

Knowledge and Attitude on HIV/ AIDS and Sexual Behaviour of Street Teenagers in Kathmandu Valley

Gurung G^d

Abstract

Introduction	Since the detection of the first AIDS case in Nepal in 1988, this country has progressed from a low prevalence to one with so-called concentrated epidemic in certain sub-groups of the population. According to WHO-UNAIDS estimates, 60,000 Nepalese were HIV positive by the end of the year 2003.
Objectives	To assess the knowledge and attitude of HIV/AIDS and sexual behavior among street teenagers in Kathmandu Valley.
Methods	This was a cross-sectional descriptive study. Altogether 90 street teenagers were interviewed by using non-probability snowballing sampling method. Two focus group discussions were also conducted to explore sexual behavior. An interview guideline served as the main study instrument, complimented by focus group discussion guideline.
Results	The study found that teenagers have heard about AIDS and nearly sixty percent (57.8%) had good level of knowledge. However, significant number of respondents had misconception that one could contract HIV through mosquito bites and kissing. A significant number of teenagers (43%) had experienced risky sexual behavior according to the definition used in this study. Mean age of first sexual contact was 13.13 years. Most of the respondents inconsistently used the condom (79.1%). An overwhelming majority (70%) of the teenagers had multiple sexual partners. Both quantitative as well as qualitative findings confirmed existence of homosexual relationship, though minimal in number.
Conclusion	Good knowledge level on HIV with few misconceptions on the route of transmission, and risky sexual behavior among street teenagers were the major findings of the study.
Keywords	AIDS, Street Teenagers, Knowledge and Attitude, Kathmandu

Introduction

The HIV pandemic is affecting all nations and Nepal is no exception. Nepal's first cases of AIDS were reported in 1988. Like much of South Asia, Nepal's epidemiological data indicates a low prevalence among the general population but high concentrated epidemics among several high risk groups. HIV/AIDS spread fastest where there is poverty, powerlessness, and social instability. According to latest WHO-UNAIDS estimates, some 60,000 Nepalese were HIV positive by the end of the year 2003. Among the reported cases, nearly 60 percent were under the age of 30, and over 10 percent were adolescents¹. Prevalence rates of HIV among the street teenagers of Nepal are unknown. However, data from a number of samples document shows a high prevalence of HIV risk behavior, sexually transmitted diseases, and alcohol/drug use among street children. Teenage is important stage during which values are formed. In this life span, many young people become sexually active and begin to develop patterns of sexual behavior. Street youth are more exposed and involved in sexual activities than other children of similar age. They are among the high risk and insecure groups and vulnerable to

various forms of exploitation and abuses². A recent survey in the Andra Pradesh, India has shown that approximately 30 percent of the area's 25,000 street children are infected with HIV, and almost half suffer from sexually transmitted diseases³.

The few studies that exist on the sexual behavior of street children show that these children are more prone to high-risk behavior and are sexually active at an early age. Often such relationships start as abusive. The circumstances in which they live and work increases their vulnerability also to sexual exploitation and abuse and put them at a higher risk of sexually transmitted infections and HIV/AIDS. The problem is further compounded by the lack of access to reproductive health information and services⁴.

A number of individual and social factors, often associated with street survival, propel the street teenagers toward high-risk behavior for HIV/AIDS. While youth is generally a time of relatively good health, nature of continuous exposure to

Corresponding Author: Mr. Gagan Gurung, E-mail: aakashtamu@gmail.com. ^aSave the Children Eastern Regional Office, Biratnagar, Nepal.

streets and the associated lifestyles makes street teenagers vulnerable to the range of health and other problems which are not typically experienced by other young people.

Little is known about HIV risks among Nepal's estimated 5000 street children. Many studies have been done in past targeting others vulnerable groups and this survey is specifically designed focusing to street teenager of Kathmandu Valley to assess their knowledge, attitude on HIV/AIDS and sexual behavior. In this context understanding their knowledge and attitudes towards AIDS and sexual behavior would be instrumental on finding means of communication and thus contributes in developing a proper Behavior Change and Communication (BCC) strategy for HIV/AIDS prevention on street teenagers.

Methodology

This was a cross sectional descriptive study. The study populations were the Street teenagers of 13 to 19 years of age with in the Kathmandu valley. Data was collected through individual interview using semi-structured interview guideline from the street teenager residing at the drop in center /

currently on the street i.e. from popular habitation sites. Most probable habitation sites were Pashupati, Ratnapark, Kupondole, and Jawalakhel and Indrachwok area. Two focus group discussions - one with male group and one with female group was conducted to triangulate and supplement the quantitative data. Altogether 90 street teenagers were interviewed by using non-probability snowballing sampling method. The study was conducted in Jan 2004 to March 2004. All the data was entered on the database and analyzed by using EPI info and SPSS 10.0 for windows. The research objectives and methods were explained to the respondents, and oral informed consent was obtained from the volunteer participants before data were collected.

Results

All teenagers were aware of AIDS. A large number of the respondents (62%) said that they had heard about HIV through Friends. Next came radio/TV (40%) followed by organization (37.8%) and others (11.1%). A vast majority of the respondents (95.6%) knew that AIDS could be transmitted through the sexual contact followed by other correct response like infected syringe (90%) and blood (83.3%). (Table 1).

Table:1 Knowledge level by different categories (N=90)

Categories	Level of knowledge			Total
	Poor	Some	Good	
Gender				
Male	12(14.6%)	18(22.0%)	52(63.4%)	82(91.1%)
Female	3(37.5%)	5(62.5%)	0	8(8.9%)
Source of Information				
Radio	7(19.4%)	10(27.8%)	19(52.8%)	36(40%)
Friends	11(19.6%)	15(26.8%)	30(53.6%)	56(62.2%)
Organization	5(14.7%)	6(17.6%)	23(67.6%)	34(37.8%)
Others	2(20.0%)	4 (40.0%)	4(40.0%)	10(11.1%)

On the contrary a significant number (60%) had the misconception that one could contract HIV through mosquito bites. A further 26.7 percent believed that they might get infected by kissing. For the purpose of analysis knowledge on modes of transmission was categorized on 3 different levels: good, some, and poor. According to these categories nearly sixty percent (57.8%) respondents fall under the categories of good knowledge, while only 16.7 percent were ranked as poor knowledge.

There was significant difference on knowledge level and gender. Female had low level of knowledge compared to male. Level of knowledge depended on from where they heard about

AIDS. Level of knowledge is high among the respondents who heard about the disease from organization (please refer to table 3). Nearly seventy percent (67.6%) of the respondent whose source of information was the organization scored good, which is slightly higher than that of heard from other sources, like friends and radio.

This study showed that the attitude towards PLWA was moderate. Fifty percent of the respondents said that they would talk meeting the AIDS people but not touch and nearly forty percent (39.8%) said they would do the normal social contact as usual. Around 11 percent showed the rather negative attitude towards AIDS people. (Table 2).

Table:2 Knowledge on HIV transmission (N=90)

Categories	Correct answer (%)	Incorrect answer (%)	Don't know (%)
Sexual contact	95.6	4.4	
Infected syringe	90	7.8	2.2
Blood	83.3	15.6	1.1
Mother to baby	61.1	30	8.9
Mosquito	12	60	27.8
Kissing	50	26.7	23.3
Normal contact	64.4	17.8	17.8

A significant number (44.4%) of respondents did not perceive contracting HIV a risk. High-risk perception was associated with risky sexual behavior. The study showed that great majority (64.4%) of teenagers were sexually

exposed and mean age of first sexual contact was 13.13 years, which was still lower for girls at 11.16 years. (Table 3).

Table:3 Risk perceptions by sex (N=90)

Gender	Risk perception		
	No risk at all	Some risk	Great risk
Male	37(45.1%)	23(28.0%)	22(26.8%)
Female	3(37.5%)	0	5(62.5%)
Total	40(44.4%)	23(25.6%)	27(30.0%)

A good proportion of them (43%) had experienced risky sexual behavior. Most of the respondents rarely and inconsistently used the condom (79.1%). An overwhelming majority (70%) of the teenagers had multiple sexual partners, with friends as the dominant sexual partner (69.8%). Both quantitative as well as qualitative findings confirmed existence of homosexual relationship, though minimal in number. The practice of group sex among street

boys was also an interesting finding. They revealed one secret that generally they had group sex because they rather stayed alone rather in friends' company. One participant made a statement "*street boys always live in friends' company and many had group sex.*" The statistical analysis showed significant relation between sexual behavior and knowledge level ($p > .05$). (Table 4)

Table 4: Sexual behaviour

Use of condom (N=43)	Frequency	Percent
Never use	18	41.9
Some times	16	37.2
Always	9	20.9
Type of sexual partner (N =43)		
Friends	30	69.8
Prostitute	26	66.7
Others	5	11.6
Number of sexual partner (N = 43)		
Only one	11	25.6
2-4 partners	23	53.0
More than four	9	20.9

Discussion

Study found out that street teenagers had good knowledge on HIV/AIDS. But a significant number had the misconception that one could contract HIV through mosquito bites and kissing. Nearly sixty percent (57.8%) respondents fall under the categories of good knowledge, while only 16.7 percent were ranked as poor knowledge. This finding was supported by the study on teenagers' behavior in Nepal by UNICEF in which also overwhelming majority (92%) of the teenagers had heard of HIV/AIDS and knew about the main mode of transmission (sexual intercourse-85%)¹. Level of knowledge is high among the respondents who heard about the disease from organization. Nearly seventy percent (67.6%) of the respondent whose source of information was the organization scored good, which is slightly higher than that of heard from other sources.

The respondents had moderate attitude towards HIV infected people and PLWA. The study shows that a great majority (64.4%) of teenagers was sexually exposed and mean age of first sexual contact was 13.13, which was still low for girls (11.16). A good proportion of them (43%) had experienced risky sexual behavior. More than forty percent (41%) had never use condom during sex and 67.7 percent of the respondents (among sexually exposed with in last 12 months) had commercial sex workers as the partner. Similar finding was seen on the various studies in African continent. A study on sexual risk taking behavior and HIV Knowledge of the street boys in Kingston, Jamaica showed that 42 percent of street boys had initial sexual behavior by age 10⁵. Similarly study on HIV risk behaviors among homeless youth in Chicago, USA, showed that 83.7 percent reported at least one of these risk factors: multiple sex partners; high-risk partners; inconsistent condom use; history of sexually transmitted disease; anal sex; prostitution; and/or intravenous drug use⁶. Even though study in the sexual behavior among street teenagers in Nepal and Asian continent is scarce, a survey of teenage behavior in Nepal by UNICEF indicated that 22 percent of boys and 9 percent girls interviewed had had sexual experience. Among the boys who had sex, over half (52%) said that it had been with more than one person and 65 percent used condom during sex. Among the girls who had sex, 74 percent said their partner used a condom during sex.

This figure gives a clue that street teenagers showed risky sexual behavior compared to other teenagers in Nepal. There is significant statistical relation between safe sexual behavior and level of knowledge ($p < .05$). Similarly this study revealed a positive association between perceived risk of having HIV and sexual behavior ($P < .05$). This finding is supported by the Study on Kenya based on the 1998 Kenya Demographic and Health Survey, which indicates a strong positive association between perceived risk of HIV/AIDS and risky sexual behavior for both women and men⁷. However the results should be taken cautiously because the link between perception of risk and sexual behavior can work both ways. Individual may perceive their risk of getting AIDS to be high or too low depending up on their previous sexual behavior or that of their partner. In this case, risky sexual behavior is the influencing factor on perception of risk. In some cases, a person's perception of risk may be passive and not necessarily based on his or her previous sexual behavior. Studies that have examined the association between the perception of the risk and sexual behavior remain inconclusive because of the difficulty in disentangling the complex relationship between the two variables⁸. The study found out that there is a big gap between street teenager's knowledge on HIV/AIDS and sexual behavior.

Conclusion

Good knowledge level on HIV with few misconceptions on the route of transmission, and risky sexual behavior among street teenagers were the major findings of the study.

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