..……..2 Don't know ..……3		
52.	Are STDs and HIV/AIDS included in your curriculum?	Yes ……...1 No ..……..2 Don't know ..…….3		

Group D

Family Planning/Use of Condom

53.	Have you heard of FP method?	Yes ……...1 No ..……..2		
54.	If yes, the meaning of FP is ……..	a. To stop having many children. [ ] b. To make small family. [ ] c. To avoid unwanted pregnancies. [ ] d. By the aware of STDs/HIV/AIDS. [ ]		
55.	Do you know the use of any of the following FP methods?	a. Pills …….. [ ] b. IUD …….. [ ] c. Injection ……..….. [ ] d. Condoms …….. [ ] e. Norplant …… [ ] f. Female sterilization …… [ ] g. Male sterilization …… [ ] h. With drawal ……. [ ] i. Others ……... [ ]		

56.	Have you ever used contraceptive?	Yes ……...1 No ..……..2		
57.	If yes, what is the name of contraception?	……		
58.	What is your source of knowledge on FP?	Health office …….. Health worker …….. Friends …….. School teachers …….. Media exposure …….. Others ……..		
59.	Do you know about the condom?	Yes ……...1 No ..……..2		
60.	If yes, what is the main source of information?	(Media exposure) Radio ……..1 T.V. ……2 Doctors ……..……....3 Health worker ……..4 Friends …….5 Teacher …….6 Others ……7		
61.	Why is it used?	Specify ……..		