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A STUDY KNOWLEDGE AND PRACTICE ON HIV/AIDS AMONG BARBERS OF DHULIKHEL & BANEPA

Submitted To:
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APPROVAL SHEET

PROJECT WORK ENTITILED

KNOWLEDGE AND PRATICE OF STUDY ON HIV/ AIDS AMONG BARBERS OF DHULIKHEL & BANEPA

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Area: Dhulikhel & Banepa

Was accepted by the faculty of General Medicine Faculty Dhulikhel Medical institute
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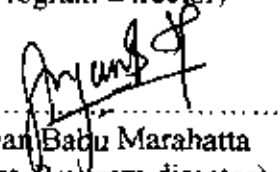

Sujan Babu Marahatta
(Asst. Program director)

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First of all I would like to express my sincere student to Katmandu university master degree of pharmacy for providing me an opportunity to carry out this research topic.
I am deeply indebted to our assistant programmer co-coordinator Mr.sujan babu Marahhata for their invaluable help and suggestions for this study.

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Finally my especially thanks goes to all barber who have participated in this study. At last but foremost I would like to express my friends to all the people who had Directly and indirectly helped in this my work and it possible.

Khemraj shah
General medicine

List of abbreviations

AIDS- Acquired Immune deficiency syndrome
DH- Dhulikhel Hospital
DMI- Dhulikhel Medical Institute
HIV- human immune deficiency virus
KAP- knowledge attitude practice
KU- Katmandu University
KTM- Katmandu
MOH- Ministry of Health
RX- treatment
STDs- Sexually transmitted disease
VDRL- Venereal Research Laboratory Disease
WHO- world health Origination
UNAIDS- United Nations Agency for International development
INGO- Non Government organization
HMG\N-His Majesty's Government Nepal
IDUs-injecting Drug users
IEC- Information education and communication
RCA- Rapid community Assessment
VCT-Voluntary counseling and testing
GOVT- Government
CSWs- Commercial sex workers
ADRA-Adventist development and Relief agency

Abstract

This study was carried out to assess the knowledge, and practice of barbers among towards on HIV|AIDS in Dhulikhel Banepa. Fifty barbers was selected in Dhulikhel, Banepa who were presented at their shop in study time, Therefore. fifty quistionnarie were taken by interview with each person.
The Demographic data is shown in table.
About 80% of barbers have heard about HIV|AIDS . Radio was the most common source of information i.e 67% followed by Newspaper 23%, health worker 5%and 5% training respectively.

Regarding the mode of transmission about 65% of the barbers reported that HIV/AIDS can be transmitted by unsafe sex (sex with out condom) followed by 25% by blood and blood related products. infected person and from needle syringe, blades and equipment used by infected person

About the knowledge regarding spread of HIV|AIDS of barber reported 68% bedbug mosquito, followed by 16% dancing, shaking and 16% coming contact with sweats. About 65% barber know mostly likely people of HIV/AIDS prostitution followed by 25% unsafe donating blood (before not test blood) and 10%drug used.

About the knowledge regarding prevention 65% of barber reported that to use condom followed by use blood after lab test 25% and 10% sterile blades.

About the practice of sexual behavioral 26% barber have multiple sex partner. 78% of barber were married and 22% of barber unmarried .Among them 38% barber use condom prevention of HIV|AIDS .62% barber don't use condom while doing sex. All the respondents use sterilize blade and never reuse the blade for their clients.

CONTENT

1. Introduction

Background;

In human history there is little disease which is perhaps as feared and despised as the disease, AIDS (Acquired Immune Deficiency Syndrome).
The means of AIDS is with us and there is no way to escape from it. The Human Immune deficiency Virus (HIV) pandemic is affecting all nations and Nepal is no exception. In 1988 six Years after the discovery of this virus the first HIV infected person was detected in Nepal (Subedi et al. 1994). AIDS is currently the most dreaded public health problem in the World. AIDS has been variously known as a described using military metaphor of Wars and Weapons (Son tag, 1991 and 'queer' disease (Patton 1990) and 'Abnormal' illness (Gorna, 1996) and 'slim disease' and is often described as a fatal illness caused by a retrovirus known as the Human Immune deficiency Virus (HIV) which breaks down the body's immune system .Among the special feature of HIV infection is the expectation that once infected ,it is probable That a person will be infected for life. The term AIDS referred to last Stage of the HIV infection.(1 2 3 4 5 6)

AIDS has become one of the greatest challenges facing mankind today
And is perceived as a dreaded public health problem in the world .AIDS
Is an infectious disease Spread by a virus .It is called syndrome because it
Consist of several sign and symptoms. To know AIDS, in all its manifestations has become a challenging task for global clinicians.(2 6 7 8)

Global epidemiological studies have shown that the virus Spreads from
Unsafe sexual contact, intravenous drug users, commercial sex –Workers
And migrant labours and infected mother to child, etc. There will be a decline in the number of people in the age group 0-4 and 25-35 Years old. Due to deaths occurring among Young adults, young children and infants, a large number of productive of life will be lost.(2 6 7 8)

Recognized as an emerging disease only in early 1980's, AIDS has rapidly
Established it self throughout the World as the Major focus of health policy,
Planners and Strategist and likely to endure and persist Well into 21st century. Trends in AIDS incidence Show Significant differences between
Different regions of the World. More than 95 percent of new cases remain in developing countries. In developing countries where vast Majority of these infected with HIV\AIDS live, the number of new cases however continues to increase.(2 6 9)
The country is believed to be in an early of the epidemic. By April 1996, 351 people had tested HIV positive and 51 were diagnosed as having AIDS (10)

Global over view of the Epidemic;

HIV|AIDS, undoubtedly the unbeaten rival of humanity, the most discussed disease on a global level. AIDS was first recognized in USA
In 1981. Since then, HIV|AIDS has spread throughout the World assuming
The dimension of a truly global pandemic. As on December 1988, a total of

The 132,967 HIV|AIDS case were officially reported to the WHO from 177 Countries Worldwide. Considering that reported cases are only a fraction Of all cases, it is estimated that actual number of case Worldwide could be Around are 150,000. HIV prevalence Surveys showed a gradually increasing rate of HIV infection at global level. The latest report on AIDS epidemic published by UNAIDS and WHO has put the number of people affected
By HIV at 40 million (36-46 million) are people living with HIV| AIDS. out of which 5 million people are newly infected with HIV|AIDS .Global estimates report around 14,ooo new HIV|AIDS infection per day (UNAIDS),(2002). The global situation of HIV|AIDS unquestioningly requires more effecting approaches to combat this epidemic. The global situation 8,000 cases deaths per day due to AIDS and I cases in deaths every 10 second. (6 11)

In Southeast Asia region , the number of reported case continue to increase and are likely to do so well into the early part of the 21st century.
According (UNAIDS 2002). It is Second highest region of HIV|AIDS in the World. Analysis of these data shows that more than 90 percent cases
Are in reproductive and productive age group. The first patient with AIDS was diagnosed in Thailand 1984 and HIV infection in most other south East Asia Countries were reported in 1986 or later.(6 12 13 14)

The AIDS Scenario in Nepal;

The first case in Nepal was documented in 1988 (Subedi et al; 1992).Since
Then there has been a steady increase in the number of HIV carrier and AIDS cases. The Surveillance data concerning the AIDS Epidemic in Nepal
Are Scarce. As on the May31, 2004, (HMG's-MOH) has reported 747cases of AIDS and 3765 HIV infections. Given the existing medical and public health infrastructure in Nepal and lack of counity in national HIV|AIDS
Surveillance system, it is very likely that actual number of cases in many times higher. Consequently, HMG has recognized HIV|AIDs as a priority
Issue and has recently established national AIDS council. The council with
Representation from government, non government organizations and civil society will advocate for active participation of all strata of society in the fight against the epidemic.(2 6 10 13 14 16 17)

According to this report in Nepal, HIV|AIDS is prevalent in age group
(20-21). the main route of the HIV transmission in Nepal is through heterosexual contact 9Subedi et al; 1994). This is fuelled by the poor socioeconomic status of the majority of people, which among other consequences leads people especially men, to look outside their home area.
According to estimate there are about 1.5to 2 million Nepali people who work outside the country, 1 million or more people alone in different parts
Of India in search for temporary work. (2 3 4 5 7 13 14)

Problem statement

HIV|AIDS is now rapidly spreading in Asia, including Nepal. It is generally agreed, that until a vaccine or biomedical effective therapy for aids is discovered, the only practical tool available to stop the spread of HIV infection in behavior change through information, Education, Communcation (IEC) and counseling. Educational campaigns aim at changing or modifying risky behaviors and promotion of safer alternatives. HIV/AIDS a threat to them personally and to the community at large. A few recent news headlines picked up from some of the vernacular dailies are suffient to give an indication of the extant of the epidemic. "11 AIDS patients in Kavrepalanchock", "54 AIDS patients in Jhapa", "263AIDS patients in Rupandehi", "1700AIDS patients Dharan", 8 deaths from HIV/AIDS in 3 wards of Dhading VDC of Parbat", "18 death from AIDS and 15 infected by HIV in Baglung","30 infected by AIDS daily in Nepal". It shows that there possibility it more high risk group in Dharan, Sunsari district. (2 9 18)

OBJECTIVE

General objectives

- To assess the Knowledge& Practice about HIV|AIDS among the Barbers.

Specific objectives

- To asses the Knowledge about transmission of HIV|AIDS among Barber.
- To identify the Practice related to HIV|AIDS prevention under-taken by Barbers.

Data Collection;

- Structured questionnaire was used for data collection.

Data Analysis

- Data was collected from 50 respondents of Dhukikhel &Banepa
- After data Collection the data was arranged in simple descriptive Statistic and expressed in term of percentage & frequency was presented in different table, chart & groups.

Variable

Dependent variable - Knowledge & practice
Independent Variable- Age, Education, Work experience,

2. LITERATURE REVIEW

HIV/AIDS IN ASIA

SOUTHEAST ASIA

The center of gravity of the AIDS epidemic is shifting from Africa to Asia home to half of the world population WHO estimates that about 7.4 million people (range 5 – 10 million) are living with HIV. Around half of a million are believed to have a died of AIDS in 2003, and about twice as many1.1 million became newly infected.(2 19 20)
The main transmission routes are multi partner's sexual contact and iv. Drug abuse (Der Spiegel. 1993; World Bank. 1996; Mills; 1994)
Thailand was the first country severely affected by the HIV epidemic (Weiniger et al, 1991). (2 19 20)

A huge commercial sex industry promoted by sex tourism and social conventions that males should be experienced at marriage facilitated the Spread of HIV (Van Landing gham et al, 1993, Nopkessom et al, 1993). The other heavily effected countries of the region are India, Cambodia and Myanmar.(2 19 20)
Asia is faced with a narrow window of opportunity to prevent AIDS from having a more severe impact on the region. With (960%) of the World's population. Asia is home to some of the fastest growing AIDS epidemic in the world. This is primarily due to sharp increases in HIV infection in china, Indonesia and Vietnam, which together make up close to (50%) of Asia population.(2 6 19)

The region includes the world's most populous countries-China and India
With 2.25 million people between them. In both countries, National HIV prevalence is low; (0.1%) in china and between (0.4%) and (1.3%) in an India. Bit closer focus reveals that both have extremely serious epidemic
In a number of providences, territories and states. (2, 19)

In china

10 million people may be infected with HIV by 2010 unless effective
Action is urgently taken. The virus has spread to all 31 provinces, autonomous regions and municipalities, yet each area has its own distinctive epidemic Pattern. For example, in xinjiang, HIV prevalence among injecting drug users is (35.8%). In areas such as anhui, Henan and Shandon. HIV gained a foothold in the early 1990s among rural people who were selling contaminated blood.(2 6 19 21 22)

India

Since may 1986, when the first AIDS cases in India was rerorted, 440
Cases of AIDS were found by September 1993 (Nag. 1994). India has the
Largest number of people living with HIV outside South Africa estimated
At 5.1 million in 2003. Most infections are acquired sexually, but injecting drug use dominates in the northeast of the (60-75) % have been found among

Injecting drug users using non sterile injecting equipment. In India's southern states of Andhra Pradhesh, Karnataka, Maharastra and Tami Nadu, HIV is transmitted through hetero sexual sex, and is largely linked
To sex Work. According to selected surveys, more than half of sex Workers
Are HIV-positive. In all four states, infection levels among pregnant women in sentinel antenatal clinics have remained roughly stable ay more than 1 %. This suggested sex worker's clients may have passed HIV to their Wives (2, 23).
In many parts of India, HIV transmission through sex between men is also a major concern. Research shows some men who have sex with men may also have sex with Women. In 2002, behavioral surveillance in five cities among men who have sex with men found (27%) reported being married, or living with a female sexual partner. HIV Knowledge is still scant and incomplete in India. In a 2001 national behavioral study of nearly 85,000
People, only (75 %) of respondents had heard of AIDS, and rural women's
AIDS awareness was particularly low. (2 6 23)

In 2003, Pakistan had it first outbreak of HIV infection among its injection drugs users. In a small rice growing town in Sindh province, (10%)
Of 175 injecting drug users tested HIV positive. A behavioral survey in
Quetta found that a high proportion of respondents used non-Sterile
Injecting equipment; and more than half said they visited sex Workers.
Few hand heard of AIDS, and even fewer had ever used a condom.
Pakistan currently has an estimate about prevalence of (0.1%).(2 23)

Cambodia, Myanmar and Thailand are experiencing particularly serious
Epidemics Cambodia's national HIV prevalence is around (3 %) the highest recorded in Asia. Data suggest this countries epidemic has gone through dramatic changes through for instance, infection among brothel-based sex
Workers fell from (43 %) in 1998 to (29%) in 2002.however, the picture
Of Cambodia's epidemic is incomplete; little has been done to monitor the epidemic among drug users, or men who have sex with men above (15 %)
When last measured in 2000.(2 13)

In Thailand, the number of new infection has fallen from 1, 40,000 in 1991 to
Around 21,000 in 2003. This remarkable achievement came about became men used condoms more and also reduced their brothel visits. But this drop in Commercial sex patronage is accompanied by an increase in extra-marital and causal sex. Young Thai women also appear more likely to engage in premarital sexual relation than earlier generations Behavioral surveillance between 1996 and 2002, Shows a clear rise in the proportion of sexually active, secondary school students. It also shows consistently low level condom use.(2 13 19)

Evidence also suggests Thailand's epidemic is now spreading among
The partners and spouses of sex Worker's clients. As well as among marginalized sections of the population, such as injecting drug users and migrants. Infection rates

among men who have sex with men and injecting drug users remains high, due to inadequate coverage of preventation activities. In Bangkok, more than (15%) of men who have sex with men who
Were tested in a 2003. Study were HIV-positive, and (21%) had not used condom with their last causal partners (2 23).

Viet Nam has one of the region's newest epidemics. National HIV prevalence is still well below (1%), but in many provinces, sentile Surveillance has reveled HIV levels of (20%) among injecting drug
Users. Unsafe sex in also a concern in this region. In major cities, in 2002
, prevalence levels of (8 to 24 %) were reported among sex workers.(2 23)
Six of Indonesia's 31 provinces are particularly badly affected by AIDS.
The country's epidemic is driven largely by drug injecting with contaminated needles and Syringes. HIV prevalence among its
125,000-196,000 injecting drug users has increased threshold
From (16to 48) % between1999and 2003.Indonesia's drug users are
Also roughly arrested and sent to jail. In early 2003,(25%0 of inmates
In Jakarta's eipinang prison were HIV- positive.(2 20 21 22)

In Indonesia, there is strong evidence that various injecting drug user
And sexual networks overlap significantly, thus creating an Ideal environment for HIV spread. In the past two years, some area have recorded sharp increase to levels as high as (8 to 17).In Jakarta, HIV prevalence among transgender sex Workers also rose from (0.3%) In 1995 to nearly (22%) in 2002. (2 20 21 22 23)

The Asian epidemic is fuelled by injecting drug use, sex work and sex
Between men failure to target population at higher risk of HIV exposure
Today means the region will face a full fledged epidemic for years to come.(2 23)

Ministry of Health and Population
National Center for AIDS and STD Control
Teku, Kathmandu

Cumulative HIV and AIDS Situation of Nepal
As of May 31, 2006

Condition	Male	Female	Total	New Cases in May 2006
HIV Positives (Including AIDS)	4782	1868	6650	207
AIDS (out of total HIV)	761	286	1047 *	22

Cumulative HIV infection by sub-group and sex

Sub-groups	Male	Female	Total	New Cases in May 2006
Sex Workers (SW)		618	618	3
Clients of SWs/STD	3270	103	3373	72
Housewives		205	205	62
Blood or organ recipients	8	2	10	-
Injecting Drug Use	1390	22	1412 **	53
Children	114	73	187	14
Total	4782	1868	6650	207

Cumulative HIV infection by age group

Age group	Male	Female	Total	New Cases in May 2006
0-4 Years	49	32	81	9
5-9 Years	52	37	89	5
10-14 Years	25	12	37	1
15-19 Years	192	193	385	5
20-24 Years	824	402	1226	14
25-29 Years	1281	484	1765	44
30-39 Years	1891	534	2425	111
40-49 Years	479	149	628	25
50+ Above	89	25	114	3
Total	4782	1868	6650	207

* Death - 322 (New death cases in May 2006 - 11)

** Mode of Transmission - IDU or Sexual

(Data include reports from sentinel surveillance sites and voluntary confidential testing centers.)

Source of May 2006 data: National Public Health Laboratory, Teku; Teku Hospital, Teku; National Center for AIDS & STD Control; SACTS VCT, Thapathali, Youth Vision VCT, Patalisasak; ADRA VCT, Banepa; N-SARC VCT/DVD-Bheri Zonal Hospital, Nepalgunj; INF Palawa, Pokhara; Nanda Ghumti-Nepal, Pokhara; HASTI-AIDS, Aecham; District Hospital, Mangalsen, Aecham; SPARSHA Nepal, Kritipur; Wailing PHC VCT, Syangja; AMDA-Nepal STI and VCT, Hetauda; NNSWA STI/VCT, Kanchanpur; Mahakali Zonal Hospital (MZH), Kanchanpur; KYC VCT, Dharan

3.RESEARCH METHODOLOGY

STUDY DESIGN- a Cross-sectional Descriptive study
Questionnaire
The main was interview Technique, Structured Question-answer in Nepali language
Operational Definition
Knowledge- knowledge referred to the correct response to understanding of a fact or commonly accepted research or clinical finding

Practices- a practices signifies individual or behavior pattern. Behavior of barber in which in related to HIV/AIDS transmission and prevention.
Study population
The study population was comprised all Dhulikhel & Banepa who were attending in this shop. There were selected simple Random
Sample size- 50
Sample method and data collection as each individual barber asked Questionnaire: interview Technique, to all barbers who was
Present in the respective shop on that day.

Limitation of Study
Time, places, was limitation

Content validity and reliability

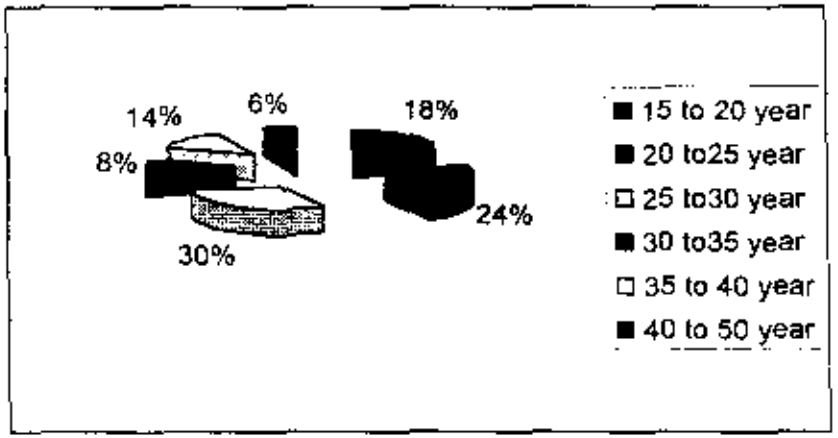
- To evaluate the content validity of the instruments the questionnaire was discussed with experts then accordingly to there suggestion some items was modify and add.
- Pilot study- The questionnaire was pre-tested on5 barber of Dhulikhel. Adjustments and changes was mode accordingly in order to improve the quality of the data. Looking at all the above points despite a number of limitations. It seems was justify to assume that the results of this KAP study was Valid and accurate to at least satisfactory extent.

Ethical considerations

The name of the respondents and their response was kept confidential and data was used for the purpose of research Work only as for the partial fulfillment of General Medicine course. No one was forced to parcipated in this study.

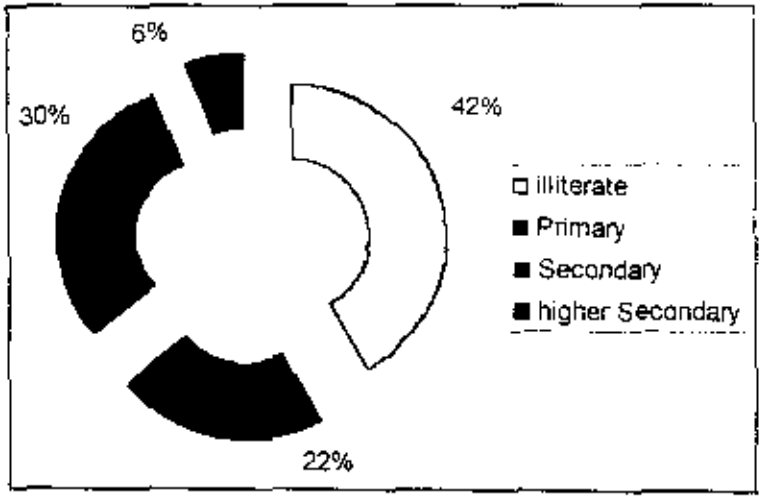
FINIDING

Age wise Distribution (n=50)



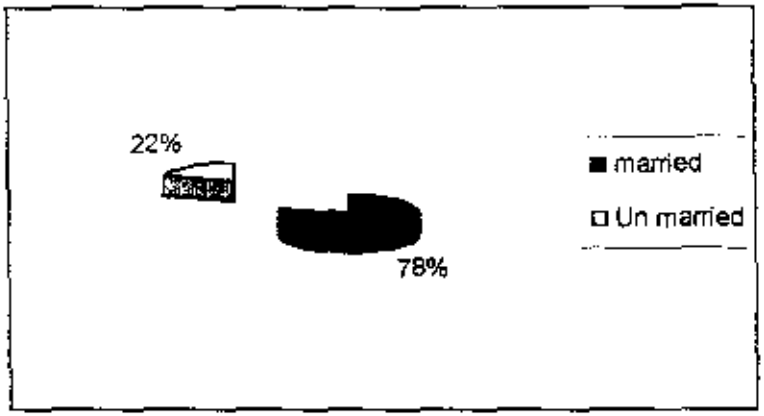
Among the respondents 30 % barber were of 20 to 25 year 24% of 15to 20 years, 18 % of 35to 40 year 14 % of 30 to 35 years 8 % of 40 to 45 year 6 %.

Educational Status (n=50)



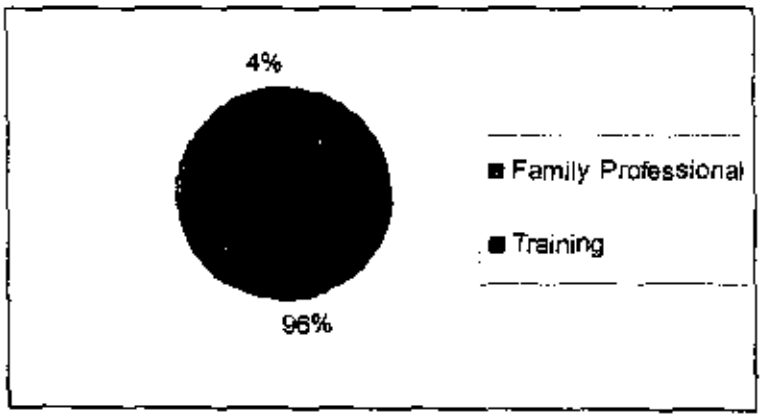
42 % of barbers were illiterate, 30 % had primary level of schooling, 22% secondary and 6 % higher secondary.

Marrital Status (n=50)



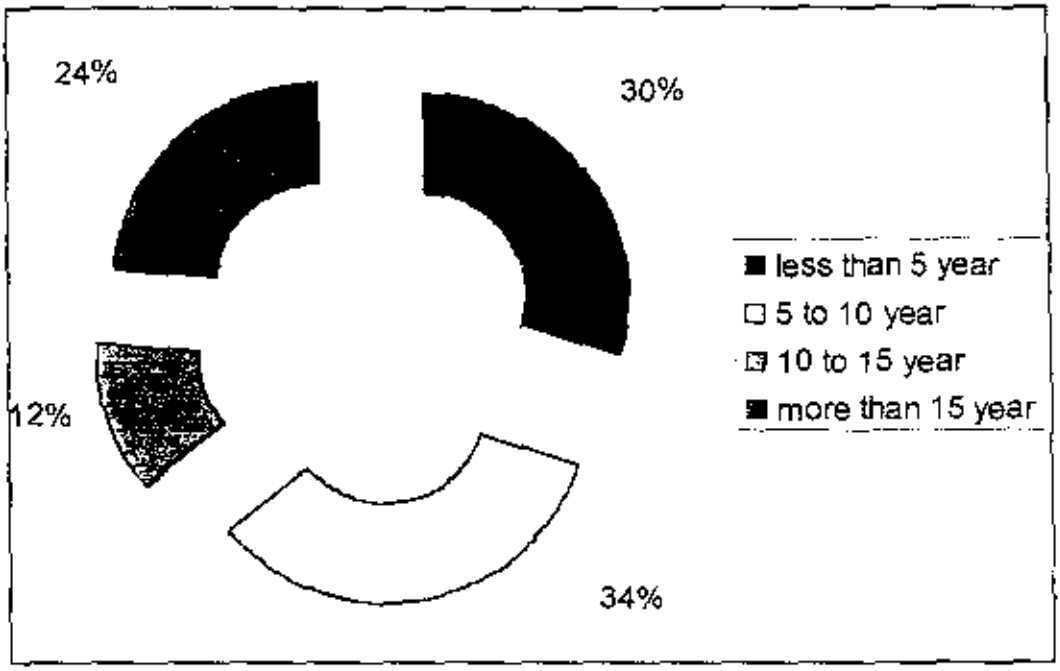
Most of the Barber i.e 78 % were married.

Profession (n=50)



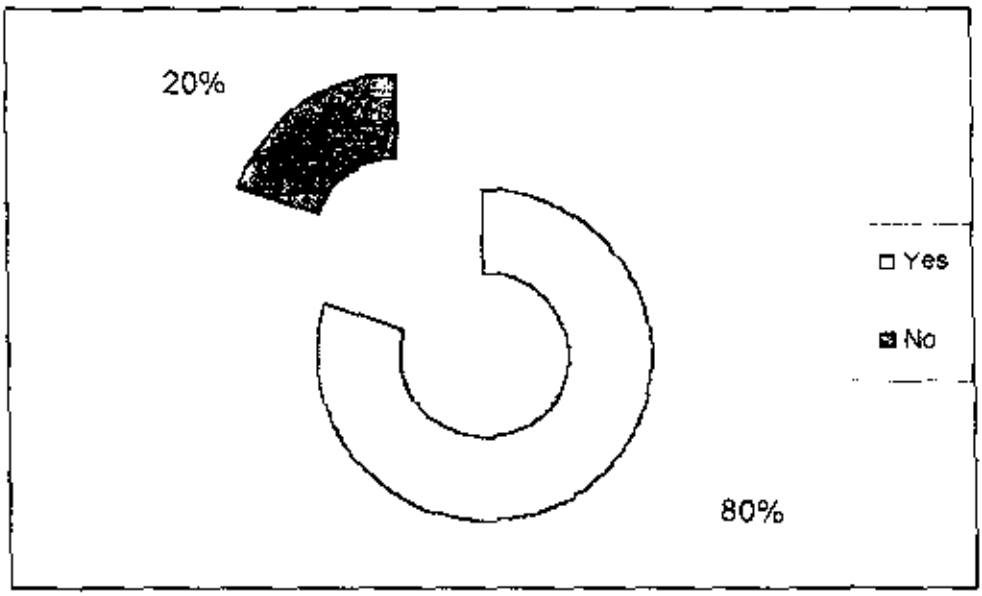
Most of the Barber i.e. 96% has adopted their job as part of their family profession.

Work Experience (n=50)



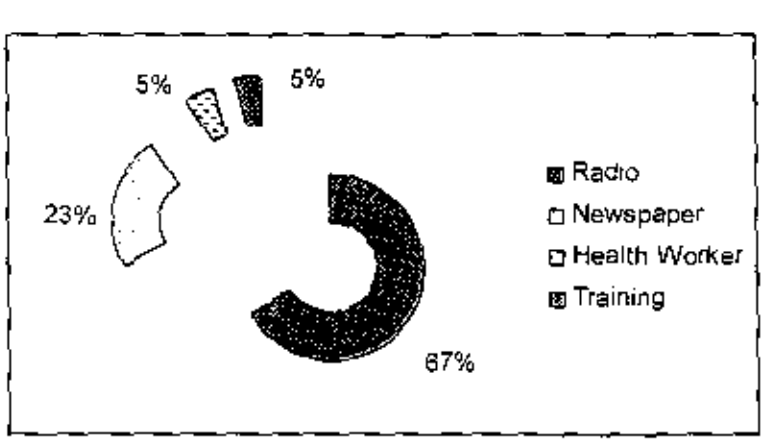
4% of the barber has the experience of more than 35 years.

Heard about HIV|AIDS (N =50)



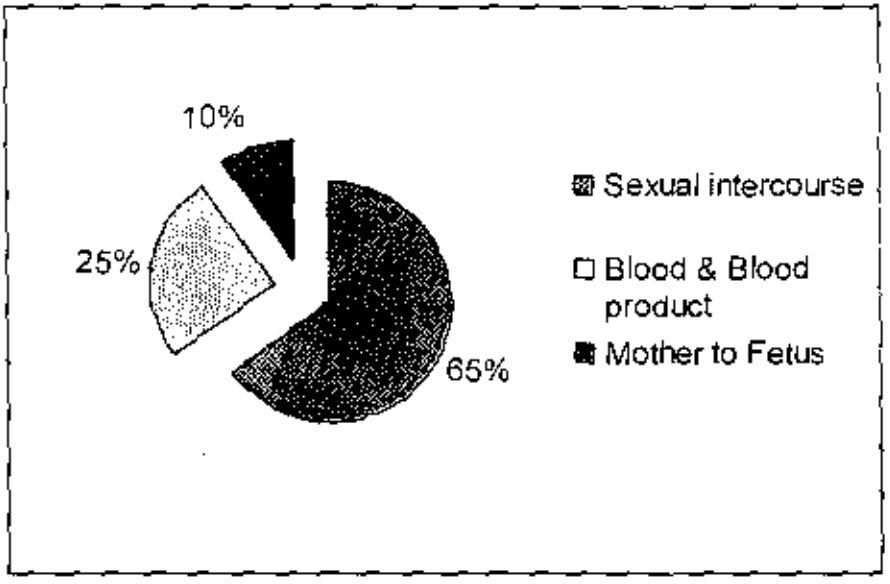
80% of barber had heard about HIV|AIDS.

Knowledge on Source of Information. (n=40)



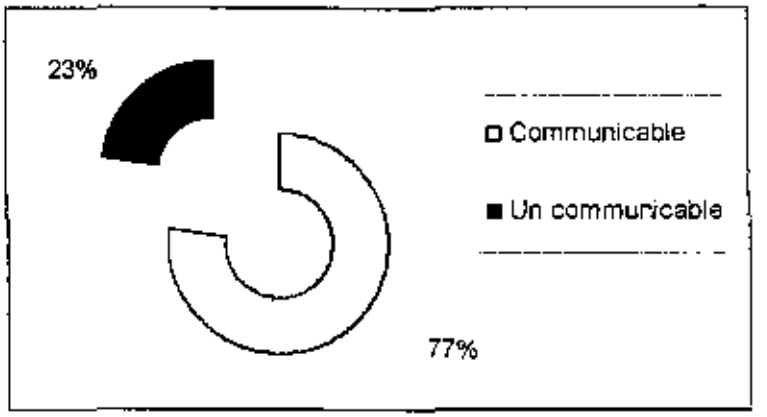
Most of the barber i.e 67% has heard about HIV/AIDS from radio.

Knowledge on Transmission (n=40)



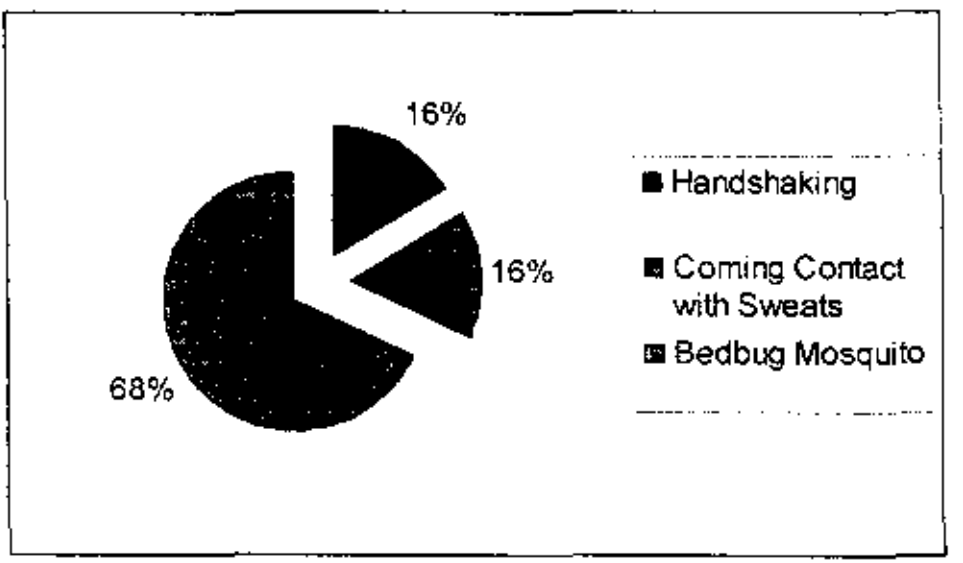
65 % of the barber believed that the mode of Transmission of HIV/AIDS is sexual intercourse, 25 % Blood & Blood product &10 % Mother to fetus.

Nature of Disease (n=40)



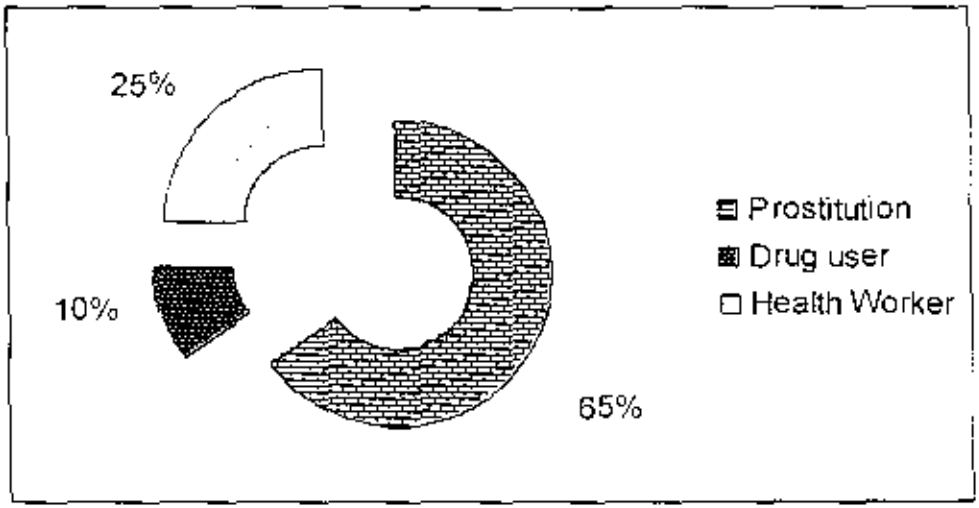
Most of the Barber 77 % knew that HIV|AIDS is Communicable Disease.

Knowledge on Spread of HIV|AIDS (N=40)



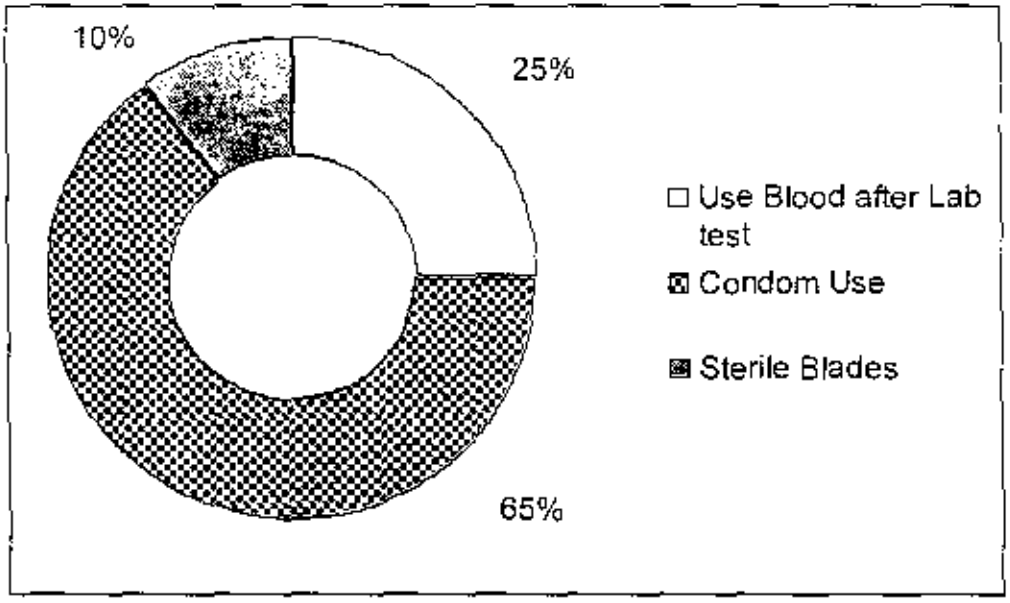
Most of them 68 % barber Bedbug Mosquito, 26 % coming Contact with Sweats &16 %Handshaking.

Knowledge on Risk of HIV| AIDS. (N=40)



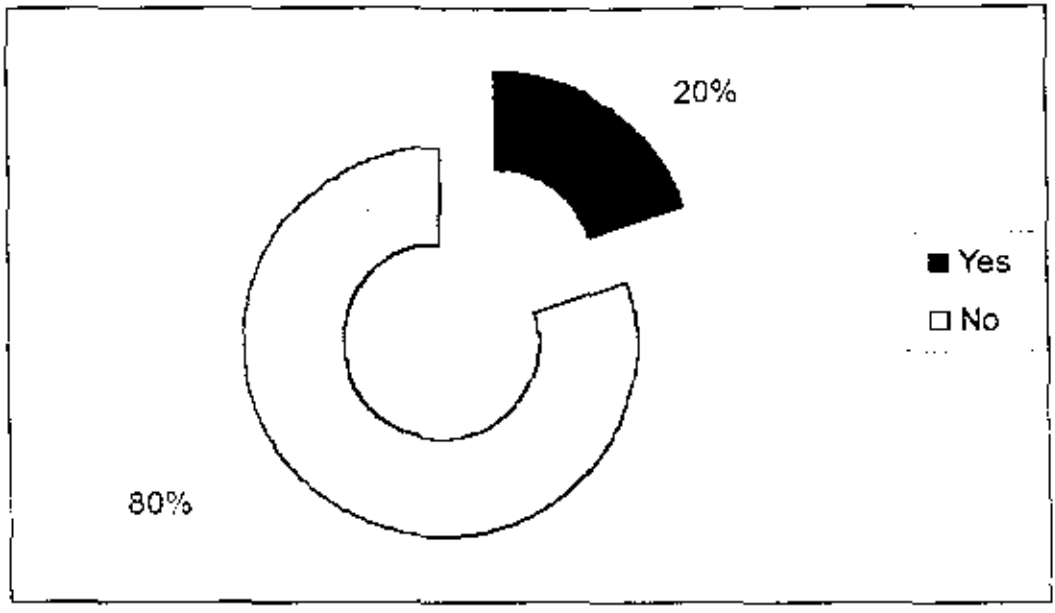
65% of barbers believed that most risk people was prostitution

Knowledge on Prevention of HIV|AIDS (N =40)



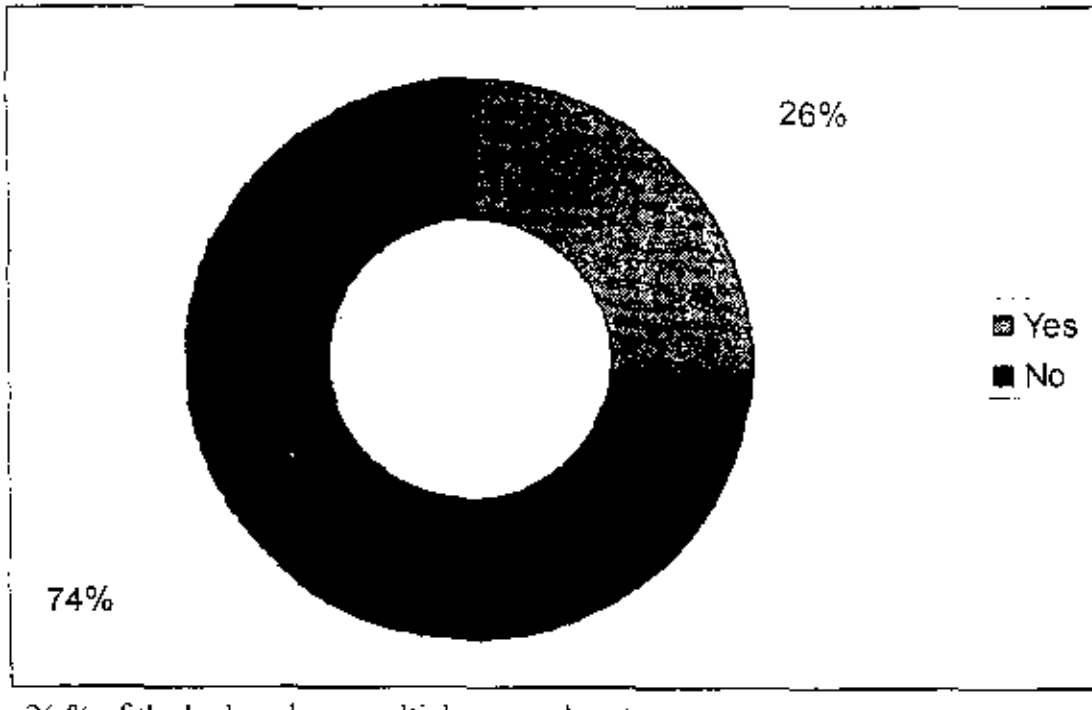
65% of barber used the condom, 25% used the blob after lab test and 105 used the sterile blades.

Knowledge of cure (N= 40)



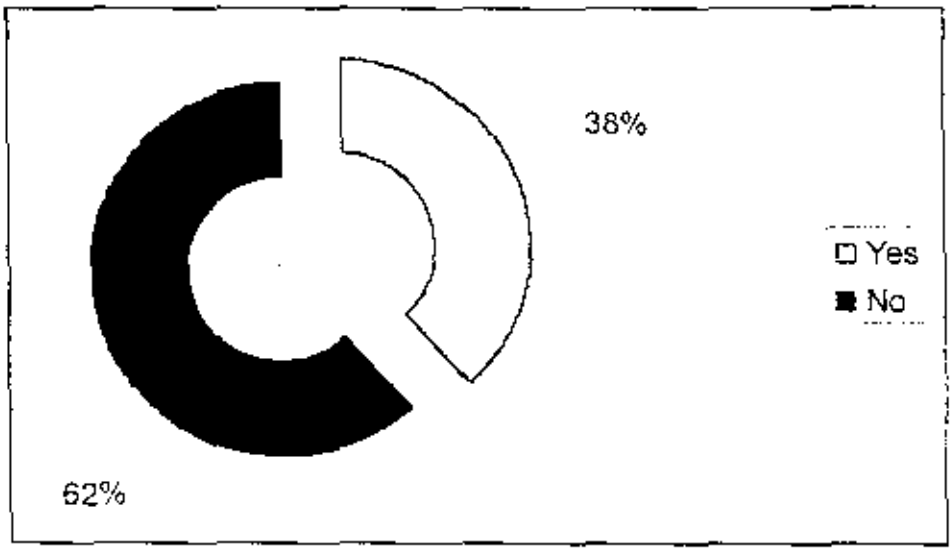
80 % of them don't know about Medical Cure.

Sexual behavioral (n=50)



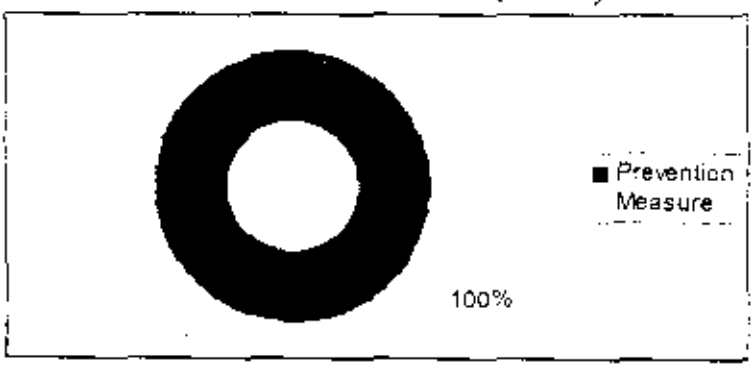
26 % of the barbers have multiple sexual partners.

Condom Use (N= 13)



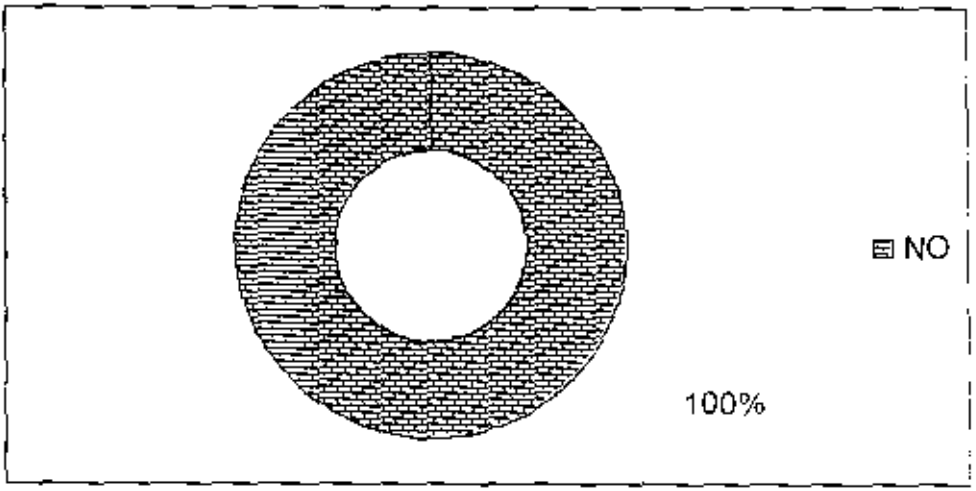
38 % of them use Condom.

Cause of Condom use (N= 5)



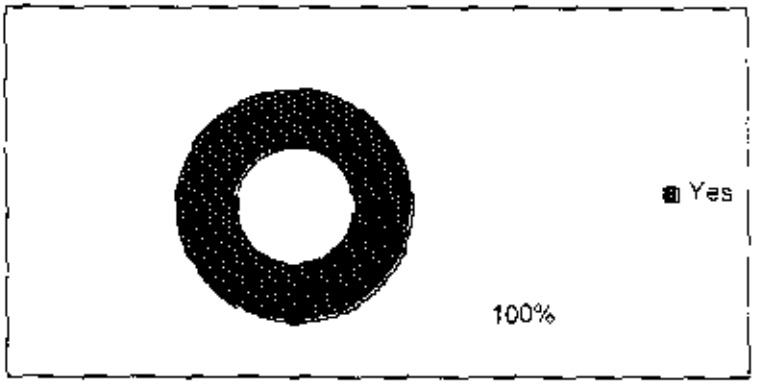
All of them use condom as preventive measure.

Use of Sterile Blades (N=50)

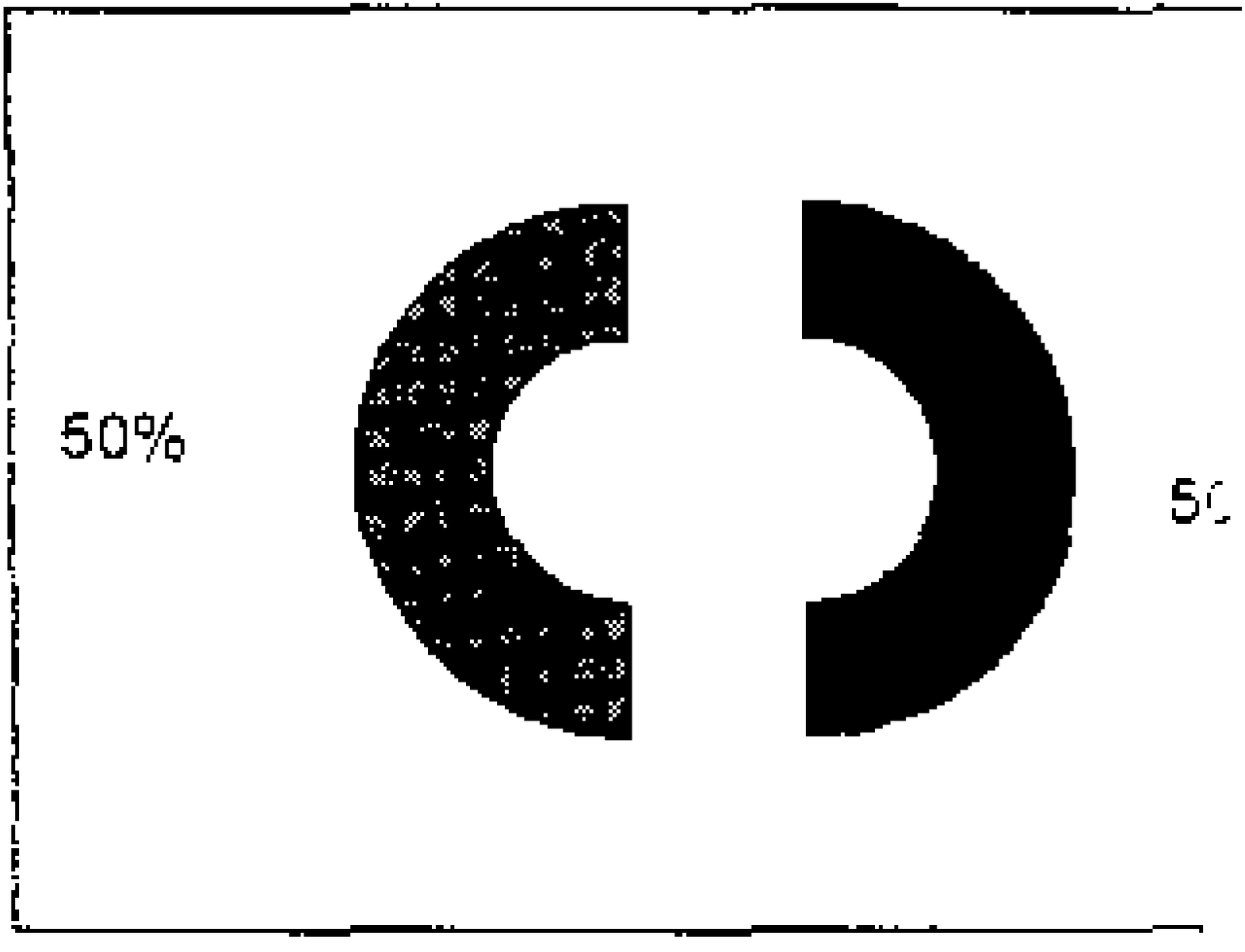


A New Blades for an individual (Disposable).

Use of Antiseptic after Shaving (N=50)



Cleaning of Razor (N=50)



Discussion

- None of them had the Knowledge about relation between STDs &AIDS.
- Most of them i.e. (68%) think HIV|AIDS can be Transmitted by bed bug and mosquito biting.
- Nether of them have got training about HIV|AIDS.
- Most of the barbers (10%) know about mother to fetus transmission of HIV|AIDS.

Conclusion

- Radio & newspaper are good source about HIV|AIDS.
- Most (80%) barbers have heard about HIV|AIDS. But they don't know about the modes of transmission, and prevention.
- Only few barbers (38 %) use condom.
- All barbers use disposable blades& clean the Razor every time before using.
- Nether of them re-use the blades.

Recommendation

- ❖ Nepal Nay sung should play a vital role for prevention and control of HIV|AIDS.
  - Licensing system
  - Awareness programmer.
- ❖ NGOs & INGOs should lunch the awareness programme among barbers.

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Questionnaire form:

Sample no. Barber shop name:
Name: Age:
Address: No. Of flow per day:
Education level:
KNOWLEDGE:

1. How did you learn about cutting hairs & shaving beard?
a. Family professional. c. Other.
b. Training.

2. How many have you been doing this work?
a) < 5yrs b) 5-10 yrs c) 10-15 yrs d) 15+ yrs.

3. Have you heard about HIV/AIDS?
a. Yes. b. No. c. If yes.

4. From where did you get information?
a. Radio/TV. b. Training
c. Health worker d. Newspaper

5. What kind of disease is HIV/AIDS?
a. Communicable b. Non-communicable

6. How HIV/AIDS is transmitted?
a. Sexual intercourse. Yes ..... OR No .....
b. Infected blood & bloody fluid. Yes ..... OR No .....
c. Having STDs. Yes ..... OR No .....
d. Mother to Child. Yes ..... OR No .....

7. Does HIV spreads by following
a. Hugging, Dancing & shaking Yes ..... OR No ..... hands
b. Coming into contact with sweets Yes ..... OR No ..... & bed share
c. Bite of bed bug or mosquito Yes ..... OR No .....

8. What type of people more likely to get HIV/ AIDS ?
Involving in prostitution Yes ..... OR No .....
Intravenous drug user Yes ..... OR No .....
Having STDs Yes ..... OR No .....
Donating Blood Yes ..... OR No .....

9. How HIV/AIDS can be prevented?
Use blood after lab test Yes ..... OR No .....
Using Condom Yes ..... OR No .....
during each sexual intercourse

By not being pregnant Yes ..... OR No .....
Use sterile blades, needle Yes ..... OR No .....

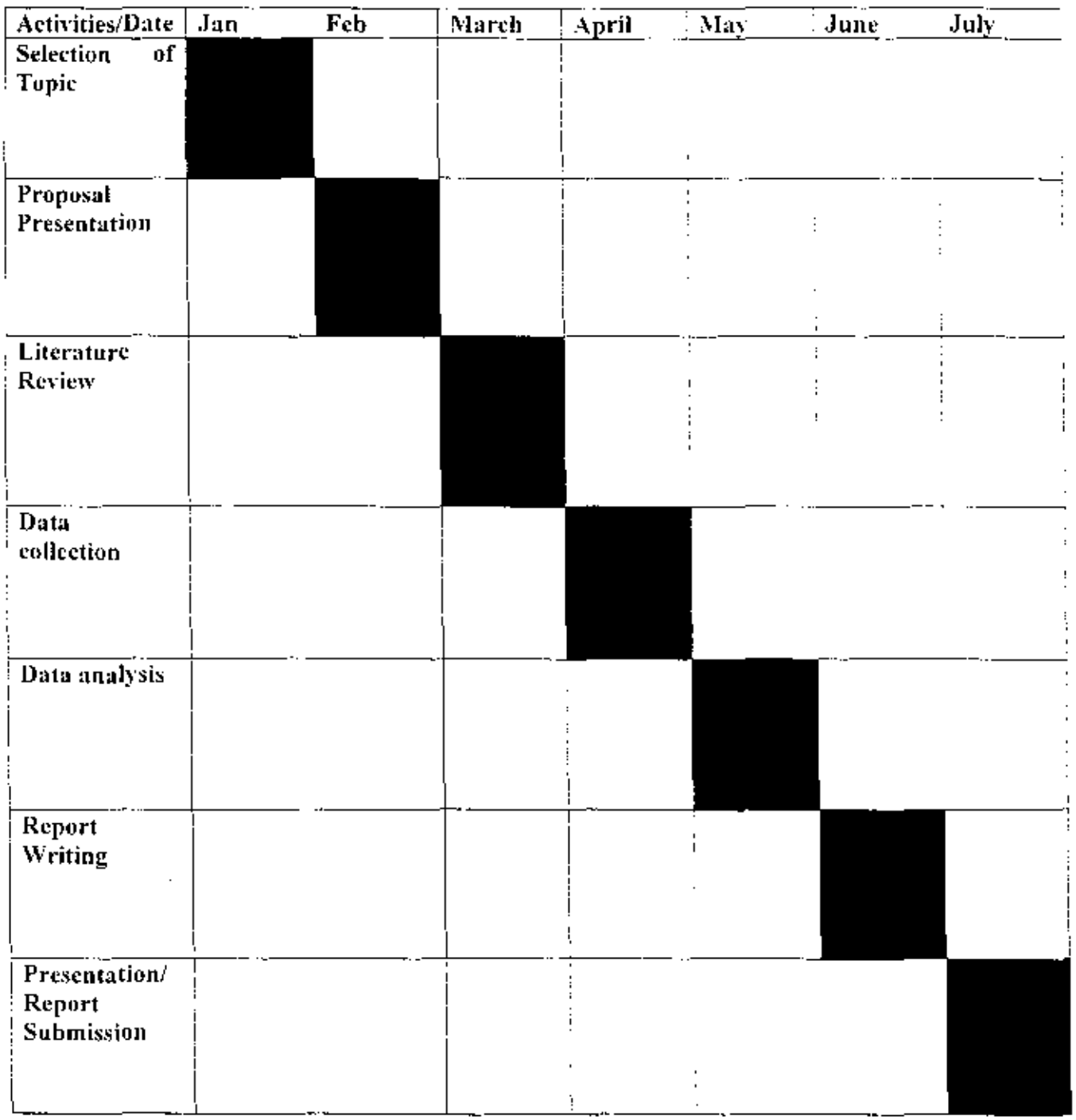
10. is there any treatment and medication of HIV/ AIDS?
Yes ..... OR No .....

PRACTICE:

1) Blades use in one person Yes ..... OR No .....
2) Sterilization Yes ..... OR No .....
3) Cleaning and technique razor Yes ..... OR No .....
4) Injury/ cut use of antiseptic. Yes ..... OR No .....

5) Do enjoy multiple sex partner Yes ..... OR No .....
6) Do you use condom Yes ..... OR No .....
7) If yes why?
a) Prevention of HIV/AIDS
b) Prevention from unwanted birth
c) Prevention from STDS
d) Satisfying sexual contact

Work Plan


Activities/Date
Jan
Feb
March
April
May
June
July
Selection of Topic
Proposal Presentation
Literature Review
Data collection
Data analysis
Report Writing
Presentation/ Report Submission