CHAPTER-I

1.1 General Background of the Study

The first AIDS (Acquired Immunodeficiency Syndromes) cause was diagnosed in 1981 in USA. Center for Diseases Control reported this early caused in 1981 were primarily homosexual man diagnosed Kaposi's sarcoma a presentation that occur mostly in this risk group (Moss, 1988). But it has been prevailing in human society before 1959 and they also viewed that the green monkey found in Africa, has been carrying its virus. The virus was transmitted by its biting or eating its meat of uncooked brain. (Jha, 1998, as Sited in Rayamajhi, 2000). HIV (Human Immunodeficiency Virus) is the main causative agent of AIDS. HIV is transmitted mainly by sexual contacts like wise contaminated with blood cell, semen etc from an infected mother to her baby. But it is not transmitted through social contacts like shaking hands, sitting together, playing together, using same toilet and swimming pools.

AIDS has been categorized into three stages. First is window period, second is carrier stage and third is full blown of AIDS. Window period generally takes 6-12 weeks when the person contracts HIV, but AIDS virus is not found in the time of blood taste, but the person can transmit the infection to others.

The second stage or the carrier stage takes two months from the initial period. In this stage AIDS virus is seen in the time of blood test. This period might takes 5-10 years from the initial period. it is known as HIV positive stage. The full blown of AIDS is the last stage of AIDS. HIV virus lives inside of the human and cannot survive long outside the body.

HIV/AIDS is transmitted mainly by sexual contacts like wise contaminated with blood cells etc, from an infected mother to her baby. It is not transmitted by social contacts like sitting together, playing together, working together, by shaking hands. Similarly, HIV/AIDS is not transmitted through food, water, utensils, insects, using same toilet and bathroom, use the same towel etc.

Since the detection of this epidemic it was rapidly spread all over the world. 14 million people have been died from the disease and a further 33 million are believed to be living with HIV.

In Nepal first AIDS case was diagnosed in 1988. Sexual contact with an infected partner is found to be the major contribution factor of HIV infection followed by intravenous mode of drug in Nepal.

There are various factors, which are considered to be the reason for the rapid spread of HIV/AIDS in Nepal.

- Girl trafficking
- Migrant workers
- Mobility of youths
- Low level of awareness on HIV/AIDS
- Prostitution.

The number of HIV positive people is growing rapidly in Nepal as in worldwide but lack of care and support to the HIV positive people. The main reason is due to fear of infection or lack of awareness.

The AIDS epidemic is now become havoc all over the world and South Asia is not exceptional one. Likewise it is spreading rapidly in Nepal as well as predominantly affecting youth people of our country.

Mainly there are three modes of transmission of HIV/AIDS:

- Unprotected sex partnering (heterosexual or homosexual)
- Exposure to infected blood products or detected organs or semen
- Transmission of infected mother to her fetus of infant (prenatal transmission)

There are various mode of transmission but sexual contact with an infected partner is found to be the major contributing factor of HIV infection followed by intravenous mode of drug used in Nepal. The HIV positive causes are relatively greater among males and females have longer number of developed AIDS compared to males.

The complex socio-economic condition including mass illiteracy poverty and poor health services and facilities is pushing Nepal to be one South Asian region. HIV/AIDS in Nepal has been spread due to the poor economic condition of people and low level of the awareness on HIV/AIDS.

The number of HIV positive people is growing rapidly in Nepal as in worldwide. HIV infection among teenagers is also high. Most of the teenagers in Nepal who even do not know that what is HIV/AIDS and how to protect them from its infection. Similarly, the young people who used to take drug from intervenes mode, and whom take sexual relationship with infected partners were also increasing in our country. This train led to raise the number of HIV infection in Nepal. The overall impact of the HIV/AIDS

may be very dangerous because it is spreading rapidly in economically and sexually active age group.

There is lack of care and support to the HIV positive especially in developing countries and Nepal is no exception. The main reason may be due to fear to infection or lack of awareness. Thus the spread of HIV virus will adversely affect the national income, saving and investment and government revenue.

HIV/AIDS has been spreading to rapidly all over the world. From the begging may effort for its prevention and control have been made by government, NGOs and INGOs to control the HIV infection.

1.2 Statement of the Problem

AIDS has become one of the frightening and deadly public health problems of the country and has affected men, women and children worldwide. The HIV virus doesn't seem to respect the geographical boundaries, so no countries of the global are immune to the HIV/AIDS.

HIV infection is growing up faster than ability of the overburdened. In developing countries, most of HIV infection and all case of AIDS go unreported. Above 14000 new HIV infections a day in 2003, among them more than 95% are in low and middle income country. Almost 2000 are in Children under 15 years of age and about 12000 are in children under 15 years, of whom, almost 15% are women and about 50% are 15-24 years old (WHO, 2003).

Globally, there are increasing infection rates among young people and in particular among young girls. Available data from Nepal, India and Pakistan suggest that new infections are occurring increasingly in young people below aged 29 (UNSIDS, 2002).

Recent data of UN/NCASC indicate that an estimated HIV patients by the end of 2003 is 63,000, among them 17% sex workers are infected by HIV/AIDS, similarly 70% IDUs and 13% others. There are estimated to be 14 new infections daily in Nepal. The main causes of increasing HIV/AIDS in Nepal are illiteracy, poverty, open border, girl trafficking, unemployment, mobility of the people and prostitution (NCASC, 2004).

FPAN reported that the mean age of first sexual intercourse in Nepal is 16.4 years for male and 16 for females. Despites the likelihood of sexual encounters during adolescence many young man and woman are unaware of the consequence of their partners. As a result, adolescent girl in Nepal are at risk of unwanted pregnancy and unsafe abortion and are equally vulnerable to STDs including HIV.

The findings of family health International (FHI) study in Nepal in 1996 revealed the 43% of sex workers were married when they were less than 15 years of age; 21% had their first sexual intercourse before the age of 16 and 12% before the age of 12. Condom used in such reltionship remains the exception rather than the norm. These facts show that the mean age of sexual intercourse in Nepal is around 16. This means risk to infection is also increase through young people in Nepal.

Similarly half of Nepal's 50000 drug users, including non-injecting drug users are in the age group of 16-25. HIV prevalence shot up among drug users in Nepal from 2.2% in 1995 to 505 in 1998 in Kathmandu to 68% by 2002. (New Era/FHI-2002) the probability of infection has spread to non-injection sexual partners.

Mostly the young women are vulnerable because of their social culture and ritual values. They cannot get sufficient information about it. The average age of marriage age in Nepal and other South Asian countries in 14-18 years when the immature cervix and genital tract are more susceptible to sexually transmitted infections (STIs). Also adolescence is a time when many people experiment-not only with different forms of sex but also with drugs. A part of HIV risk connected with needle sharing it is known that alcohol and other drugs can affect sexual behavior and increase young people risk of becoming infected with HIV or other STDs.

Nepal has developed a comprehensive national Adolescence Health and development strategy but its implementation unfortunately lags behind due to lack of resources and technical expertise (Shrestha, 2002).

HIV/AIDS is a nearly invisible epidemic in Nepal. It arrived relatively recently and has developed and spread almost without notice. A surprisingly large percentage of Nepal's population has never heard of the epidemic, and among those who have been fear, superstition and misinformation about HIV/AIDS abound. People fears catching it from a sneeze or bus seat. (Shrestha, 2002).

We know in Nepal's society there are lots of belief and superstition present now also. We have seen that the tuberculosis and leprosy patient had been facing better social problem for 50 years. They were retreated, discriminated and deprived by the society until the medicine was not discovered. (Rayamaghi, 2000). Almost the same treat has been repeated with patient of HIV/AIDS today.

There are reasons to believe that over the next decade, the development of HIV/AIDS in Nepal will be dramatic, with substantial social and economic consequences for a country poorly equipped to deal with them.

The mobility of the population, widespread ignorance, high prevalence of sexually transmitted disease and sharing of drug injecting equipments are the factors that make Nepal especially vulnerable to the epidemic.

Education and information is very important for increasing risk reduction behaviors such as abstinence and the delay of first sex, similarly promoting the use of condoms, reducing the number of sexual partners, also increasing understanding of the risk associated with injecting drug users.

The UNAIDS review of 53 programmes in 16 countries has shown that when young people are provided with accurate information of sexual and reproductive health, they are more likely to practice abstinence, delay onset of sexual activity and to practice safer sex. (Consistent and correct condom use) when they do become sexually active (UNAIDS, 1997).

So they should get right information about HIV/AIDS and other sexually transmitted infection, like how HIV/AIDS is (and is not) transmitted, how it affect the people, how young people can protect themselves about HIV infection to avoid transmitting to it other. Health education and awareness give them the answer of the above mention questions.

Human right, which says that domestic voilence, is considered to be one of the most common forms of violence by intimate partners. As per a report, 10-50% women globally reported physical abuse by an intimate partner at last one in their lives with several of violence increase female vulnerability to HIV/AIDS and many other diseases. Due to fear of violence, women may not have access the information about HIV/AIDS and service for the prevention and transmission of the disease for infants. They are also likely to be deprived of treatment and counseling even when they know that they have been infected. (Dahal, 2004).

So the AIDS awareness programme and AIDS education programme should be lunched on the target group to solve the problem. Though awareness-raising programmes have been lunched in Nepal, it seems necessary to focus on micro level studies in different village for prevention and control of HIV/AIDS.

Nepal is classified as concentrated epidemic country from HIV/AIDS point of view. The mobility of the population, widespread ignorance, high prevalence of sexually transmitted diseases and sharing of drug injecting equipment are the factors that makes Nepal especially vulnerable to the epidemic.

Therefore awareness-raising programme have been lunched in Nepal, it seems necessary to focus on micro level studies in different place for prevention and control.

1.3 Objectives

The general objective of the study is to know the knowledge of HIV/AIDS among teenagers. However, the specific objectives are as follows:

1. To describe the present status and trend of the HIV/AIDS in Nepal.
2. To access the knowledge of HIV/AIDS among teenagers.
3. To examine the measure to control HIV/AIDS in Nepal.

1.4. Significance of the study

The Significance of the study is that it gives knowledge about the HIV/AIDS; the spread of virus and also it may provide the skill for protecting from HIV infection.

From this study one will get an overview of the current status of HIV/AIDS around the world, South Asia and Nepal. It also gives an overview of the response to HIV/AIDS in Nepal.

This study has been focused on the awareness among the students; therefore the analyzed data can be helpful for the community to be more active to conduct effective awareness programme. And also it will help the government and other internal agencies to keep further steps in the prevention of HIV/AIDS.

Overall it has given us a clear vision on HIV/AIDS, which will help to expose determinants of our physical, mental and social well being that means allowing us to take a more direct responsibility for our own lives.

1.5 Limitation of the Study

a. Due to the lack of time and sources this study was concerning on the HIV/AIDS awareness only among the teenagers.
b. It will not cover HIV/AIDS awareness and risky behavior for HIV infection and transmission of other age groups.
c. The study was concerned only in urban area (walling municipality)
d. This study conducted only in walling municipality ward o 7 and 8 of Syangja district.
e. The study is conducted only with knowledge and behavior towards HIV/AIDS rather than other diseases.

1.6 Organization of the study

This study is divided in to 6(six) chapters. The first chapter is introduction, which contains general background, statement of the problem, objectives, significant and organization of the study. Second chapter is literature review contain review on global, Nepalese context and overview of HIV/AIDS. Third contains methodology of the study. The third chapter is divided into seven sub chapters, which are research design, study area, universe and sample, nature and resources of data, data collection techniques, data analysis, interpretation and limitation.

Similarly, chapter, chapter 4, and 5 contain the findings of the study and chapter 6 is related to the summary and conclusion of the study.

CHAPTER-II

LITERATURE REVIEW

Very few research works have been carried out in the Nepalese context. But most of the works about HIV/AIDS have been done in the context of developing countries of Latin American, Africa and Asian. However some books, journals, articles, research reports including thesis newspaper is reviewed. The reviewed literatures were categorized into two parts, which are as follows:

2.1 Review on Global Context

The first case of HIV was reported by centers for Disease control (CDC) in USA in 1981. The homosexual men from USA were the first reported case of AIDS worldwide. The first officially recorded death of a USSR citizen due to the AIDS in July 1988, who was a female prostitute (MOSS, 1988).

In between 1981 to 2000, almost 14 million people including children and women have been died from AIDS. Similarly 33 million people are believed to be living with HIV (AIDS Report, 2002) by 1987 AIDS had been reported in all western European and Eastern European countries, Australia, Middle east South, East Asia, Africa HIV infection appears to have spread over much of the world during the decade 1976-1986 (MOSS, 1988). This are an estimated 4.2 million people in South Asia living with HIV/AIDS. Although several countries in the region have low prevalence rates. All the countries are at the risk (UNICEF-2003). Similarly nearly 9,00,000 persons living with HIV/AIDS in the South East Asia Region urgently require anti retroviral (RAV) treatment, but fewer than 30,000 are currently receiving it. (WHO, 2003).

Global estimation of people living with HIV/AIDS at the end of 1997 add up to a staggering 30.6 million. Out of this total 21 million are living in Africa, while 5.8 million are living in south East Asia as compared to only 860,000 in North Africa. The number of death ascribed to HIV/AIDS in 1997 was 2-3 million. Total number of estimated deaths due to HIV/AIDS from the beginning of the epidemic to the end of 1997 adds up to 11.7 million. The largest proportion of these deaths is in sub-sheharan Africa, adding up to 9.6 million. While North America has total number of estimated death numbering 420,000, south and south have an estimated figure of 730,000 deaths.(AIDS Reports, 1999). UNAIDS reported that about 16000 new HIV infections occurred everyday in 1997 was 5.8 million. Out of these 5.8 million in south and south East Asia while it was 44,000 for North America. Based on analysis of 1997 figures, UNAIDS and WHO reports point out that more than 90 percent of the new HIV infections are in developing countries. About 10 percent of the 16,000 new infections are in children under 15 years of age. About 14,000 are person aged 15-49 years, of whom 40 percent are 1524 years old.

There are estimated 6 million people living with HIV/AIDS in south east Asia Region (SEAR) the second highest number of case in the world after sub-saharan Africa (UNICEF, 2003).

Worldwide, in 1997 alone about three million young people between 15-2 years age become infected with HIV. About two third of them were girls. More than half of the 16,000 new HIV infections, which occur daily, are among 1524 years old (AIDS Report, 1999).

Young people are the most vulnerable person of the global HIV/AIDS epidemic (UNICEF, 2003) AIDS is now the leading cause of death among adults is sub-sharan (UNAIDS/WHO, 2002. AIDS and other major situation of HIV infection have become an important public health concern throughout Africa (WHO, 1992).

There are three mode of transmission, sexual, prenatal and permitted. Despite the essential seminaries in mode of HIV transmission throughout of world, there has been important regional variation (WHO, 1992). Heterosexual spread Of AIDS to be a major public health concern in western countries (Moss, 1988) in Africa and to a growing extent, the Caribbean and parts of LATIN America, sexual transmission in predominantly heterosexual (WHO, 1992).

AIDS was reported that the majority of HIV infections in the SEAR occur through unprotected region, infecting drug abuse in adding to the rapid spread of the epidemic around half of injecting in Nepal, Myanmar, Thailand, Indonesia and Manipur State in India (WHO, 1992).

Although the HIV prevalence rates still low in most country of SEA, it has one of the most rapidly growing HIV/AIDS epidemics because of its large population based and presence of several factors that enhanced the spread of HIV, including poverty, gender inequality and social stigma, the South-east Asia Region is likely to increasingly suffer the burnt of the epidemic.

Risk to induction is also increase through young people in Nepal, India, and Pakistan and Bangladesh turning more to drug use particularly to injecting

drug abuse (UNICEF, 2003). Poverty, illiteracy and gender inequalities increase the vulnerability of people to HIV/AIDS. Women and girls are particularly vulnerable, especially these who face violence and abuse, including trafficking. The face of HIV/AIDS is becoming young and younger. An age specific peak of AIDS incidence and HIV prevalence between 20 and 39 years of age (women generally being younger than man)-WHO, 1992).

Most teenagers and adults are abstinent or faithful to their current sexual partner but large minority of men an a smaller minority of women have concurrent sexual relationships. Over their lifetime man have many more partners than women and therefore more opportunity to contract and pass on HIV (AIDS Report, 19930

In fact in 2004 most HIV infections come from heterosexual sex. And in heterosexual sex women are most likely to become infected than are men. Men are the most common routes of HIV transmission to women. In fact, most women infected with HIV have caught the virus from a husband or partner (Gopa Kumar, 2004).

2.2. Review in Nepalese Context

It is believed that AIDS is at an early stage of the transmission in Nepal. According to the experts Nepal has moved from being a "Low prevalence country to be categorized of "concentrated epidemic".

There is very less date on the epidemic in rural areas in Nepal. However, there is apparently growing rural epidemic (especially in the far-western hill districts) fueled by returning labor migrants from India (WHO, 2004).

From various organizations expressed the HIV/AIDS epidemic. The situation of HIV/AIDS from last decade is very serious. There are 63,000 HIV positive cases in Nepal (NCASC, 2004). The ministry of Health reported 3,388 HIV infections and 798 AIDS cases in January 2004. Now there are 4354 people living with HIV/AIDS and among them 1,164 are women (NCASC, 2004).

The problem has been seen in women due to unsafe sexual activities. Many women have the responsibility for feed their family and they are indirectly forced to involve themselves in commercial sex. Other cause behind greater number of infections in women is polygamy, divorce, domestic conflict, child marriage, social conflict and lack of health service (The Rising Nepal: 30th Dec, 2004).

AIDS is different form other health issue because it targets the younger generation who are in the prime of their economically productive age and who are also pillars of the community and the family (Gopa Kumar, 2004).

The liberal attitude towards sex in certain ethnic groups leading to the acceptance of prostitution and a means of livelihood on the one hand and the increase in the practice of multiple partnering as a means of fulfilling sexual desire have now emerged as important contributing factors for the spread of HIV/AIDS in Nepal (Shrestha, 1999).

Un Nepal like other developing countries, HIV/AIDS cases have been increasing. Various epidemiological evidence suggested that the principle mode of HIV/AIDS transmission in axial was heterosexual contact with commercial sex workers (CSWs) (NCASC, 1999).

High prevalence of sexually transmitted diseases and low rates of condom use facilities are the HIV transmission in Nepal. In addition, lack of public awareness, related to the country's low arte literacy, a shortage of appropriate AIDS education messages, and strong culture prohibition against the public dissension of sex further contribute to the problem (Karki, 1999 cited by Rayamajhi, 2000).

Everyday more than 30 people are getting infected with HIV in Nepal. Women and children are most vulnerable to HIV infection. Weak health is system results in less people getting tasted and lesser getting treated. Conflict is leading to migration and migrant labors returns have with the infection. Western and far western region is highest accounted for migration related AIDS. In Katmandu 70% of injecting drug users are infected with HIV. Rejected women are sent back home when they are found to be infected with HIV social stigma, poverty and illiteracy stimulate the AIDS epidemic everywhere and our country is no exception. By the end of 2005 it is estimated that more than 1 percent of adult Nepalese will be living with HIV. Also there will be 150000 AIDS related death each year by 2005.

The AIDS has presented an immense threat to the Nepalese women of all ethnic groups. This problem has negative effect on family life. Women in

Nepal are facing increased risk of the HIV/AIDS infection for the careless sexual indulgence of there in men counterparts. Because of this gender inequality it makes it difficult to renegotiate safer sexual histories. Thus the risk of getting HIV infection exists in all women not just prostitutes but women with more that one sex partner (Shrestha, 1999).

According to the report of UNICEF Nepal (2001), 13% of young people (drug users) are infected by HIV/AIDS. Among them 5.4% are using drug by injection (intravenous drugs users). 90% of young people have knowledge that HIV/AIDS is transmitted only by sexual contact. Only 5% young people have knowledge that HIV can also transmitted by injecting equipments. Thus, one of the main reasons for the transmission of HIV/AIDS is sharing of same syringe among the drug addicts.

The main route for HIV spread in Nepalese are the prostitution of Nepali women to brothels in Bombay, Delhi and Calcutta. There are an estimated 100,000 Nepali prostitutes in Bombay alone and are at least 200,000 Nepali prostitutes in India. Upon testing positive for HIV, most prostitutes are deported to Nepal where having no livelihood they may marry or continue prostitution. Already, 47% of prostitutes in Bombay brothels are HIV positive. The poor Nepali girl, as 10 years old, sold by middle men to brothels in Bombay and returning HIV positive (Shrestha, 2000).

Care and support for HIV/AIDS in Nepal has been issue of debate since the very beginning of the epidemic reported in Nepal. A few hospitals in Kathmandu have started care and treatment of symptomatic HIV positive people and a few NGOs are providing some degree of care and support.

Voluntary council and testing (VCT) is provided on an extremely limited scale in Nepal and if, only in urban areas (Shrestha, 2000).

The government has providing -Retroviral treatment (ART) to 75 people and aims to expand service from the Tribhuvan University teaching Hospital (TUTH), Nepaljung and B.P. Koirala health Institute, Dharan within this fiscal year (The Rising Nepal-1st Dec, 2004).

There is a evidence that when serious and sustained efforts are made to ensure that young people live in a supportive environment and have the knowledge, skills and services to protect themselves, HIV rated decline.
The provision of supportive services including voluntary counseling and testing (VCT) will become even more acute as the epidemic progress and as more infected young people start to fill ill. Nine put of ten people living with HIV/AIDS do not know they are infected. Studies have shown that young people have a strong interest in knowing their status.

Government must take sexual violence unaccepted by enacting and enforcing laws that protect girls and boys, young women and men from all forms of sexual violence and exploitation. These national policies and legislation are necessary not only to protect young people from abuse but also to ensure access to information and young people friendly services (UNICEF, 2003).

A separate legislation advocating reformed HIV and AIDS programmes with provision for ensuring bitter health care access for people living with HIV and AIDS (PLWHA), and protection of their rights, is in the offing. The

legislation, 'HIV and AIDS treatment preservation and control Bill/ordinance 2061' was prepared after numerous consultation with government PLWHA, NGOs, Civil society and development partners.

A large proportion of women and adolescents did not have a clean concept of sex education. However they were extremely willing to learn more about sex education. Therefore, education activities related to dissemination of scientific facts about sex and sexual behavior and their role in transmission and prevention of STDs including HIV/AIDS; and also in reproductive health should be carried out of trough better utilization of women health volunteers, young groups and family members in addition to the use of mass media such as radio (Khatri, 1999).

Many of the reviewed literature did not have strong research design. This study will be attempted to identify the challenges about HIV/AIDS, future programme to be met to the knowledge and prevention of HIV/AIDS.

2.3 Over View of HIV/AIDS

The full form of HIV is Human Immune Deficiency Virus. HIV is the main causative agent of AIDS.

H-Human: Mankind

Immune Deficiency-The inability of the body's immune system to protest the body from infection

V- VIRUS: Agent of causing disease

AIDS is one of the transmissible diseases. It is a communicable disease caused by HIV. AIDS damaged the immune system, undermining the body's

ability to define itself from infection and disease. Once HIV is entering the body, it remains there for life.

A-AQUIRED: Most do something to contract

I-IMMUNE: Ability to fight against external agents (Particularly microbes i.e. Virus, bacteria etc.)

D-DEFICIENCY: lack of

S-SUNDROME: Combination of sign of symptoms that characterless for a disease

Infection with HIV does not mean that a person has AIDS. Some people who have HIV infection may not develop any the (symptoms) illness that define the full blown of AIDS for ten tears of more. Physician prefer to use the team AIDS for cases where a person has reached the final, life threatening stage of HIV infection.

2.3.1. Origin of the HIV

Center for Disease control (CDC, America) studies of stored blood from United States suggest that HIV infection was well stabilities there by 1978. However, scientists have determined that HIV originated around 1930 in rural area of central Africa. Researchers believe that the virus was present insulated population (Communities) for many years before the epidemic began. The virus probably did not spread in other communities because that community had limited contact with people from other areas. But in 1960's to 1970s due to many reasons like wars, drought and famine forced the people from those rural communities to migrate to cities to survive. Then, their lifestyles become changed, including patterns of sexual behaviors. At the same time, the incident of sexually transmitted infection, including HIV

infection, accelerated and quickly spread through Africa. Similarly world tend become easier, HIV infection developed into a worldwide epidemic.

However, the development of science and technology, new facts are discovered about virus like HIV, the question of where first HIV came from is more complicated to answer. Moreover these questions are not important and do not help in the efforts to combat this epidemic. What is more important is that the HIV patient in all the countries and we need to determine the facts that prevent the further spread of HIV.

2.3.2. The virus HIV requires certain condition of temperature and humidity to survive. Also it only produces within some cells of the human body. The virus is communicated from infected person to healthy person by sexual contact or through blood.

a. Sex with an infected person:

HIV transmission occurs most commonly during intermit sexual contact with an infected person, including genital (veginal), anal, oral sex. The virus is present in the infected person semen or veginal fluids. In most part of the world, HIV is most commonly transmitted through heterosexual sex, but homosexual transmission is also present in many countries of North America and Africa.

b. By sharing of infecting equipments:

HIV can be transmitted with during sharing of needles contaminated with infected blood. Due to this practice infected blood will transfer HIV directly into the blood stream.

c. Contact with the infected blood:

HIV is transmitted through infected blood or blood products. Therefore, there is also risk of being infection from a blood transfusion.

d. By an infected mother to her baby:

HIV can be transmitted from an infected mother to her baby during pregnancy or during childbirth or through breast-feeding. Mother to her child transmission accounts for 90 percent of all cases of AIDS in children.

2.3.3. Process of Infection

The AIDS virus runs the violin system of the people. When the virus entered into the baby it will start to attack the reproductive mechanism of human cell. The cells are known, as T cells T cells are especially vulnerable to HIV attack. Those vulnerable T cells are known as CD4 cells. When HIV infects a CD4 cell, it destroying the CD4 cell. There is no vaccine and no machinery treatment can completely eradicate the HHIV from the body once it has integrated into human cell.

2.3.4. Symptoms

HIV destroys the natural defense mechanism of the body. HIV occupies certain defuse cells, where, it multiplies which it ultimately destroys, so immune system becomes progressively weaker.

HIV infected person will be perfectly healthy over many years. An initial stage of infection may produce no symptoms. Most of the people newly infected (with one to three week after infection) by HIV experience general discomfort like flu, eventually, general symptoms of disease appears, such as

fever, late of diarrhea, weight lost, cough for more than a months, skin ashes and lymph node enlargement.

In later stage cancer and serious neurological disturbance may occur. When HIV attacks nerves cell directly, causing dysfunction of the brain and nervous system, this may led to the loss of important body function, to paralysis and to serious physical and mental damage.

The average healthy person has over 1000 CD4 cell per micro liter of blood, when the density of CD4 cells drops to 200 cells per micro liter of blood, the infected person become vulnerable to many of opportunistic infections.
HIV infection also destroys the body's natural defense against various, fungi. This may lead to most annoying fungus attack on the mucous membrane, especially in mouth

The virus also destroys the body's natural defense against the cancer cell. On skin and mucous membrane the blue and black tumors of Kopasi sarcorma occur in some HIV patients.

AIDS has many phases and rate of its progress varies from person tp person. During the opportunistic infection phase, this stage last from several months to years. The cumulative effects of this illness usually cause death. So mat the last stage medication become less and less important. Care and support are the main source of strength for people of living with AIDS (PLWHA).

2.3.5. Diagnosis

Generally the test did not detect the virus itself. But the antibodies produce by the immune system is response to the virus. The test to detect HIV antibodies in the blood is the Enzyme Linked Immune Sorbet Assay (ELISA). In this test, a blood sample is mixed with proteins from HIV. If the blood contains HIV antibodies, they attached with the HIV proteins, producing a telltale color change in the mixture. This test is highly reliable when performed two to three months after infection with HIV.

If no antibodies were detected in the blood of person tested the result is called HIV negative. A negative test does not protect some one from the future infection. Therefore, to take precautions in situations involving of HIV transmission.

If HIV antibodies are in the blood of a person tested, the result is called HIV positive. Another type of test is called western Blot test. The combination of the ELISA and the western Blot test is more reliable in detecting HIV infection. The diagnosis of AIDS for HIV infected persons whose CD4 cells counts falls below 200 cells per micro liter of blood.

2.3.6. Treatment

Since, there is no medical treatment that cures AIDS. However new method to treat the disease has developed rapidly, that can reduce the number of new cases of the disease and for can improve the quality of those who suffering from the HIV infection. Medicines are available that can slow the damage that HIV causes to the natural defense system. Currently antiretroviral drugs nucleoside analogue known as azidothymidine (AZT) is available from

1987. AZT slows the HIV growth in the body also make possible an increase in the number of CD4 cells, which increase strength. AZT also present transmission of HIV from an infected mother to her new born baby. Likewise dd1 and ddc, have effects, when these are used in combination with each other. Otherwise, these drugs are not particularly powerful when used alone. The emphasis is now on going a combination of drug.

Antiretroviral therapy using drugs that suppress HIV replications. Medications and other treatments that fight the opportunistic infections and cancer that commonly accompany HIV infection.

In addition these drugs are very expensive. On Dec. 2003, Who published a global strategy outlining how the organization would contribute to the target of treating million people in developing countries with antiretroviral (ARVs) by the end of 2005 WHO and its partners lunched the" target 3 million by 2005 (3 by 5)"initiative". WHO-2003

"THERE IS NO ACTUAL CARE IS AVAILABLE,
PREVENTION IS THE ONLY CARE" (NCASC)

2.3.7. Preventive Measure of HIV/AIDS

Since prevention is the only protection, precaution should be taken to avoid AIDS. Such as:

a. Use condom: Condom can be used properly offer of high degree of protection from HIV infection in sexual intercourse.

b. Avoid multiple partners: being mutually faithful to your partner, you have the lower risk of exposure to the virus that causes AIDS.

c. Always use of disposable syringes and needles: Used syringes and needle contains some blood, so if the user was HIV positive, this blood will be infectious. Therefore always using new needles, syringes, blades and razors.

d. Use only HIV screened (HIV free) blood: Now in many place blood is screened for HIV before it is transfused. If you need a transfused try to ensure that screened blood is a used and always used screened blood products when required.

e. Taking advises before planning a baby: HIV infected women always seeking advise before planning a baby.

f. Proper treatment of STDs: Every sexually transmitted disease has 9-time higher risk of getting HIV. HIV enters through sores/ulcers into the skin during sexual contact. Early treatment of STD reduces the risk of spread to other sexual partner and also reduces the risk of contracting HIV from HIV infected partner.

2.3.8. Misperceptions about HIV Transmission

The HIV virus dies quickly if exposed to the environment. It means HIV can not surviving outside the body. Even though there are some misperceptions about HIV transmission. No evidence has linked HIV infection to causal contact.

HIV is not spread through:

- Shaking hands, hugging and kissing.
- Sharing swimming pool, toilet, bathroom/comb etc.
- Eating in same plates (sharing dishes).
- Causality living with people with HIV/AIDS.
- Caring from infected person (HIV/AIDS patient)
- Insect bite or mosquito bite.
- Traveling in the same bus.
- Snooze or cough.

CHAPTER-III

RESEARCH METHODOLOGY

3.1. Research Design

There is various research approaches in social research. To fulfill the objectives of this study is to know the attitude and knowledge of teenagers in HIV/AIDS was exploring through exploratory approach as well as descriptive approach.

3.2. Study Area

The study was conducted in walling municipality ward no 7 and 8 of Syangja district. The focused group was teenagers.

3.3 Universes and Sample

100 teenagers were selected as a sample from waling municipality ward no 7 and 8 for this study. These respondents have been chosen by using random sampling method.

3.4. Nature and Source of Data

Both primary and secondary sources of data were collected in this study.

3.4.1. Source of Data

This study was based on both primary and secondary information.

Primary source:

This primary information was conducted from the respondents, using sets, made questionnaire by the researcher in walling municipality ward no 7 and 8.

Secondary data:

Secondary sources of data has equally used in this study, secondary data was collected from study reports, books, journals, newspaper, magazines, electronic media (Radio, Television, Internet etc.) Central library, TU, some government planning and policies and documents regarding HIV/AIDS were also interviewed.

3.5. Data Collection Technique

Various method/techniques of data collection i.e. observation, interview, sampling, questionnaire were used in this study.

3.5.1. Data Collection Tools

The processing and data collection procedures are as follows:

a. Individual questionnaire
b. Semi-structured questionnaire
c. Check list

3.6. Data Processing and Data Analysis

The questionnaires used in the field study are presented in self-mode table by the research, data collected during the field study period are analyzing the information conclusion and necessary recommendations are made.

CHAPTER-IV

PRESENT STATUS AND TREND OF HIV/AIDS IN NEPAL

The First AIDS case was diagnosed in July 1998 in an overseas tourist. The problem was coming through commercial sex workers (CSWs) from Indian brothels. Since that time HIV/AIDS have been increased dramatically.

Due to the open border and free flow of goods and services in a global economic market now it makes very easy to send venerable and uneducated Nepali girls to new markets. When they were trafficked to the biggest cities of India and may other countries of Middle East, they will force to work in brothels as sex workers (SWs).

There are lacking of surveillance data in Nepal, limited data indicate HIV prevalence in currently around 0.5% in the general population. However the currently the low prevalence among the general population makes an increasing prevalence in several groups, i.e. SWS in Kathmandu 17.3% (FHI, 2000), IDUs 40.4% national wide and 68% in the Kathmandu valley (NCASC, 2000, FHI, 2000). Therefore Nepal is classified as "Concentrated epidemic".

Many socio-economic conditions, poverty, political instability, environmental degradation are the main factors to increase vulnerability to HIV in our country.

4.1 Status of HIV/AIDS in Nepal

Table-4.1

Cumulative HIV/AIDS Situation of Nepal (As of Dec.31, 2004)

Condition	Male	Female	Total	New case in Dec. 2004
HIV+(including AIDS)	3343	1250	4593	151
AIDS (Out of total HIV)	605	241	846*	4

Source-NCASC-2004

*Death -203 (new death cases in Dec. 2004-3)

From the table 4.1, in 1988 when the first case of HIV/AIDS has been noticed, from that time HIV/AIDS has become a serious health problem in Nepal. Since then 4593 HIV positive case has been reported, out of them 846 have full blown of AIDS and 203 have already died by AIDS. Out of total AIDS cases 605 are male and 241 are females. The table also indicates that 3343 males and 1250 females HIV+ cases have been reported.

Table-4.2

Cumulative HIV Infection by Sub-Group and Sex.

Sub group	Male	Female	Total	New case in Dec.2004	%
Sex workers(SWs)	0	560	6		
Clients of Sws/STD	2406	61	2467	48	
Housewives	0	580	580	55	
Blood all organ reciptients	7	2	9		
Injecting Drug Users (IDU)	872	12	884**	36	
Children	58	35	93	6	
Total	3343	1250	4593	151	

Source-NCASC, 2004

**Mode of transmission-IDU or sexual

From the table 4.2, the clients of SWs(person carrying sexually transmitted diseases) are more than 50%. The case of injection through intravenous drogue use is more then the case of blood transfusion and prenatal case.

Figure. 4.1

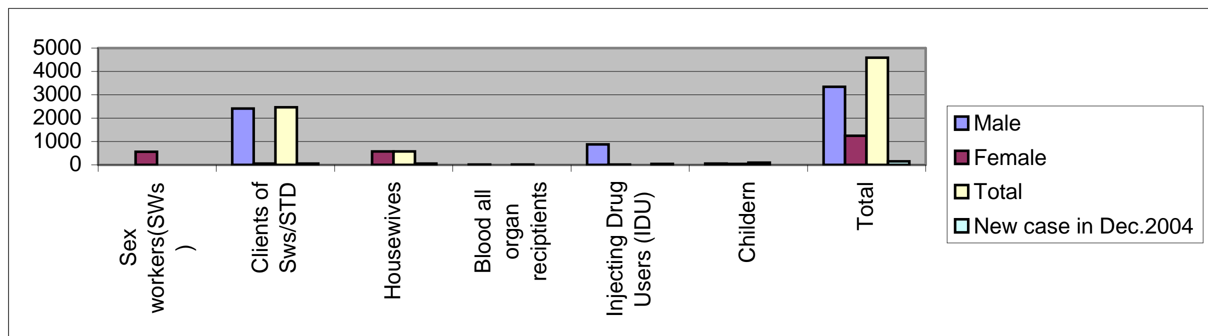


Table-4.3

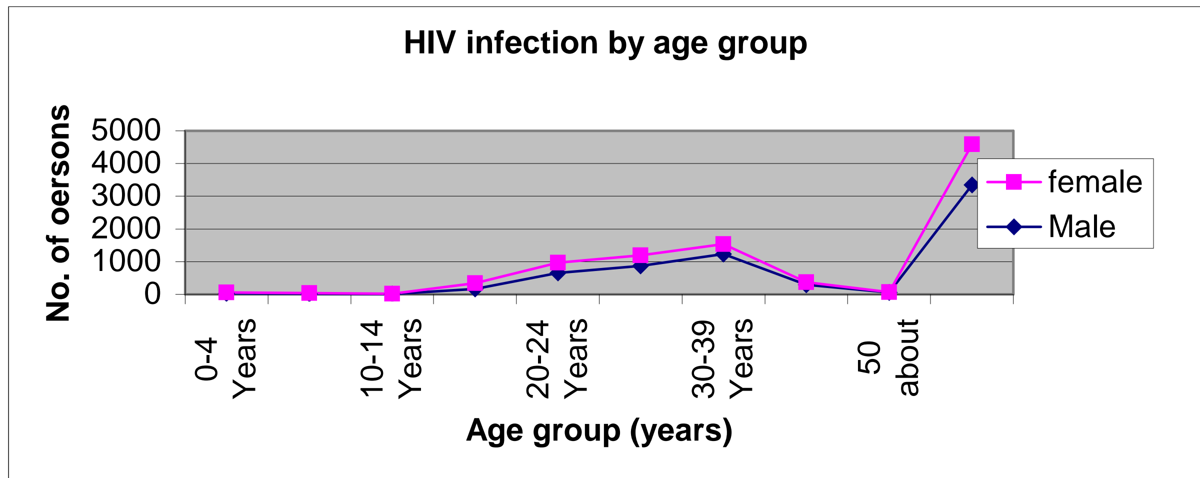
Cumulative HIV infection by age group

Age Group	Male	Female	Total	New case in Dec. 2004
0-4 Years	33	21	54	2
5-9 Years	23	14	37	3
10-14 Years	13	7	20	1
15-19 Years	170	172	324	3
20-24 Years	655	316	971	22
25-29 Years	868	322	1190	34
30-39 Years	1230	306	1536	60
40-49 Years	295	80	375	23
50 about	56	12	68	3
Total	3343	1250	4593	151

Source-NCASC, 2004

By the table 4.3, it can see that the maximum cases if HIV/AIDS are found in the age group between 15-49 years for both male and female. Case of infection below 14 an above 50 years of age is very few as compare to the other age group.

Figure. 4.2



By looking at the figure 4.2, it is clear that cause of HIV/AIDS are concentrated in the age group of 20-29 years, for both sexes, which is regarded as most productive and sexually active group. As we know that between 14-49 years it is linked with the earning group. Therefore, all the HIV/AIDS cases belong to the earning group. The most vulnerable age group in male is 20-39 years and in the case of female it is 15-39 years. There are few cases in the age group between 0-14 years and above 50 years. The new carrier of an infection of HIV spread in Nepal is the rising prostitution within Nepal. *Badi* (untouchable cast) are sanctioned by the Hindu religion. So women from this caste, who have not alternative source of income to subsist were forced ti involve in sex work to earn money. Similarly many of the refugee women also taken prostitution as a job. The victim of HIV/AIDS is mostly from 20-29 years for both sexes.

Similarly number of clients of SWs is increasing. So they get money (earn money) from prostitution will continue in Nepal.

4.2 Trend of HIV/AIDS

Since 1988, HIV/AIDS cases have been increasing in Nepal. The table 4.4 shows the trend of HIV/AIDS in Nepal.

Table-4.4

Years wise Detection of HIV/AIDS in Nepal (1988-2003).

Years	No of Sample	HIV Positive			AIDS		
		Male	Female	Total	Male	Female	Total
1988	9016	3	1	4	1	1	2
1989	5180	-	2	2	-	-	-
1990	8619	2	3	5	-	2	2
1991	17000	12	14	26	2	3	5
1992	33995	39	38	77	1	4	5
1993	38228	41	40	81	4	6	10
1994	146523	18	22	40	2	9	11
1995	21867	71	39	110	12	4	16
1996	10457	50	86	135	13	18	31
1997	9475	394	95	489	76	24	100
1998	3611	166	64	220	38	16	54
1999	5137	174	48	222	35	19	54
2000	3039	301	95	396	117	48	165
2001	1470	264	60	324	62	23	85
2002	5596	360	107	467	70	14	84
2003	2179	505	209	714	61	19	80
TOTAL	191425	2400	912	3312	404	210	704

Source : NCASC-2004

From the table 4.4, it can see that at the beginning of the epidemic (1988) there were 4 HIV positive cases including 2 AIDS cases were reported. Since then HIV/AIDS epidemic has been increasing dramatically. Generally from 1988-1996 there were more female affected by HIV. Out of then 13 males and 18 females were affected by AIDS. In 2003 alone, 505 males and 209 females have been diagnosed with HIV positive, among them 61 males and 19 females have been detected with increasing rapidly over the last 16 years.

Figure. 4.3

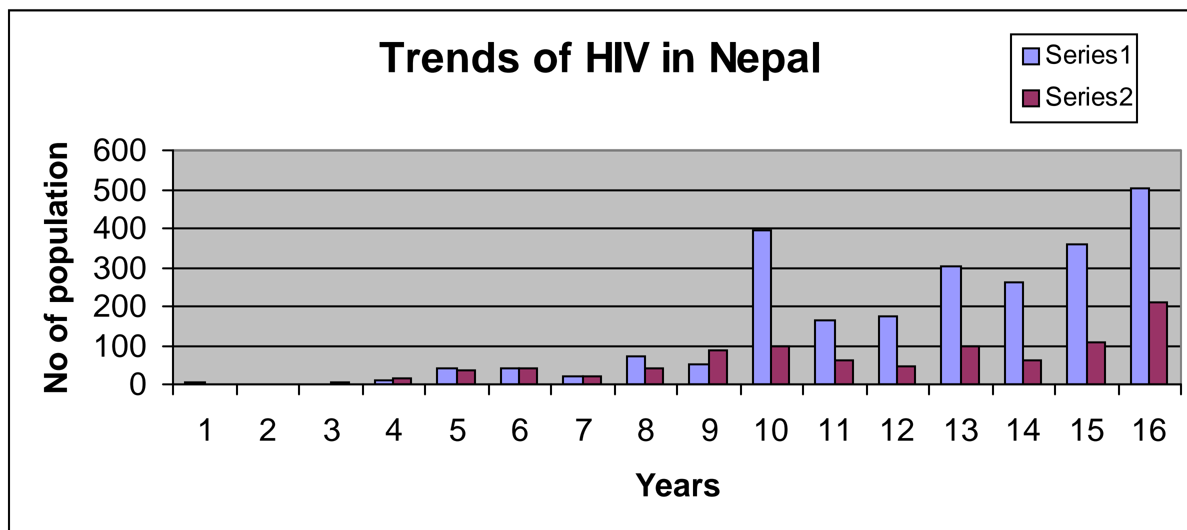
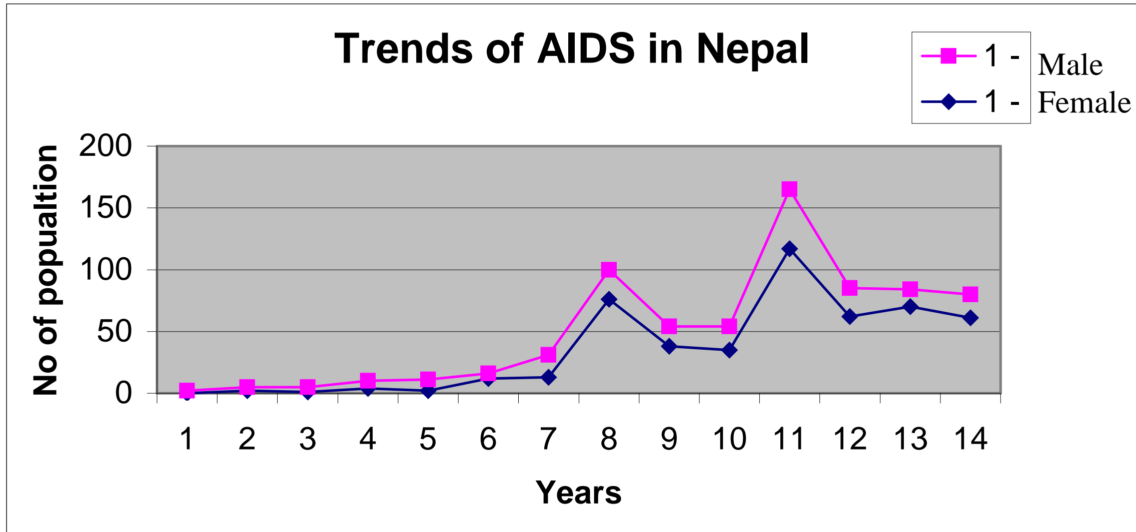


Figure 4.3 shows of the trend of HIV cases. In the beginning years the proportion of HIV positive cases shows a uniform upward trend till 1997, later than is slightly decline in the year of 1988-1999. Bit the decrease is only till 1999, then after up and down trend was there till 2001. Again it is increasing from 2002. In 2003 there were 505 males and 209 females were infected by HIV.

Figure. 4.4



From the figure 4.4, the graphical presentation of the trends of AIDS cases, it can understand that in the early (period) years, AIDS cases are gently ride upward till 1997. Then after in the year of 1988-1999 it is decline slightly. Again in 2000 there is an increase and again in the year of 2001, 2002 and 2003.

4.3 Socio Economic Factor Affecting HIV/AIDS in Nepal

HIV/AIDS is not only the health problem of one country but also it is related with the matter of social economic and development of the country. There are some of the socio-economic factors leading to the high-risk activities, which ultimately lead to an increase in HIV/AIDS cause in Nepal.

4.3.1 Social Factor

There are some social factors have been contributing to the spread of HIV/AIDS in Nepal. But there are some ethnic groups like B*adi, Deuki* (young virgin girls offering to the God and living in them temple for lifelong in western hills).

Deuki adopt sexual activity as their jobs as sex workers. Similarly *Badi* is a low caste on Nepali society by Hindu religion. *Badi* women accepted the prostitution as their income generation source. Most of the *Badi* women are sex workers and selling sex, but their husbands takes it as normal activities. These factors are most responsible for the spread of HIV/AIDS in Nepal.

4.3.2. Economic Factors

There are direct link between economic factor and the potential spread of HIV/AIDS in Nepal. There many Nepalese girls and women from the rural areas are sending out freely to do better job opportunity in the big city of Nepal, India and many other countries. Once they come to the city of Kathmandu or other cities, they had been to work in the carpet factories or in the restaurants. Direct income from working in this place is inadequate. Therefore willingly of forcedly girls and women would enter into sex business. This system has increased the risk of the spread of HIV/AIDS. For the case from India and other countries women were sold in brothles and forcedly this would involved in sex business as commercial sex workers (CSWs).

So, it can be concluded that poor economic condition influence individual to become sex workers and for male they used to take drug and take relationship with CSWs. HIV/AIDS in Nepal has spread not as a result as sexual indulgence but as a result of poor economic condition of the people.

4.4 Major Causes for the Rapid Spread of HIV/AIDS in Nepal

There are various reason for the rapid spread of HIV/AIDS in Nepal some of them cases are as follows:

Poverty:

In the human development report in 2003, Nepal in one of the economically poorest country in the world. More than 40% of the Nepali population live below the national poverty line, nearly half of all children below 5 years are underweight and nearly 60% of all adults are unable to read and write. Therefore the people from poor economic condition would like to become rich and for that, female were engaged in sex works because they were illiterate also. They cannot get a better job to earn money.

Lack of education:

From the above report HDR, more than 60% of the adult people could not even read and write. Due to that males go to neighboring countries and aboard in search of better job opportunity. If they practice unsafe sex, they are potential risk to spread of HIV/AIDS.

Migration and unemployment

In search of good employment most of the young people from the rural areas, working away from home within Nepal and aboard whether in British army, Indian army or as a labor in other countries like Saudi Arab, Malaysia, Dubai etc.

Long-term labor migration to India and many other countries, in the behalf of their families, they remove the tradition, social structure and increasing the livelihood of unsafe sexual intercourse. Female migrants have been employed, increasingly in the sex industry in Nepal and aboard. Male migrants have been shown to promote unsafe sexual practice, such as engaging in multiple sexual partners or with commercial sex workers.

Open border and girls trafficking

It is estimated that approximately 100000 Nepalese are engage in commercial sex work in India. Nepalese girls and women from rural area were sold in many countries as sex workers. "International sex trade, involving what is commonly referred to as the 'trafficking' of Nepalese girls and women and earn the repatriation of Nepalese commercial sex workers from brothels in Bombay and elsewhere (Shrestha, 2002). This practice led to increase in the number of HIV/AIDS in Nepal.

Injecting Drug Users

IDUs used to share the injecting equipments with their friends circles, while they use drug. According to the UN report more than HIV, 20%, infected 50% if the IDUs were HIV prevalence, they are at the great risk of contracting HIV.

4.5. Mode of Transmission

There are 4 major modes of transmission of HIV:

- By unprotected sexual intercourse (heterosexual and homosexual)
- By infected blood transfusion (included donated organs or semen) Prenatal transmission-Transmission from infected mother to her child (through pregnancy, delivery and through breast feeding)

There are various mode of transmission of HIV/AIDS. But heterosexual intercourse with infected partner is found to be very major contributing factor of HIV infection in Nepal. Similarly HIV infection followed by intravenous of drug use in Nepal.

4.6.1. Voluntary Counseling and Testing (VCT)

Voluntary counseling and Testing which is very confidential HIV testing is a key entry point for care and support services as well as helping individual to live a positive life. If a person involve in risky behaviors like unsafe sexual activities and intravenous drug use, he or she may take voluntary consoling and testing facility from NCASC and various VCT centers. It has a two phases, one is pre counseling, where is provide HIV testing and post counseling is provided after testing HIV.

One could get various advantages from VCT

- One could change their risky behavior
- One could get knowledge about HIV/AIDS. So, he/she could control to spread the infection of their partner.
- One could live positive life.
- One may take a treatment of opportunistic infections.

There are weak pre and post testing counseling, difficulties to confirm result and the matter related to confidently is the common problem in Nepal.

4.6.2. Care and Support to HIV/AIDS Infected and Affected

Since the very beginning of the epidemic, care and support for people living with HIV/AIDS (PLWHA) has been an issue of debate. It was not included in priority lists of the national policy makers of the epidemic. But now NCASC has started the care and support to HIV/AIDS infected and affected, under the global found. People living with HIV/AIDS are facing tremendous discrimination, stigmatization, isolation and neglect from various health

institution and communities. there are some hospitals (Teku, Bir, Patan, TUTH) have started care and treatment for PLWHA. Similarly there are some NGOs involving regarding this matter. Some of them are women rehabilitation center (WOREC), *Maiti Nepal, Navakiran* plus and many others.

Care and support is related to health care issue of PLWHA. In the contest of Nepal, health system is a new measurable scope itself, health workers in this area are not well trained and prepare. There should be change in some aspect like rules of correct behavior to PLWHA, capacity building among health care providers to PLWHA, capacity building among health care providers and establishment of adequate community based care and support services etc.

"DON'T JUST SIT AND WATCH
JOIN IN THE FIGHT AGAINST AIDS"(NCASC)

4.7 Concern Agencies of HIV/AIDS in Nepal

Who is the responsible to control and support of HIV/AIDS in Nepal?
" HIV/AIDS is an extraordinary epidemic that wants extraordinary response" (NCASC). This epidemic has brought lots of challenges that are too complex to be tackle by government and NGOs alone.

It brings legal, socio-economic, ethical and human rights issues that need to complete attention if the fighter against the epidemic is to be successful. Involvement and partnership of all relevant sector and concerned agencies

and individuals including these who directly affected by the epidemic are essential to any attempt to stop the spread of HIV/AIDS.

4.7.1 Government Response

Under the ministry of health, the National AIDS control programme (NACP) was established in 1988. Since 1995 it is known as National Center for AIDS and STD control (NCASC). HIV/AIDS related activity like prevention efforts is limited in the early stage of the establishment of NACP. Later in 1995 the ministry of health with 12 key policy statements adopt a National Policy on HIV/AIDS/STDs. However due to the instabilities of the government (frequent political changes) neither governmental side nor multi-spectral coordination was functioned fully.

4.7.2. National Policy on HIV/AIDS and STD Control

Priority for AIDS and STD prevention:

1. GMG will give high priority to HIV/AIDS and STD prevention programme.
2. Multi- spectral approaching linking 17 ministries: HIV/AIDS and STD prevention activities will be conducted as multisectoral programmes.
3. Decentralization of activities through district AIDS control comities: HIV/AIDS and STD prevention activities will be implemented on district level.
4. Strengthen collaboration between government and NGO: HIV/AIDS and STD prevention activities will be implemented through both government and Non-government sector.

5. Integration of HIV/AIDS with other development issue: HIV/AIDS and STD prevention activities will be integrated with other programmes both government and Non-government sector.
6. Monitoring and Evaluation: HIV/AIDS and STD prevention activities will be coordinate, followed up and evaluated incidentally in both government and Non-government sector.
7. Promotion of safer sexual behavior: Safer sexual behavior will be promoted.
8. Service to people living with AIDS: Counseling and other services will be provided to PLWHA.
9. Non -governmental for PLWHA: Discrimination on the basis of HIV status will not be done to people living with HIV/AIDS.
10. Confidential blood testing: Result of tested blood carried out for AIDS and STD prevention programme will be kept confidential.
11. All blood test reporting to National center for AIDS and STD control by faster means.
12. All donate blood screened before transfusion: All the donated blood will be screened before transfusion.

4.7.3. National HIV/AIDS Strategy (2002-2006)

HMG has established a National AIDS Counsel chaired by Honorable Prime minister with representation from governmental, non-governmental organization and civil society. The council is dedicated to leading the multicultural response and to advocating for active participation in the fight against HIV/AIDS. Under the ministry of Health, The national center for AIDS and STD control is in the process of updating the national Strategy on the main issue in the fourth -meaning 10th development plan, which will

come the period 2002-2006. The main priority areas of National HIV/AIDS strategy (2002-2006) are as follows:

1. Vulnerable group-SWs and their clients, IDUs, Mobile population, MSS, prisoners
2. Young people
3. Treatment, care and support (VCT,PMTCT)
4. Surveillance and research
5. Management of an expanded response.

4.7.4. External Pattern

These are numbers of donor agencies, multi and bilateral organization and international NGOs, support to NCASC. The major activities under global fund are as follows:

1. Prevention of HIV/AIDS among youth and mobile population 10-14 years of age.
2. Care and support to HIV/AIDS infected and affected.
3. Strengthen HIV/AIDS control program
4. Provide ART therapy for 450 PLWHAs.

Some donor agencies are as follows:

- WHO
- UNICEF
- UNDP
- USAID
- UNAIDS
- AUSAID

- ❖ DFID
- ❖ UNFPA.

4.7.5. NGOs and INGOs

More then 100 NGOs are involving in the sector of HIV/AIDS. Similarly numbers of INGO are also involving the issue of HIV/AIDS.

CHAPTER V

DATA ANALYSIS AND PRESENTATION

This chapter has covered the knowledge of HIV/AIDS among teenagers specially in walling municipality ward no 7 and 8. All the information collected from field survey by the researcher himself. This chapter provides the knowledge and different aspects of the epidemic.

5.1. Socio-economic Characteristics of the Respondents

The socio-economic characteristics are considerable composition on which different aspects of knowledge about HIV/AIDS was primarily dependent. The questionnaire was prepared to the socio-economic characteristics information. The socio economic characteristics of the respondents including the age, marital status, religion and ethnicity.

Table 5.1

Socio-economic characteristics of the Respondents.

Characteristics		Number	Percentages
Age	13-15	33	33
	16-17	40	40
	18-19	27	27
	Total	100	100
Ethnicity	Brahmin	60	60
	Gurung	14	14
	Chhetri	14	14
	Other	12	12
	Total	100	100
Religion	Hindu	63	63
	Buddhist	32	32
	Others	5	5
	Total	100	100
Marital Status	Married	6	6
	Unmarried	94	94
	Total	100	100

Source: Field survey-2006

Above table shows the majority of the respondents (40%) were from age between 16-17 years. A large majority of the respondents 60% were from Brahmin; similarly 14% were from Gurung & Chettri, remaining 12% from other casts. Likewise, more than 60% of the respondents belonged to

Hindu religion & 32% belong to Buddhist & 5% belong to other religion. Similarly the majority of the respondents (94%) were unmarried.

5.2. Knowledge of HIV/AIDS

A number of HIV infections have increased day by day. HIV/ AIDS has become a serious problem in Nepal. The AIDS has become an epidemic since 1918 in the world & from 1988 in Nepal. The increase of HIV infected person in Nepal is further supported by the fact that in year 2005 there were 60 thousand people living with HIV/ AIDS (according to UN report 2005).
To examine the level of knowledge on HIV/ AIDS of the respondents questionnaire war replaced having 22 questions regarded HIV/AIDS i.e. knowledge of HIV/AIDS. The finding of their questions have been analyzed and shown in table and figures respectively

In order to examine the knowledge of HIV/AIDS the respondents have been about whether they ever heard of the word HIV/AIDS. All the respondents have reported having heard about HIV/AIDS. It has been concluded that all the respondents have found having been knowledge about HIV/AIDS.

Table 5.2

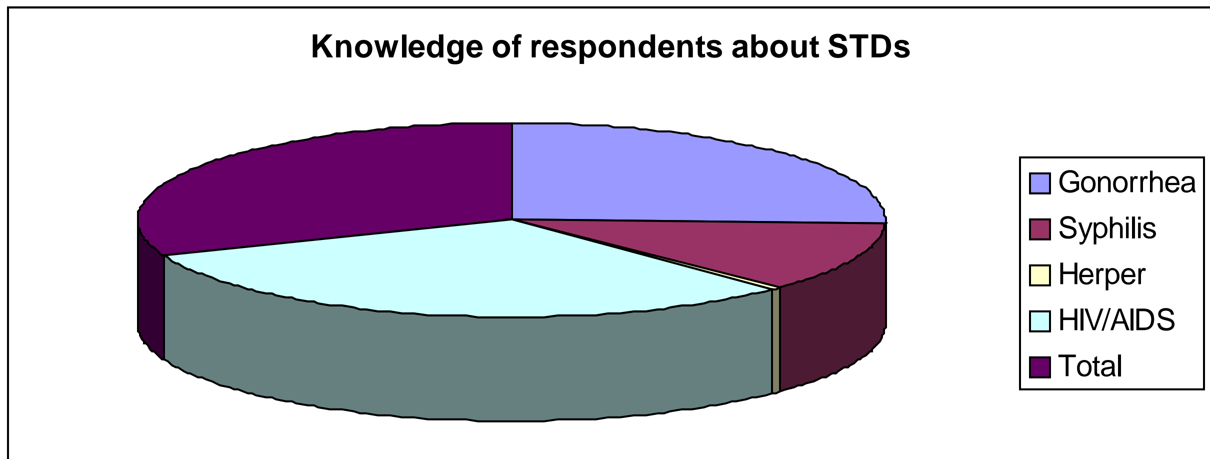
Knowledge of HIV/ AIDS:

Answer	Male	Female	Total	Percentage
Gonorrhea	41	21	62	62
Syphilis	19	19	38	38
Herper	1	2	3	3
HIV/AIDS	50	50	100	100
Total	50	50	100	100

Source: Field survey-2006

Above table 5.2 shows, almost all the respondents were awake of sexual transmitted diseases (STDs) among them 100% respondents heard about HIV/AIDS. 82% male and 42% respondents heard about Gonorrhea, 38% respondent heard about Syphilis, 6% respondents heard about Herpes.

Figure 5.1



5.2.1 Knowledge of STDs

HIV/AIDS in the cause of death of million of people in the world. Keeping this fact in mind research included this chapter tried to find out the knowledge of STDs including HIV/AIDS and its implication to the health of the teenagers and people in general.

5.2.2 Sources of Knowledge about HIV/AIDS and STDs

A question was asked to know the knowledge about HIV/AIDS and STDs the respondents are given table no 5.3

Table 5.3

Media/Source of knowledge about HIV/AIDS.

S.N.	Source of information	Male	%	Female	%	Total	%
1	Radio	31	62	25	50	56	41
2	TV	5	10	4	8	9	9
3	Newspaper	16	32	15	30	31	31
4	Friends	25	50	20	40	45	45
5	Teachers	9	18	7	14	16	16
6	Health workers	20	40	18	36	38	38
7	Spouse	4	8	5	10	9	9
8	Poster/Pamphlet	20	40	11	12	31	31
9	Strut drama	15	30	14	28	29	29
10	Total	50		50		100	100

Source: Field survey-2006

The data despite that the highest 62% male and 50% female respondents heard about HIV/AIDS by radio. This implies that radio is one of the most effective media particularly in rural areas. The data also shows that a significantly high 50% male and 40% female respondents heard about the pandemic disease by their friends, similarly 40% male and 36% female heard about this disease through health workers. The data indicates that only 5% male and 9% female respondents report their spouse as source as HIV/AIDS information. Their findings confirm that mass medias are the prime source of information.

5.2.3 Knowledge of Causative Agent of AIDS

To examine the knowledge of causative agent of AIDS, the respondents have been asked whether they know the causative agent of AIDS or not.

Table 5.4

Knowledge of causative agent of AIDS.

Answer	Male	Female	Total	Percentage
HIV	49	45	49	94
Others	0	0	0	0
Dob't know	1	5	6	6
Total	50	50	100	100

Source: Field survey-2006

From the above table 5.4 it can be concluded that about 94% respondents have the right knowledge of causative agent of AIDS and still 6% respondents have no idea about it.

5.2.4. Knowledge of Mode of Transmission of HIV/AIDS

There is various Knowledge of mode of transmission of HIV/AIDS but sexual contact with infected person is found to be the major contributing factor of HIV infection followed by the intravenous mode of drug use in Nepal. Therefore the respondents have been asked a question to know the knowledge of mode of transmission of HIV/AIDS.

Table 5.5

Knowledge of mode of transmission of HIV/AIDS

Answer	Male	Female	Total	Percentage
Living together	1	0	1	1
shaking hands	0	3	3	3
Infected blood	45	40	85	85
Embracing	0	0	0	0
Total	95	82	184	184

Source: Field survey-2006

From the above table 5.5, it can be concluded that about 95% respondents reported to have knowledge through sexual intercourse without using condom and 85% respondents reported to have knowledge through living together and 3% respondents reported to have knowledge through shaking hands.

More than 90% respondents have been found the knowledge that the main route of transmission of HIV/AIDS is sexual intercourse without using condom and more than 80% respondents have been found the knowledge that the main route of transmission of HIV/AIDS through infected blood.

5.2.5. Knowledge of Non-transmitted Routes

There are some social contacts from which the HIV is not transmitted to others. To know the respondents knowledge on non-transmitting routs of the HIV.

Table 5.6

Knowledge of non-transmitted routs of HIV/AIDS

Answer	Male	Female	Total	Percentage
Using the same toilet	7	10	17	17
Mosquito bite	12	8	20	20
shaking hands	4	2	6	6
Sharing clothes	6	18	24	24
Others	0	0	0	0
Total	70	70	140	140

Source : Field Survey-2006

From the above table 5.6, it can be conclude that 17 percent respondents reported to the same toilet. Mesquites bite 20%, shaking hands 6% sharing clothes 14% all mention above 73% there are of course not the true modes of HIV/AIDS spreading but the misconceptions prevailing in the respondents.

5.2.6. Preventative Mof HIV/AIDS

The dissertant asked a question to know the respondents knowledge about the preventative measures of HIV/AIDS.

Table -5.7

Knowledge of respondents on preventive measures of HIV/AIDS.

Answer	Male	Female	Total	Percentage
Avoid sex with many partners	7	8	15	15
Condom should be used	10	15	25	25
Treated blood should be used	6	11	17	17
Infected mother should not give birth	1	8	9	9
By using sterilized needles	7	1	8	8
STD should be cured as soon as possible	2	3	5	5
All mention above	20	12	32	32
Non of them	0	0	0	0
Total	53	58	111	111

Source: Field survey-2006

Out of the 100 respondents 32% of the respondents are found having been knowledge of more than preventive measure i.e. avoid sex with many partners. Use of condom, containing of tested blood, using sterilized needles and syringes etc. Very few respondents (5%) have the knowledge of preventive measure that STD should be cured or treatment as soon as possible. Hence by the above description it has been concluded than 30%

respondent have the right knowledge of preventing from HIV/AIDS as compare the other respondents.

5.2.7. Respondents Knowledge on Treatment of AIDS

In order to examine the knowledge of treatment of HIV/AIDS, the respondents have been asked different questions about vaccination, consequences of AIDS etc.

Table 5.8

Knowledge on treatment of AIDS

Answer	Male	Female	Total	Percentage
Yes	2	8	10	10
No	45	40	85	85
Don't Know	3	2	5	5
Other(can control)	0	0	0	0
Total	50	50	100	100

Source: Field survey-2006

Out of 100 respondents 85 percent respondents have been reported that there is no medical treatment of AIDS. 10 percent respondents have been reported that AIDS can be treated by treatment. Similarly 5 percent respondents have no idea either AIDS can be treated or not.

5.3. Respondents Perceptions about Sex Education

Hence, sex education has been strongly advocated particularly in the context of rapid increase in sexually transmitted diseases (STDs) and especially the increase of HIV infection.

Now days efforts have been made by the government, NGO/INGO to include formal and non-formal sex education in various programme (FPAN-1998).

Respondent have been asked whether sex education should be include in schoolbook? All the respondents were agree on it. Further they were asked to give their opinion that which source and means of communication could be the best or effective to educate people on sex-education .the effective means of communication, which they induced, are Radio/T.V. (75%)< newspaper/magazine (67%), school/teacher (59%), whereas 32% prefer to internet .more interestingly, 67% of the respondents have been reported that family member (sister /friends and parents) could also the effective way of education .

5.4. Respondent Views Regarding Control of HIV/AIDS

All the respondent do not have same view regarding preservation and control of HIV/AIDS in Nepal. Some respondent have urged to lunches the HIV/AIDS awareness programme in different parts of the urban areas, whereas most of the respondent focused on illiterate group should provide the knowledge of HIV/AIDS. Here are some of the ideal views given by the respondent are as follows:

- HIV/AIDS awareness program should be lunched i rural and urban areas of Nepal.
- Provide sex education including HIV/AIDS in each and every school.
- Control prostitution.
- Pestering is the main source to inform in rural area. So, concerned agencies must publicize it by pestering.

- Administration plats an important role in urban area, so different aspects of HIV/AIDS must be shown by advertisement through media or hooding board in different parts of Nepal.
- Film and drama related to HIV/AIDS, must be shown or lunched by the media (TV, Radio) to aware the teenagers.
- HIV/AIDS and sex education related seminar or awareness program should be lunched in school.
- Teenagers should take sexual relation before marriage if they should take he relation condom should be used.
- Due to the lack of education most of the young girl from rural areas were sold in different countries as prostitution, so it must be control and government should focused on girl education.

These views of the respondent have revealed the fact that there is lack of sex education as well as HIV/AIDS knowledge among the teenagers. If the concerned agencies take these views (suggestions) seriously to built the future strategies for HIV/AIDS awareness among teenagers, the effecting result may come through the country.

Since all interviewed teenagers heard of HIV/AIDS, sexual intercourse and infected blood are the main reason for the means of transmission of HIV/AIDS have been shown by the study. It is also interesting to notice that 4% respondent said that it could be transmitted through living together and shaking hands, which is absolutely wrong. Similarly very few respondents (4%) have knowledge that it is not transmitted through mosquito bite.

CHAPTER-VI

SUMMARY, CONCLUSION AND RECOMMENDATION

In this chapter overall findings of the study are summarized in first section then conclusion and recommendation was presented.

6.1. Summary

To know the attitude and knowledge of teenagers on HIV/AIDS was explore through exploratory approach. Both primary and secondary process of data was collected in this study. Primary data collection including key information. Using questionnaire and checklists, observation is also done in this study. This study was constraining on the HIV/AIDS awareness among teenagers rather than others diseases and other age group.

Acquired Immune Deficiency Syndrome (AIDS) is a communicable (transmissible) disease caused by Human Immunodeficiency Virus (HIV). AIDS damage the immune system of the body. Once HIV inter inside the body it remains there for life.

AIDS has a different stages, so infection of HIV does not mean that person has AIDS. Some people who get infected, may not develop the full blown of AIDS for ten years or more. Generally physician use the term AIDS for final stage of HIV infection.

The first AIDS case was identified in 1981 in America. The causative agent of AIDS is HIV. Scientists believe that this virus has been prevailing in human society ever 1959. HIV lives inside the human body, it cannot survive out side for long time.

HIV/AIDS is transmitted mainly by sexual contacts likewise contaminated with blood cells etc, from an infected mother to her baby. It is not transmitted by special contacts like sitting together, playing together, working together, by shaking hands. Similarly, HIV/AIDS is not transmitted through food, water, utensils, insects, using same toilet, use the same towel etc.

Young people are the most vulnerable person of the global HIV/AIDS epidemic. About 3 million young people aged between 15-24 years of age became infected with HIV in 1997 alone. Among them two-third were girls. Since the detection of this epidemic it was rapidly spread all over the world. 14 million people have been died from the disease and a further 40 crore million are believe to living with HIV. In Nepal first AIDS was diagnosed in 1988. Sexual contact with an infected partner is found to be the major contributing factor of HIV infection followed by intravenous mode of drug in Nepal.

The complex socio-economic condition including mass illiteracy poverty and poor health facilities is pushing Nepal to be one South Asian region. HIV/ AIDS in Nepal has been spread due to the poor economic condition of people and low level of the awareness on HIV/ AIDS.

These evidence and facts proved that now Nepal has moving low prevalence country to concentrated epidemic. Everyday more than 30 people are getting infected by HIV in Nepal. HIV/ AIDS is most prevalent among the people indulging in commercial sex business and the people with sexually

transmitted diseases (STDs). Similarly, intravenous drug users (IDUs) also at risk.

VCT is providing on extremely limited scale in Nepal and if, only in urban centers. Some hospitals and NGOs stand for providing the voluntary counseling and testing (VCT), however everyone could not get it. So, easily, therefore in Nepal nine out of ten people living with HIV/ AIDS do not know that they are infected care and support for HIV/ AIDS in Nepal which has been an issue of debate since the very beginning of the epidemic reported in Nepal. Few hospitals in Kathmandu have started care and support; similarly few NGOs are providing some degree of care and support. This services need to be measured and monitored to ensure overall adequacy and sustainability. The main contributing factor for spread of HIV/ AIDS in Nepal are:

- Girl trafficking
- Migrant workers
- Mobility of youth
- Low level of awareness
- Illiteracy
- Prostitution
- Involve in intra venous drug uses etc.

The number of HIV positive people is growing rapidly in Nepal as in worldwide. In Nepal HIV is found in the age group between 14-49 years for both sexes. Cases of infection below 13 and above 50 years of age are very few as compared to the other age groups.

HIV infection among teenagers is also high. Most of the teenagers in Nepal who even do not know that what is HIV/ AIDS and how to protect them from its infection. Similarly the young people who used to take drugs from intervenes mode, and whom take sexual relationship with infected partners were also increasing in our country. This train lead to raise the number of HIV infection in Nepal. The overall impact of the HIV/ AIDS may be very dangerous because it is spreading rapidly in economically and sexually active age group.

1. HIV transmitted mainly through sexual contact whether veginal, oral or anal sex. Likewise contaminated with infected blood and cells in another major modes of transmitting of HIV. Similarly infected mother could transmit HIV to her baby during pregnancy, during birth through breast-feeding.
2. There is no actual care (treatment) available, so prevention is the only protection from HIV infection. Therefore precautions should be taken to avoid HIV/AIDS, such as:

- Use condom while involve in sexual intercourse.
- Avoid multiple partners.
- Use of disposal syringe and needles.
- Always use screened (HIV-free) blood.
- HIV infected mother should take advises before planning a baby.

3. HIV (virus) cannot survive (long time) outside the body. So it could not transmit through causal contacts like shacking hands, hugging, sharing toilet-swimming pool, insect bite, traveling in a same bus, sneeze of cough, sharing and eating dishes in same plate etc.

Recent data of UN/NCASC indicate that an estimated HIV patients by the end of 2003 is 63000, among them 17% sex workers are infected by HIV/AIDS, similarly 70% IDUs and 13% others. There are estimate to be 14 new infections daily in Nepal.

FPAN reported that the mean age of sexual intercourse in Nepal is 16.4 years for males and 16 for females. Despite the likelihood of sexual encounters during adolescence many young men and women are unaware of the consequences of their parents. As a result, adolescents' girls in Nepal are at risk of unwanted pregnancy and unsafe abortion and are equally vulnerable to STDs including HIV.

Mostly the young women are vulnerable because of their social culture and ritual values. They cannot get sufficient information about it. The average age of marriage age in Nepal and other South Asian countries in 14-18 young when the immature cervix and genital tract are more susceptible to sexually transmitted infections (STIs). Also adolescence is a time when many people experiment -not only with different forms of sex but also drugs. A part from HIV risk connected with needles - sharing it is known that alcohol and other drugs can affect sexual behavior and increase young people risk of becoming infected with HIV or other STDs.

From the research data, a total of 100 teenagers respondents from walling municipality ward no 7 and 8. Almost of them heard the word HIV/AIDS. But the level of knowledge of HIV/AIDS and STDs through their course book followed by 49% of them to know by Radio, TV, 94% respondents have the right knowledge of the causative agent of AIDS. 85% respondents

reported to have knowledge through infected blood and 95% respondents reported to have knowledge through at sexual intercourse. 17% respondents reported to the incorrect mode of HIV/AIDS transmission as using the same toilet. 30% respondents have the right knowledge of preventing from HIV/AIDS. 85% respondents have been reported that there is no medical treatment of AIDS.

However most of the respondents have been suggest that HIV/AIDS awareness program should be lunched in each and every corner in Nepal.

6.2. Conclusions

This thesis shows that HIV/AIDS epidemic is a true development crisis that threatened social and public heath of whole nation. The main reason for spreading HIV infection in Nepal is the level of public knowledge about HIV /AIDS is grossly insufficient.

HIV/AIDS brings out the exploitation of Nepali women, lack of their empowerment, the trafficking of young girls. It magnifies the great problem of illiteracy, epically female illiteracy. It exposes the economic crisis and unemployment that is turning youth into drug addicts; especially the explosive spread of injecting drug use within the country's economic condition of the people has been found the major factor influencing the spread of HIV/AIDS in Nepal

From the field survey, great misconception about HIV/AIDS was still persisting. As before HIV/AIDS become more prevalent in Nepal, a concerted education effort within Nepal is essential. With the proper

HIV/AIDS education countless individuals at risk for the disease will be saved. Indeed, with the proper education, the victims for AIDS transmission in Nepal will be slowed greatly.

Though, the economic and social forces cannot be changed immediately; educated Nepali individual about HIV/AIDS will be an instrument for slowing the spread of the disease in Nepal.

6.3 Recommendations

- Education plays the vital role to determine-every change in society. This study recommends that education about HIV/AIDS must be given to teenagers through different effective mean.
- Mass awareness program on HIV/AIDS should be reached in rural areas.
- Social and cultural norms are obstacles in the society to discuss about HIV/AIDS, therefore AIDS education and information should be provided according to cultural and social background of the society.
- As Radio is strongly associated with HIV/AIDS knowledge even more effort should be made to produce and broadcast good HIV/AIDS related messager. This, of course, applies similarly to TV, newspapers and magazines.
- Prevention through behaviour change is the only way to control the spread of the HIV/AIDS infection success in prevention requires consistence and persistent intervention over time. It also need access understanding of the existing realities of the target populations and involvement of members of these populations in prevention efforts.
- Street drama was reported as a most popular medium to give messages on HIV/aids in the study area. Therefore street drama presentation program should be continue with more message.

Glossary

Common HIV/AIDS Related terms: -

AIDS: (Acquired Immune -Deficiency syndrome): -the last and most severe stage of the clinical spectrum of HIV-related disease. It causes the body to be unable to fight opportunistic infections, such as pneumonia, tuberculosis and cancers.

Anti (retro) Viral: - used to treat an infection caused by a virus.

Antibodies: - Immunoglobulin molecules in blood produced by the body's immune system and directed against specific agents, such as alien virus or bacteria. In HIV infection, the antibodies produced against the virus for some reason fail to protect against it.

Azidothymidine (AZT): - Also known as zidovudine, 'retroviror - 3'-deox-thymine". This drug interferes with one of the HIV enzymes responsible for the replication of the viruses. the drug has side effects including severe anemia.

Bacteria: -microbes composed of single cell that reproduced by division. Bacteria are responsible for a large number of diseases. Bacteria can live independently, in contrast with virus, which can only survive within the living cell that they infect.

Blood products: Substances that can be produced from human blood to treat a variety of medical condition such as hemophilia.

Blood transfusion: The replacement of blood or one or its components.

Bodily fluid: Any fluid or secretion that comes from the body. HIV is present in blood, semen, and breast milk and veginal fluids.

CD4 Cell: a type of blood cell also known as T-helper cells or T-cells. The level of CD4 cells is a crude indicator of immune status and susceptibility to

certain infection and new growth, in AIDS patients. When immune system is functioning normally, CD4 cells protest the body by recognizing and destroying virus and bacteria. HIV inters and replicates inside CD4 cells, disabling the body's immune system and eventually leading tom the development of AIDS.

Combination therapy: In HIV/AIDS. Combination therapy is the administration of two or three different types of antiretroviral drugs at the same time.

Condom: One type of prophylactic (an agent that helps in the prevention of infection or diseases), it helps in protecting both pregnancy and sexually transmitted diseases.

Counseling: Providing information and advice. In HIV/AIDS, pre test counseling by a trained counselor helps individual considering taking the HIV antibody test to decide whether the advantage of taking the test outweigh the disadvantages.

CSW: Commercial sex workers. Also called prostitute-a term that considered offensive by some. A CSW is a man, woman or child who engages in sex for the purpose of receiving money (payment)

DNA (Deoxyribonucleic Acid) : a nucleic acid that carries genetic information in all organism except certain virus, the RNA virus, which include HIV.

ELISA (enzyme-linked Immune-sorbent Assay) test: a laboratory test to determine the presence of antibodies to HIV in the blood. A positive ELISA result generally is confirmed by the western Bolt test.

Epidemic: Affecting a large number of persons in a community at same time suddenly.

False-negative HIV test: A positive test that suggests a person is not HIV infected. When, infect he or she infected (An HIV negative blood test is no proof of freedom from infection; status can change within six weeks of the test).

False positive HIV test: A positive test that suggests a person is HIV infected when, infect or she in not infected. (a test indicating an abnormally under investigation is present when actually it is not).

Heterosexual: A person sexually attracted to a person of the opposite sex. The word "straight" has become synonymous with heterosexual.

HIV infection (A symptomatic): Stage of HIV infection during which an individual shows or feels no sign or symptoms of illness.

High-risk behavior: Activities that put an individual at greater risk of developing at greater risk of developing a particular disease. High-risk activities associated with AIDS include unprotected sexual intercourse and sharing of needles and syringes.

HIV (Human Immunodeficiency Virus): The retrovirus that causes AIDS in humans.

HIV infection: The condition of being infected with Human Immunodeficiency Virus

HIV negative: Persons free of the HIV virus.

HIV positive: Person with HIV is referred as HIV-positive. It is the condition of having been tested for the presence of HIV in the blood and having it confirmed that the virus is present.

HIV test: The blood test, which detects the presence of antibodies to HIV in a sample of person's blood. The presence of antibodies shows that the person has been infected with HIV. The most common tests are the ELISA and western blot.

Homosexual: a person who is attracted to person of the same sex. Homosexual include male (gays) and female (lesbians).

Immune system: Resistant to a disease due to the development of antibodies. All the mechanism that act to defend the body against external agents, particularly microbes (virus, bacteria, fungi and parasites).

Immunodeficiency: The inability of the body's immune system to protect the body from infection.

Infections: Capable of passing a disease to another person. HIV-positive persons are infectious from two weeks after being infected until they die.

Kaposi's Sarcoma: A multifocal maligent neoplasma of reticuloendothelial cells involving skin, described by Austrian dermatologist, Moritz Kaposi. An opportunistic neoplasm often associated with AIDS.

Lymphadenopathy: Swelling of the lymph nodes. Persistent and generalized lymphadenopath is one of the early clinical sign of HIV infection.

Maternal antibodies: In infant, there are antibodies that have been passively acquired from the mother in uterus. Because maternal antibodies to HIV continue to circulate tin the infant's blood up to the age of 15-18 months. It is difficult to determine whether the infant is infected.

MSM: Men who have sex with man.

Mucus membrane: The layer of tissue that allows materials (Such as food in the alimentary canal and semen in the vaginal tract) to be absorbed into the body.

Opportunistic infection: An infection with a microorganism that doesn't ordinarily causes diseases 'but that become pathogenic in a person whose immune system is impaired, as by HIV infection.

Oral intercourse: Penetration of the mouth by penis. Practiced by men with women and men with other men.

Pandemic: A worldwide epidemic.

Protected: Sexual intercourse with a condom.

Retrovirus: An RNA-containing virus that can transcribe its genetic material into the DNA of its host's cells by the action of an enzyme called reverse transcripts. This is the reverse of the usual or DNA to RNA, transcription.

RNA (Ribonucleic acid): A nucleic acid associate with the control of chemical activities inside a cell. Some virus, including HIV, carries RNA instead of the more usual DNA.

DNA (Deoxyribonucleic acid): A nucleic acid that carries genetic information in all organism except certain virus, the RNA virus, which include HIV.

Safer sex: Sexual behavior and practice that reduce the risk of posing on as AIDS, from one sexual partner to another. These practices include having only one faithful partner using a condom in every act of sexual intercourse.

Screening: Testing or examination blood for presence of certain disease or characteristics such as HIV antibodies.

Semen: Material of male ejaculation contains secretions from seamen vesicle and prostate. (Seamen can contain cells infected with HIV and is consequently able to transmit the infection to sexual partners).

Sexual activities: Any activity, alone in with a partner, which involves directly or indirect stimulation of the sexual organs.

STD: Sexually transmitted disease- The infection, and certain tumors that are transmitted by direct genital or and genital contacts. AIDS is essentially

a sexually transmitted disease. STDs are increasing being referred to as sexually transmitted infection (STIs).

Stigma: Visible evidence of a disease mark that characterizes, particular disease (shame, disagree)

Unprotected: Unprotected intercourse is intercourse without use of male or female condom. Unprotected intercourse can lead to transmission of HIV/AIDS or other STDs.

Unscreened: Unscreened blood has not been tested for HIV antibodies any may carry HIV.

Vaccine: A suspension of line, live attenuated, killed complete microorganism or products obtained therefore which contains antigens. Administrated to induce infectious disease.(a substance that increase a person's immunity to certain diseases. Dead germs or weakened live ones or parts of germs cells are put into the body to cause the immune system to fight them.) The resulting immunity can last fir years.

Vaginal fluid: Fluid product by the mucus membrane or living of the vagina.

Virus: Infections agent (microbe) produces only in living cells at the expense of that responsible for numerous diseases in all living beings. They are extremely small particles, and in contracts with bacteria.

Western Bolt Test: A technique to analyze protein antigens by transferring from gel to nitrocellulose. The test that confirms the presence of HIV antibodies in a person's blood samples.

White Blood Cells: Blood cells responsible for the defines of the body agency foreign disease agents and microbes. HIV targets two groups of white blood cells CD4+ Lymphocytes and Monocytes microphages.

Window period: The time between which an individual contracts HIV and the time of blood test reveal the presence of the virus. The period is usually from six to twelve weeks.

(Sources: Oxford and IBH new Medical Dictionary-2003 and AIDS Reports, 1999)

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Annex-I

HIV/AIDS AWARENESS AMONG THE TEENAGERS

RESPONDENTA QUESTIONNAIRE

Personal Details:

Name : .... Address:.......................................

Age:........................... Sex:......................., Grade:...

Marital status: ☐ Married ☐ Unmarried

Religion: ☐ Hindu ☐ Buddhist ☐ Muslim ☐ Other (Explain)

Cast: ☐ Newar ☐ Bhraman ☐ Chetri ☐ other

1. Have you ever heard about STD?

   ☐ Yes No

2. What are the STDs you have heard of?

   Gonorrhea syphilis herpes HIV/AIDS Other

3. Have you ever heard the word HIV?

   Yes No

4. What does it mean?

   Human Immunodeficiency Virus

   Disease don't know Other (mentions)

5. What does mean?

   Human Immunodefency Virus

   Disease

   Don't Know

   Others (Mention)

6. Have you ever heard the word AIDS?

Yes No

6. What do you mean by AIDS?

Vulnerable Disease Don't Know

7. Which of disease is AIDS?

Communicable Non-communicable

Don't know Other (Mention)

8. What is the causative agent of AIDS?

HIV Don't know Others (Mention)

9. How does it transmit from one person to another?

Living together Shaking Hands

Infected Blood Embracing

At sexual intercourse without using condom

10. What condition it doesn't transmit?

Using same toilet Shaking Hands

Mosquito bite Sharing Clothes

All mention above

With having sexual intercourse with many partners

Others (Mention)

11. What should be done to protect from AIDS?

Avoid sexual intercourse

Condom should be used in per coital cat.

Only tested blood should be used.

Infected mother should not give birth to the baby.

By using sterilized needle and syringe.

STD should be cured/treated as soon as possible.

All mention above.

Non of the above mention points.

Other (mention)

12. What should be done to control AIDS?

By effective communication and health education about AIDS.

Safe sexual intercourse

Don't know

Other

Awareness program should be lunched

13. Do you think death is sure of all the patients of AIDS?

Yes	No
Don't know	Other (Mention)

14. Can AIDS be prevented by vaccine?

Yes	No
Don't know	Other (Mention)

15. From which source did you get the information of AIDS?

By book	Radio	Friends	Relations
Newspaper	Neighbor	Other (Mention)	

16. Do you think that sexual health related topic should be included in the course Book?

Yes No Other (Mention)

18. If you want to learn about sexual health (Sex Education), which of the following media source do you prefer?

TV	Radio	Friends	Parents
Newspaper	Neighbor	School teacher	Internet
Other (Mention)			

19. Do you approve of a girl/boy having set before marriage?

Yes No Other (Mention)

20. If your opinions what is the proper age of marriage for boys and girls?

Years Years

21. Why give reason.

....

22. What should be done to control HIV/AIDS by concerned agencies?