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Assessment of Knowledge, Attitude and Practice Concerning HIV/AIDS and STD Among Youth in Dang, Kailali and Surkhet .

Submitted to
The National Center for AIDS and STD Control
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By the Karmic Society

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Abbreviation

AIDS-	Acquired Immunodeficiency Syndrome.
BASE-	Backward Society.
C.C.O-	Canadian Cooperation Office.
C.S.W-	Commercial Sex Worker.
C.M.A-	Community Medical Assistant.
D.D.C-	District Development Committee.
D o H-	Department of Health services.
DVD-	Dermato Venerealogy Department
HIV-	Human Immuno defeciency Virus
GO-	Government Organization
HMG-	His Majesty of Government
INGO-	International Non Governmental Organization.
K A P-	Knowledge Attitude and Practice
M o E	Ministry of Education
NCASC-	National Center for AIDS and STDs Control
NGO-	Non Governmental Organization
STD -	Sexually Transmitted Diseases
S.S.P-	Senior Superintendent of Police.
V.D.C-	Village Development Committee

EXECUTIVE SUMMARY

The present study was conducted by a team of journalists with the help of a facilitator, from 1st – 30th February 1998, for a period of one month. Field data collection and facilitation was assisted by two local team members and 3 core team members. Data processing and analysis was done by the KARMIC SOCIETY with the help of the Primary Facilitator.

The main objective of the study was to find out "Knowledge, Attitude and Practice concerning HIV/AIDS & STDs among the Youth" in school, campus, and Badi community. This is intended to provide an insight on the understanding, attitude and practice of the youth in regards to HIV/AIDS & STD, to the NCASC to geared its future programs.

The study was carried out in three districts of mid-western and far-western regions of Nepal namely: Dang, Kailali and Surkhet districts. Total numbers of respondent were 300, out of which, campus and school students were 275(males 191 and females 84.) and Among 25 Badi respondents, there (12 males and 13 females).

The findings were that first sexual contacts were made at the age of 10 to 15 years. The prime sexually active group falls into the age group of 16 to 20 years. Their first premarital sexual partner was usually Commercial Sex Workers (CSWs). This sexual activity was mostly without the use of condoms on the part of the youths, even though the respondents mention condom as a prime preventive measure. Only 10 individuals out of 69 respondent who have had pre marital sexual contacts used condom while having sex. The main sources of information on HIV/AIDS & STDs are on Radio/ T.V, Papers and in magazines. While the overall awareness on STDs and HIV/AIDS was high, specific information regarding non-sexual transmission routes was often inaccurate. Problems on STD are normally shared with the health professional, friends and the family members. The study found out that the studied population preferred to go to existing health care facilities (public and private clinics) for the treatment and necessary consultations.

The findings of this study have several implications for the design of intervention strategies. Firstly, awareness concerning HIV/AIDS & STDs, but there are deficiencies in specific knowledge as shown with the non-sexual transmission routes of HIV/AIDS and STDs. Secondly, there is significant gap between knowledge and practice as is the case in condom use. This means that knowledge about prevention does not automatically result in change of personal risk behavior. Thirdly, youths in the study districts have the first sexual experiences with CSWs whose work involve entertaining multiple partners and thus putting them at the risk of HIV/AIDS and STD infections.

RECOMMENDATIONS:

1. As the youth have first premarital sexual contact at the age of 10-15 years with CSWs, education on HIV/AIDS and STDs, and risks and affects of infection should be made **"mandatory"** in schools starting from class 6 and above in an appropriate manner. The HMG Ministry of Education included AIDS/ STDs has integrated this in the curriculum, it is still an optional subject for students)

2. The youth experience the first premarital sexual contact with CSWs. CSWs need to be empowered for safer sex specifically condom use. This is still one of the most effective ways of preventing HIV/AIDS and STDs.

3 The local Community Medical Assistance (CMA) Campus (Kailali) involved in HIV/AIDS awareness activities, could be an opportunity for integrating peer education and counseling component.

4 As the study showed most of the students used health care facilities for the treatment of their illnesses and STD problems, programmes should consider upgrading these facilities to provide HIV/AIDS & STD treatment and counseling.

Conclusion:

From the above research conducted by the journalists in the area mentioned, the necessity of safer sex is felt from the school level. According to the school principal, as sexual experiences can start from the early age of 12, there is a need to teach students on reproductive health and sexuality issues.

The students can play a key role in bringing awareness on HIV/AIDS & STDs prevention, care and support measures as well as act as role models among their own peers/friends, families and community.

The local authorities, consisting of the district health office, District Development Committee, Schools & campuses, other line agencies and local governance bodies, can take leadership in the recognition of the existing issues, plan, and be responsible for lobbying support to such needed programs in the districts as it will be for the benefit of their local communities.

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Assessment of Knowledge, Attitude and Practice concerning HIV/AIDS and STD Among Youth in Dang, Kailali and Surkhet

A team of journalists carried out research on the sexual diseases in Dang, Kailali and Surkhet districts in the mid and far western region of Nepal. The targeted study groups were students, the Badis involved in the sexual business, administrators, elected representatives, local, governmental and non-governmental organization and others.

PART-I

INTRODUCTION

1.1 Background :

AIDS and STDs in Nepal

In comparison to neighboring countries, the AIDS pandemic has been relatively slow to affect Nepal. There is tremendous potential for rapid spread of infection. Trafficking of Nepalese women and girls to serve the sex industry in India combined with high migration in and out of both India and Nepal are primary routes through which the virus threatens to take hold in the general population. Every year 5,000 to 7,000 Nepali girls are trafficked into India. After India with100,000 women, Hongkong is the second biggest market. (Regional Dialogue on Trafficking and HIV/AIDS August19-23,1996, PP 28 and 43, Katmandu, Nepal Tara S. Upreti)

High rates of illiteracy, taboos regarding the open discussion of sex, poverty and limited health infrastructure are commonly noted factors which facilitate the spread of infection (Cox and Suvedi, 1994).

With the onset of AIDS in the eighties, groups with risk behavior received increasing attention. Several studies have been already done on the commercial sex workers (CSW) and their clients to elicit information about sexual networking, the level of knowledge, health seeking behavior and infection rates regarding STD and HIV.A study done by New Era in 1995 among the CSW and their clients along the Mahendra high way showed that 24% of the CSW reported to have had one episode of STDs in the past, whereas 11% of the clients reported to have had sores or ulcers on their genitals (New Era, 1995).A review of the hospital records in the Bheri zonal hospital in Nepalgunj over a period of 10 years showed that among the male STDs cases attending the Dermato-Venerology department (DVD), male students were at the top of the list, followed by other (Shakya,GR, 1993).

In most parts of the world, the majority of new infections are in young people between the ages of 15 and 24, sometimes younger. In one study in Zimbabwe, over 12% of the 15 and 16-years-old seen at antenatal clinics were already infected with HIV.

In India, infection rates, less than 1% of the total population, are still low by the standard of many countries, although well over 10 times higher than in neighboring China. Surveillance is patchy, but all indications are that between 3 and 5 million people in India are living with

HIV. Even at the bottom of that range, India has the largest number of HIV infected people in the world. (Report on the Global HIV/AIDS Epidemic December 1997).

Scientific evidences suggest that 80 % of HIV infections are spread by sexual route and there is an interrelationship between HIV and STDs (Alder, MW, 1996). For example, in Sub-Saharan Africa 70% of the HIV infection is found in patients with a STD and likewise, 15 to 30% of STD patients in Thailand were found to be HIV positive (Over and Piot in Adler, 1996). Therefore, the control of sexually transmitted diseases (STD) has become necessary to check this fatal disease.

Commercial Sex Workers (CSWs), in Country like Nepal, are one of the means of spreading the STDs and HIV infection. Most of their clients are sexually active youth.

The latest data (as of February 28 1998) published by NCASC shows that there are reported 1004 HIV positive people in the country, of which 657 are men and 347 are women. Out of total 192 have AIDs.

In terms of age group 592 (59%) are in their 20-29 years, 200 (20%) are in their 30-39 years. Gender wise the infection rate is very high in the age group of 20-29 and 14-19 years. In this group there are 120 women infected by HIV as compare to 45 men.
According to the latest WHO estimation there are 15,000 HIV infected people in Nepal (As of January 1998, News from WHO South-East Asia Regional on STDs and AIDS). However, the NCASC estimates that the number might be around 30,000.

Furthermore, HIV/AIDS is spread through sexual and non-sexual routes (use of infected bloods, contaminated needle and syringe etc.,), therefore it is not only limited to certain group of people (i.e. people having unsafe sex with multiple partners), it is challenging the whole society. It is much vulnerable to those groups of people embarking the sexual active age.

Considering the above factors, the present study has been designed to understand the knowledge and attitude about STD/HIV/AIDS, and sexual behaviors of these vulnerable groups. It will have a great significance for preparing programs to the organizations involved in awareness programs in this sector.

1.2 Objective of the study

- To find out the knowledge and attitude about STD/HIV/AIDS in youth group especially with campus students.
- To identify the health seeking patterns in regards to Health problems.
- To identify sexual practice among the campus students.
- The interview taken in this view has been expected to help the research and would help to solve the consequence easily with the help provided by the district administration, police and existing NGOs and INGOs of the locality.

1.3 Methodology

1.3.1 Study approach

Considering the social norms and values prevalent regarding sex in Nepalese society and sensitivity of the subject matter.

(a) School and Campus level students:

Questionnaire method was adopted to elicit information from School and Campus students. For this purpose, a semi-structured questionnaire was designed taking the help of alike former study - Perception and Attitudes towards STD/HIV/AIDS among selected target groups in Trishuli and Nepalgunj, carried out by University of Heidelberg STD project. It consists of one general and one specific part. Specific part was sub-divided into - Knowledge, Attitude and Practice (KAP) about HIV/AIDs and STDs (For details refer Questionnaire Appendix-1)
Date obtained from the above methods were tabulated and analysed from gender (male and female) perspective.

(b) Badi Commercial Sex Workers (CSWs):

Focus group discussion was employed to obtain information from CSWs of Badi community.
Focus group discussion - Badi Commercial Sex Workers (CSWs) :
The Badi CSWs approached at their community with the Help of local NGO worker.
Those women who voluntarily accepted to take part in the discussion with the team were the research population. 12 out of 100 Badi CSWs took part in the study.

For interview with the Badi CSWs and NGO personals, two separate Check lists were designed accordingly to cover all the relevant information and not to elude the important information required for the study. A help of local facilitator were sought to acquire information from the Badi CSWs to avoid misinterpretation of the responses due to language barriers.

The information obtained from the above procedures has been portrayed in descriptive manner.

(c) Community (Key informants)

Similarly information were also obtained from the Local Governmental administrative authorities () regarding the Badi CSWs in the area and their social impact in the socity. The Mayor of the Dang Municipality and S.S.P. zonal police office Seti zone.

Focus group discussion was conducted with the male guardian of the Badi CSWs to find out real cause of the Badi prostitution.

Similarly information were also obtained from the local Non-Governmental Organizations (NGOs) regarding the Badi CSWs in the area and their social impact in the society. President of the Samaj Sudhar Seva Sang, school Principle and Assistant campus Chief in Dang. The President of Sati Youth club of Sati bazar, Vice president of Tikapur Development Committee, and a local woman of sati bazar Kailali.

1.3.2 Study area

Three place of Mid and Far Western part of the country namely; Dang, Surkhet and Kailali were selected for the study. These districts were selected on the basis of high prevalence of CSWs of Badhi community.

1.3.3 Sampling method and sample size

School and Campus level students:

The research team approached Campus Chief and Principal. Purpose of the visit to their institution was made clear. Student's union approached through the Campus authority. R.T's purpose of visit was made clear to them. Meetings were organized through active participation of the student unions members with the help of lecturers, teachers of the campus and schools. The data were gathered from the students who were voluntarily participated in the campus of Dang and surkhet and kailali district.

All the students present at the given period of time were enrolled in the study. Altogether 275 campus level students filled up the questionnaires provided to them.

1.3.4 Study team

A joint team of Journalist and facilitator working in the field of HIV/AIDS programs was formulated for the field study.

PART II

KNOWLEDGE AND ATTITUDE ABOUT STD/HIV/AIDS AMONG SCHOOL AND CAMPUS LEVEL STUDENT OF SELECTED DISTRICTS

Findings

2.1 General characteristics of sample population

2.1.1 Age Group and Marital Status

Altogether 275 campus students (classes XI, Intermediate level) of Dang, Surkhet and Kailali districts of Nepal were surveyed through questionnaire method for the study, of which 83 per cent were of age group 15 to 19, and others were above 20 years of age. Similarly, more than 90 per cent were unmarried and only 10 per cent were married. Details is presented in Table - 1.

Table - 1
Age Group and Marital Status of Sample Population

Age Group	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
15 –19	143	74.87	84	100	227	82.5%
20- 25	48	25	48	57.14	96	34.90
Total Respondents	191		84		275	100%

Marital Status	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Married	18	9.42	11		29	10.5
Unmarried	173	90.57	73		246	89.5
Total	191		84		275	100

2.1.2 Ethnic group/ caste

If we look from the ethnical point of view, more than 84 per cent respondents were of socially considered higher caste - Brahman and Chhetries. Indirectly, it shows that Brahmin and Chhetries have a higher percentage of enrollments in higher education than other castes. Similarly, by religion as contemplated, Hindu comprises of more than 99 percent. Details of ethnic composition are presented in Table-2.

Table - 2
Ethnic group/ caste of Sample Population

Ethnic Group	Male		Female		Total	
	No	Per(%)	No	Per(%)	no	Per(%)
Brahman	71	37	39	40.0	110	40
Chhetri	84	43	40	71.61	124	43.6
Giri	6	3.14	6	7.14	12	2.9
Gurung	2	1.04	2	2.9	4	0.72
Magar	17	37	4	4.8	21	7.6
Newar	3	1.57	1	1.2.	4	1.5
Rai	2	1.04	2	2.9	4	0.72
Tharu	5	3.61	5	5.9	10	1.8
Nepali	1	.52	1	1.2	2	0.4
Total	191		84		275	100

Religion

Religion	No	Total Percentage (%)
Hindus	273	99
Buddhist & Christian	2	1

2.2 Information about Sexually Transmitted Diseases (STDs)

2.2.1 Knowledge about puberty :

All the respondents had knowledge of their puberty and of the opposite sex. Among female respondents 17 per cent did not have any idea about the nocturnal emission in boys. Details are presented in Table - 3

Table - 3
Knowledge about puberty

2.2.2 Knowledge about different types of STDs and their local names

Among different types of STDs, Bhiringi is the widely heard name by both males and females. Similarly, more than 44 per cent respondents are acquainted that AIDS is also a sexually transmitted disease. Surprisingly, one male respondent had a view that hysteria is also a STDs.

Respondents did not give any specific local names. It could be mainly due to the education level of the respondents. However, Bhiringi is nearly a synonymous to STDs even among the campus level students. Details of responses on knowledge about STDs and their local names are presented in Table - 4.

Table - 4

Knowledge about different types of STDs

	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Bhiringi	105	54.97	60	71.42	165	60
AIDS	90	47.12	32	38.09	122	44.3
Younarog	27	14.13	8	9.52	35	12.7
Gonorrhea	10	5.23	4	4.76	14	5
Syphilis	8	4.18	5	5.95	13	4.2
Hysteria	1	.52	-		1	0.3
Total	191		84		275	

Note- multiple response

Local names of STDs

Age Group	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Bhiringi	177	92.67	40	47.61	217	78.9
Scabies (luto)	40	20.94	22	61.19	62	22.5
Syphilis	12	6.28	8	9.52	20	7.2
AIDS	9	4.71	5	5.95	14	5.1
Gonorrhea	8	4.18	4	4.76	12	4.3
Total Respondents	191		84		275	

2.2.3 Transmission routes of Bhiringi (STDs)

More than 94 per cent of the respondents had a knowledge that Bhiringi are transmitted through sexual intercourse with Bhiringi infected persons. However, considering the multiple answers given by the respondents, more than 57 per cent had still misconception that besides sexual intercourse, it is transmitted through using the same cloths, sitting on a warm seat etc. It is astonishing to see that even in this level of respondents, more than six per cent have totally misconception regarding the transmission of such disease. Details of responses given by the respondents are presented in Table - 5.

Table – 5

Transmission routes of Bhiringi (STDs)

Transmission Route	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Transmission of Bhiringi through intercourse with infected persons	174	91.09	84	100	258	93.8
Using the same cloths	68	35.60	21	25	89	32.3
Mosquito bite	36	18.84	12	14.28	48	17.5
Sitting on the warm seat disease as infected person leave the seat	13	6.80	7	8.33	20	7.2
Bad karma	1	.52	1	1.19	2	0.7
Total	191		84		275	

* multiple response

2.2.4 Health seeking behaviours on STDs

According to the student most of the STD patients go to hospital/health post and private clinics for the treatment. Some used to go to the Dhami/Jhakri for the treatment. These views are based on their personnel thinking so it might be different in real sense considering the illiteracy level prevalent in the society. Details of responses given by the respondents about the health seeking behaviors on STDs are presented in Table - 6.

Table - 6
Health seeking behaviours on STDs :

Age Group	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Hospital/health post	164	85.86	42	52.5	206	74.9%
Private clinics	86	45.02	35	43.75	121	44.0%
Medicine shop	40	20.94	24	30	64	23.2%
Vaidhya	19	9.94	12	15	31	11.2%
Dhami/Jhakri	8	4.18	2	2.5	10	3.6%
Total Respondents	191		80		275	

- multiple response

2.2.5 Out of 275 respondents 10 have STDs. Eight out of ten 8 went to hospital and health post for the treatment. Two treated it with the help of their friends.

Table No : 7

	Male		Female		Total	
	No	Per (%)	No	Per (%)	No	Per (%)
Hospital	2	1.04	1	1.2	3	1.09
Health post	4	2.09	1	1.2	5	1.81
Friend's help	2	1.04			2	.72
Total respondent	191		84			

2.2.6 Measures of S.T.D prevention

Among the measure of STD prevention, about 78 per cent participants mentioned that condom is the best measure to protect from getting STD. The other preventive measures known to the participants are avoid multiple sexual partners (75 per cent), abstain from sexual intercourse (59 per cent) also is best method to prevent STDs. It indicates that even the campus level students are not fully aware about the different preventive methods for the prevention of STDs. There is also misconception to some students that STD is transmitted by seating on a warm seat of STD patient.

Though the respondents mentioned to avoid multiple sex partners, they had visited different CSWs in different times, and only ten of the participants used condom while having intercourse with CSWs. Details of responses on measures of STD prevention are presented in Table - 8.

Table - 8
Measures of S.T.D prevention

Age Group	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Abstain from sexual intercourse	97	(50%)	65	(77%)	162	(58.9%)
Use of condom	156	(81.7%)	60	(71%)	216	(78.5%)
Washing private parts after(12.4%)	24	(12.7%)	10	(11.9%)	34	
Intercourse Avoid multiple partners(75.6%)	138	(72.25%)	70	(83.3%)	208	
Avoid sitting on warm seat	6	(3.14%)	6	(7.1%)	12	(4.4%)
Total	191	(100%)	84	(100%)	275	

*Multiple response

2.2.7 Sharing attitude on STD problems

Majority of respondents (about 92 per cent) have a view that they prefer to consult with health professionals in STD problems. After health professionals, friends are the other major partners in this matter. It holds true in both the sexes. Some of 10 per cent prefer to share with the family member. Interestingly, very few people want to share this matter with wife or sexual partners. Details of responses given by the respondents on sharing attitude on STD problems are presented in Table-9.

Table-9

Sharing attitude of STD problems

Age Group	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Friends	50	26.17	21	25	71	25.8
Family member	10	5.23	18	21.42	28	10.1
Health professional	178	93.19	75	89.28	253	92.0
Educated person	7	3.66	3	3.57	10	3.6
Female (doctor/health worker)	-	-	33	39.28	33	12.0
Wife	6	3.14	-		6	(2.2%)
Sexual partner	20	10.47	-		20	(7.2%)
Total Respondents	191		84		275	

*Multiple response

2.2.8 Choice of the best place to consult for the STDs

Health post/ hospitals are the best choice to consult in case of STDs for males. However, females do not want to be exposed in the society and so prefers to have treatment in private clinics rather than hospitals. Details of responses on these aspects are presented in Table - 10.

Table - 10

Choice of the best place to consult for the STDs

Place	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Health post/hospital	125	65.44	30	35.71	155	56.3
STD/HIV/AIDs clinic	90	47.12	30	35.71	120	43.6
Private clinic	70	70	50	59.52	120	43.6
Total	191		84		275	

*Multiple response

2.2.9 Consultation on STD problems

Besides the health related professionals, friends and radio counseling line are the other preferred sources in matter of STD problems. Females are found to be more comfortable to consult with ladies doctors. Details of responses on these aspects are presented in Table - 11.

Table - 11
Consultation on STD problems

Female	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Health worker	122	63.87	65	77.38	187	(68%)
STD clinic/venereologist	92	48.16	48	57.14	140	(51.0%)
Female doctor	-	23.56	45	53.57	45	(16.4%)
Radio counseling line	30	15.70	10	11.90	40	(14.5%)
Doctors	64	33.50	10	11.90	74	(26.9%)
Friends	40	20.94	10	11.90	50	(18.0%)
Total	191		84		275	

*Multiple response

2.3 Information about HIV/AIDS :

2.3.1 Knowledge about HIV/AIDs

All the respondents have knowledge that HIV/AIDs is a fatal disease and out of 275 respondents 25 individual (about 9 per cent) categorically mentioned that there is no medicine for the treatment of this disease.

Table - 12
Knowledge about HIV/AIDS

	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
It is a fatal disease	191	100	84	100	275	100.0
No medicine for treatment till now	11	5.75	14	16.6	25	9.1
Total respondents	191		84		275	

*Multiple response

2.3.2 Mode of transmission of HIV/AIDS

Almost all males are aware that HIV/ AIDs is transmitted through sexual intercourse with HIV/AIDS infected persons. However, about five per cent females did not respond that it is transmitted through this sexual route. It could be due to their ignorance or from negligence in the filling the questionnaire. Among the other non-sexual transmission routes, most of the respondents (male-94% and females-83%) have knowledge that it is also transmitted through the use of contaminated blood and its products. Similarly, Knowledge about non-sexual transmission routes of HIV/AIDS is found to be lower among females as compared to males. Details of responses on this aspect is presented in Table – 13.

Table - 13
Mode of transmission of HIV/AIDS

Age Group	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Sexual transmission	190	99.5	80	95.2	270	98.2
Blood and its product	180	94.2	70	83.3	250	90.9
Contaminated needle/syringe	140	73.2	50	59.5	190	69.0
HIV infected mother to child	80	41.9	40	47.6	120	43.6
Total Respondents	191		84		275	

*Multiple responses.

2.3.3 Relation between STD and HIV/AIDs

Around 82 per cent of campus level students are aware that HIV/AIDS is also a STD, but about 47 per cent of students are not aware that people with STD are more prone to HIV/AIDS. About four per cent students have no knowledge about the relationship between STD and HIV/AIDS. Details of responses on this aspect is presented in Table - 14.

Table - 14
Relation between STD and HIV/AIDs

Age Group	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Do not know	7	3.7	5	5.9	12	4.4
Both are STD	160	83.7	68	80.9	228	82.9
People with STD are more prone to HIV	97	50.7%	50	59.5%	147	53.4%
Total respondent	191	100%	84	100%	275	100%

*Multiple responses

2.3.4 Media preference for awareness programs about HIV/AIDS and STDs

The most preferred media to crate awareness was the radio, when asked for the reason the respondent cleared their view that even the illiterate people can understand the message delivered in Nepali. It has wide coverage of population, place as well as it is cheaper.

Table - 15
Media preference for awareness programs

	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Radio/T.V	180	94.25	80	95.23	260	94.5%
Health education through GOs and NGOs	150	78.53	75	89.28	225	81.8%
Newspapers/ journal	98	51.30	60	71.42	158	57.4%
Street drama	111	58.11	38	45.23	149	54.2%
Total Respondents	191		84		275	

* Multiple responses

2.3.5 Sources of information about sex and sexuality

Among various sources of information, radio/T.V, magazine/papers, and friends, are the major sources through which they acquire information about sex and sexuality. Most of the respondents feel that the best way of information sharing about the sex and STDs is through radio/TV.

Table - 16
Sources of information about sex and sexuality

	Male		Female		Total	
	No	Per (%)	No	Per(%)	No	Per (%)
Radio /T.V	180	94.24	78	92.85	258	(93.8%)
Paper/magazine	191	100	64	76.19	255	92.7%)
Friend	150	78.53	45	53.57	195	(70.9%)
Health worker	20	10.47	12	14.28	32	(11.6%)
Workshop	8	4.18	3	3.57	11	(4.0%)
Total Respondents	191		84		275	

*multiple responses

Magazine and other media were found to reach the locality very easily.

2.3 Sexual behaviours

2.4.1 Age of first sexual contact

As this issue is very private and sensitive, the respondents were asked to give their own experience or existing practices in their society. Of the total respondents 275, 107 youth had sexual contact of which 87 were male and 20 were female.

Of the 87 male youths who had sexual contact, 69 respondents (79%) were unmarried, and 18 respondents (21%) were married. Among unmarried male youth 14% were below 14 of age and 86% were 15 and above.

Similarly, among female youths having sexual contact, 9 females (45%) were unmarried and 11 females (55%) were married. Among unmarried females more 67% were 15 and above.

It concludes that sexual activity start form the early age of 10, but mostly they became active above 15 years.
Details of responses are presented in Table-17.

Table- 17
Age of first sexual contact

Age	Male					Female					Total	
	UM	%	M	%	Total	UM	%	M	%	Total	No	%
10		0				1	11.1	-	-	1	1	0.9
11	1	1.4	-	-	1	-	-	-	-	-	1	0.9
12	2	2.9	-	-	2	1	11.1	-	-	1	3	2.8
13	3	4.3	-	-	3	1	11.1	-	-	1	4	3.7
14	5	7.2	-	-	5	-	-	1	9.1	1	6	5.6
15	9	13.0	1	5.5	10	_	-	-	-	-	10	9.3
16	14	20.2	3	16.6	17	2	22.2	6	54.5	8	25	23.3
17	13	18.8	5	27.7	18	3	33.3	3	27.2	6	24	22.4
18	15	21.7	4	22.2	19	1	11.1	1	9.1	2	21	19.6
19	6	8.6	2	11.1	8	-	-	-	-	-	8	7.4
20	1	1.4	1	5.5	2	-	-	-	-	-	2	1.8
21	-	-	1	5.5	1	-	-	-	-	-	1	0.9
22	-	-	1	5.5	1	-	-	-	-	-	1	0.9
Total	69 79 %	100	18 21%	100	87	9 45%	100	11 55%	100	20	107	100

2.4.2 Pre marital sexual partners

As mentioned earlier, the respondents were asked to give their own experience or existing practices in their society. However, only 69 male respondents answered this question. Out of which, 58 individual had their sexual relation with CSWs, seven individuals with other woman, and four individuals with their fiancee/girl friend. Female did not mention anything's.

Details of responses are presented in Table-18.

Table – 18

CSWs	58	(84.1%)
Other women	7	(10.1%)
Fiancee/ Girl friend	4	(5.8%)
Total	69	100

The male students of the school were found out to have sexual relation with the Badi CSW and Local Women.

PART III

KNOWLEDGE AND ATTITUDE ABOUT STD/HIV/AIDS AMONG FOCUS GROUP-BADHI COMMERCIAL SEX WORKERS OF SELECTED DISTRICTS

3.1 Outcome of discussions with CSWs of Badhi Community

Respondents : Female
Age : 17-20
Place : Tulsipur and Mudha (Dang and Kailali district)
Education : through adult literacy program

Prostitution is practiced as social norms in the Badhi community. It is widely accepted and visible. The earnings from this profession is the primary source of income in their families and community. Usually the girl starts this business (Dhanda) at the age of 13-14, but it depend on the number of daughter in the family. If there is presence of already eldest daughter in the business, younger starts business a little bit later at the age of 16- 17.

They do not feel uneasy to start this business as it has been practiced traditionally for the livelihood. They mentioned that they do not know other works for earnings. From the self-earning from this profession, they will be economic independent for the domestic expense.

They earn between the range of Rs. 60 to 300 per day depending on the season. Usually in the winter season the flow of the clients increases. Rate of single coitus depend on the regularity of the client. It is Rs. 20 to 60 and Rs. 100 to 150 for the whole night, but this happens occasionally. On an average they entertain three clients a day, earning about Rs. 2,000 per month. In addition to this, male members of the family earns some money from their business such as making madals and catching fishes from the near by river of their village and selling to the local market. In this way the family expenses are met, but no saving remains.

Knowledge about HIV/AIDS

Awareness about HIV/AIDS and STD is good. Emphasis/stress on condom use was spoken out in the discussion from all the participants in the group. Once the AIDS catches you will be dead so prevention in time is good. To get rid of HIV/AIDS use of condom is the best. They had awareness program from Samaj Sudhar Seva Samiti on this matter on a regular basis by the field visitor/counselor. *"Condom bina ta basi basidina aafulai pani bachauno paryo nee AIDS lago bhanita lagihalyo ne samio mai bachu garnu ramrro". We do not agree to have sex without condom. We need to protect ourselves from AIDS. It is better to take precaution in time.*

Treatment seeking behavior

For STD and other health problems these people go to medicine shop to buy medicine take it.

After marriage they do not normally practice prostitution. Very few do prostitution when they come to their maternal home.

The younger ones are preferred and paid higher charges. As the prostitute became older the rate decreases. *"yo pashal mailee umer jana lagkole kholake dhanda nahuda Pasalbata aayako kamai kanchu jati umeer dhalcha uati uati dhanda huandhina sano sano ketiharu ko bazar chha. Paisa pani uneeharula nai dhari kamaucha*".

Prostitution is compulsion not the choice. If we have other means of income, we do not engage in prostitution.

According to information provided by the informant there are about 50 in dang and 50 in Mudda bazar CSW.

If female Badis get pregenant from their client and give birth, they reared and cared the child as from the marriage.

It is learnt that female Badis don't allow their customers to keep sexual relation with out the use of condom as they are aware of HIV/AIDS and pregnancy.
3.The female Badis keep stock of contraceptives like condom and discourage anyone trying to keep sexual relation without using the condoms. The several elected members of the society from Dang,

"The Badis consider themselves privileged by the nature for letting them do the sexual business for their survival which has imposed a bad impact on the environment. Therefore, the need to stop this practice is felt by the research specialists. In the same way, the people from the lower class are suffering from AIDS (sex disease) as they are one of the customers of the sexual business. Though the Badis don't allow the customers to sex without condom, the forcib and luring customers make them involve in by paying more money to the Badis. Thus, the number of AIDS patients increases.

Part IV

Perception of the Community on prostitution.

4.1 Out come of discussion with guardian of the CSWs.

This finding comes out of focus group discussions with the guardian of CSWs of Dang Kailali and Surkhet.

Originally we come from Salyan. In Salyan our daughters used to sing and dance at the palace of the king and the landlord during times of feast and festival. The Salyani kings used to keep good dancers and singers at their palace. The king is pleased he used to ask us what we wanted and we asked for money. From that time we used to get money in return of our service. We would never did farming or bought the land nor invested the money in business. We never thought of investing the money, which our daughters earned. The earnings of our daughters were, and are still the primary source of our income. All the money was spent on household expenses. Then it became a custom for our daughters sexually entertain the king and his guests. When our Community had to migrated and re-settled in Terai. Our daughters took to prostitution as a profession.

Their View on Prostitution:

Our daughters will continue to practice prostitution for livelihood. The earning from our daughter's work is sufficient for the family. There is no way out other wise who will feed us." *Dhanda garnu hamro badhyta ho aarko bhaya yo dhanda hami gardina".* Neither we have money nor the government look after us. *"Kaska baulae? Nagarera ke garne ta? Khana dhalanra? Upaya nabhaya pashi garnai paryo nee. Na ta sarkar le herchha na ta sampatini chha."*

Future Expectation:

We want one bigha land/per family, a pair of oxes and seed for the farming as an initial support. Otherwise our daughters have to continue this profession. "*A better way is the cottage industry and its marketing network, and reserve employment opportunity for the Badi Community" was a response from an educated badi".*

If we could have one bigha of land one pair of ox. We could do the farming to grow crops. Keep buffaloes and sells milk in the market and the money will cover the household expenses. Oh! God We would be so happy. "*Ek bigha jamin hunu, ek hal goru hunu, kheti garnu, anna bhitryanu, bhaisi palnu dudh, bacheko paisale aali aali ghar kharcha chali halccha tyasto bhaidiya tai he bhagavan kati khusi hunthyauu hola hhami."*

Perception on HIV/AIDS:

We know HIV/AIDS is fatal disease. There is no medicine to cure it. It is transmitted through sexual intercourse. That is why Condom is used while doing business. The clients who do not want to use condom are not entertained. Some times gangs of youth come and rape our daughters. They do not use condoms and do not pay the fee also. These people may bring HIV/AIDS and infect them

Badi children:

To avoid the affect of the household environment on their children they are send to the hostel. The C.C.O had Once initiated the income generating programme for the Badi. They were distributed twenty goats and twenty pigs (bangur) to the mother of the boarder children for the support of boarder schoolchildren's education.

NGO Response:

I am from Badi community. This organization is fully working for the development of Badi community through various program like HIV/AIDs prevention, awareness raising, income generating activities, seed money for animal/goat keeping, pig keeping, shop running but the programs were not successful as it was expected. The effect of our programs to the Badhi community is nominal. The traditional profession is not stopped. This NGO distributes free condom to the Badi at their home so that they can prevent STDs/HIV infection to them and their clients. This NGO's field worker distributed condom to the CSWs at their houses and male come to our condom distribution center and get three pieces at a time.

Besides these, we are employing alternative measures such as; (a) Organizing knitting and cutting training, and (b) Small shops for the Badi for income generation. However, the effect of these measures is nominal. The prostitution has not decreased. If they get alternative income source they do not do this Dhanda. The alternate source of income has to be provided to them and prostitution should be strictly disallowed.

We, the male member, are the one who gives encouragement for its existence by visiting them. So I do not think it will decrease significantly from the society. "*hami purush haru nai besiya britii wa youna samparka ka lagi tewa pradan garchhau bhane yo paramapara hatera jala jasto malai lagdhaina*".

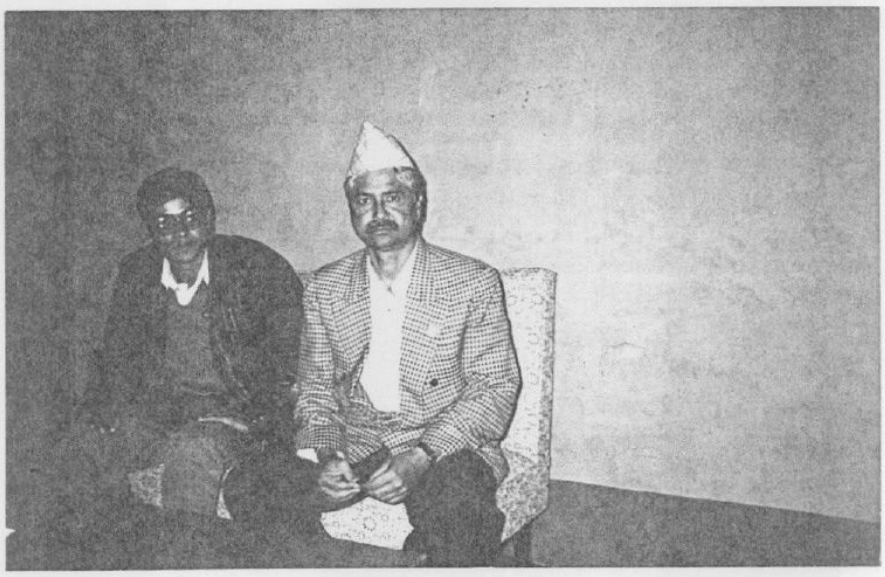
Clients comprise of both outsiders as well as local ones. Usually the outsiders are much more than the local clients. The outsiders generally visit during the day where as local client visits at nigh

The rate per client varies from Rs 20-50 for the acquainted persons and Rs 100 to 200 for others. The girls get encouragement from families and are coached from their mother, sister as well as from the environment from their childhood.*"Chhori harulai aama bata badhi shreya meelcha ra uniharu yo dhanda gachan".*

Usually the badi girls break their virginity at 12 to 13 years of age and start their Dhanda. The charges are high in early teenage, which reduces gradually afterwards. After marriage they do not normally work as CSWs. Very few do it at their maternal home.The major settlement areas of Badhi community are: Rajapur, Naya basti, Bankata, Patur khola, and Shee gaun.

Some of the male Badis believe that no one will die of AIDS because there is no disease as such. Even if it is existing, the medicine has already been invented. The female Badis keep stock of condoms and discourage anyone trying to keep sexual relation without using condoms. The existing organization in the locality requested to test the blood of the CSW and provide them with the best possible help to cure sexual diseases, so that they are well treated as respectable members of the society.

4.2 The chairman - District Development Committee (Kailali):



The chairman of the district says that we have no separate budget for Badis development. He further quoted NGOs and the district development committee is inactive.

It is learnt that no sex educational programmes have been launched so far and it is also urged that if the HMG would frame the rules, it would be easy for the district committee to implement them accordingly.

The locality has boycotted the badi settlement at Sati-Muda and it has no effect.

The District Development Committee has never seen or felt the District Health Center doing any programmes on HIV and AIDS, said the chairman.

They also desire the inclusion of textbooks on sex education from class seven or eight.

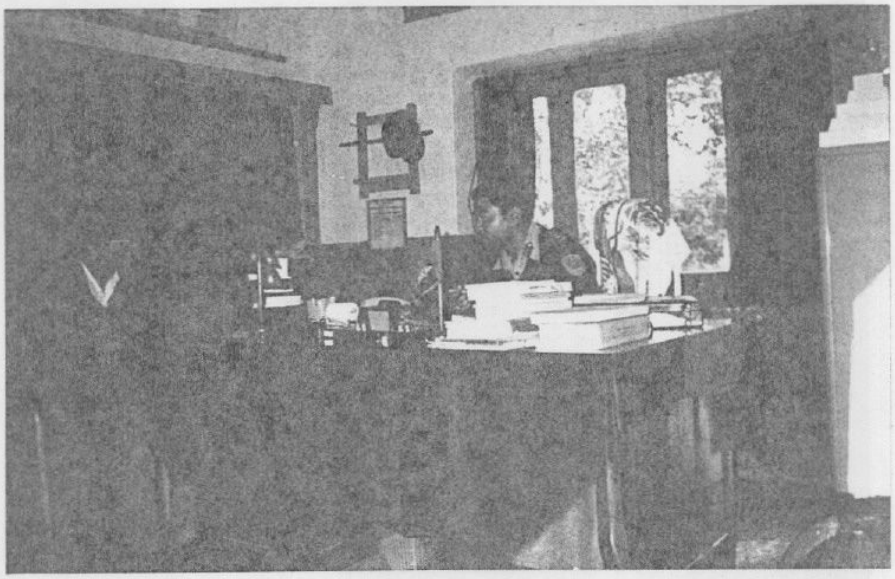
4.3 The Chief District Officer, District Administration Office (Dang) :

No cases of rape on Badis ladies have been so far reported to the police stations.

The sex education is stressed from class seven and eight only.

The HMG has also schemed on how the government could help to find a better way for CSWs in the country.

4.4 Police force:
The S.S.P., Zonal Police Office, Seti Zone (Kailali):



In the Badi settlement like Sati and Muda the police are said to be in inactive towards CSW and when examined it was quite vague that they have been keeping vigilant eye on the CSW.The rape cases have decreased from B.C. 2051 and there is none supported now.

The police informed that beside Badis, no other caste or creeds of people were found to be going, commercial sex work. The S.S.P. says that prostitution should not be banned but should remain within strict provision. If so happened our females shouldn't go down to India neither there will be the flesh trade in India.

4.5 Mayors of Local Government.

4.5.1 Tribhuvan Municipality(Dang):

According to the Mayor,Badi admit a few of their children in the school as though the municipality has no interest in their education.The mayor said that Badi will not stop prostitution at any cost.There can be accessive Aids patients as the business is at its full swing. The banning of prostitution is reported to result into rape cases in the community said the Mayor.

The Badis are discriminated for usingng the public tap water, touching the green bush and trees and to drink water from the natural tap by the local people. The municipality hasn't taken any steps to equalize them. That's why Badis have no courage to work or they take it disrespectful to do the equal jobs with the other communities.

According to him sex education is need from class six or seven.

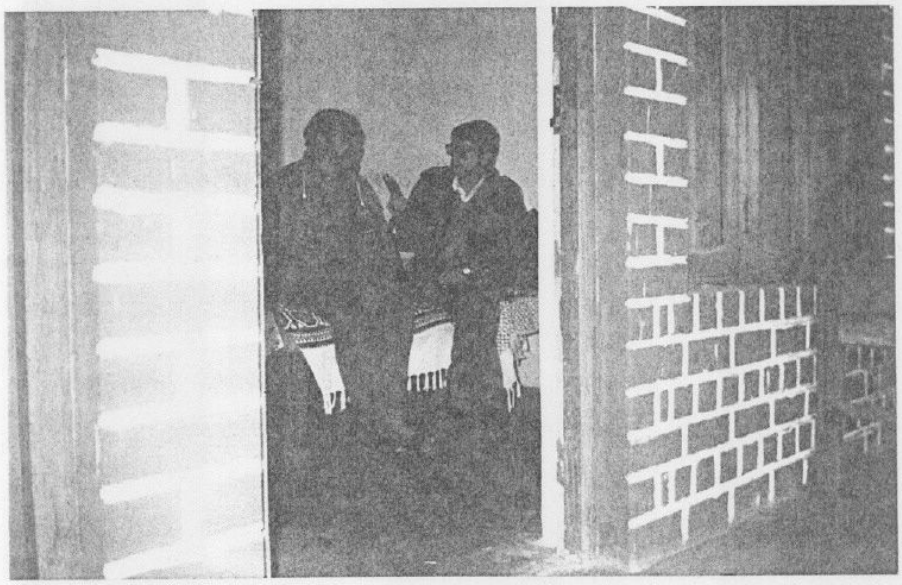
4.5.2 Tikapur Municipality (Kailali):

The Mayor says that the government should understand about Badis and their involvement in flesh trade said

He also stressed a man was found to have died of AIDS whose children are now believed to have the same disease but when it was reported to the District Health Centre, the in-charge of the District Health Center said that they could do nothing as there are no health workers trained in HIV/AIDS management.

Anyhow the research has taught the Tika pur Municipality that they should now work at bringing sex awareness among the people exercising their own strength.
The sex education should be imparted to the students of 13/14 years who are in class seven or eight.

4.6 The Vice President of the Tikapur Development Committee (Kailali).



According to the Vice President since the sexual transmitted diseases can endanger the life of an individual, the Tikapur Development Committee wants to launch the programmes on sex awareness if supported and initiated by the District Health Centre

He stressed that no education on sex should be introduced in schools and colleges which otherwise may arise sex desire in the children.

4.7 Outcome of the Discussion With School Principal and Assistant Campus Chief(Dang):

In Dang, prostitution community called Badi exist there for decades. Their primary source of income is prostitution. Even though the prostitution does not have much effect on the social structure, it surely spreads STDs, Bhiringee, and HIV/AIDS through unsafe sex. Last year a local NGO called BASE had carried out blood testing and found some HIV positive cases.. To prevent this type of social perversion all sectors (GOs, NGOs, Schools, Generalist, Elites, etc.) have to work actively in coordinated manner to create awareness in the general public.

School and campus are places where lots of social interaction takes place. As the school is a focal point of students, parents and teachers, messages, information and knowledge communicated through school reaches everywhere in the society.

Proper curriculum development is one of the most important things to provide sex education to students. Students have to be taught sex education in school.

As far as the problems of sex education are concerned, different people have different views. In the beginning we might have some practical difficulty. They said they were in

favor of implementing sex education as soon as possible although there will be some problems in the beginning.

They further said that it seems natural to have sex education in today's world. At about the age of 13-14 years the student reaches class 7-8, which is the right time to start sex education in schools. From the sex education they will have the knowledge which will help them to prevent themselves from HIV/AIDS & STDs. The time has already come for Sex education teaching at the school.

Local NGOs, social organizations, etc. have to be mobilized to create awareness in the general public which are beyond the reach of educational institutions. As per my knowledge Family Planning Association and Women Development Training Centers are working in the field of sex education through the discussion and non- formal education program.

4.8 Interview with President of Seti Youth Club,Tikapur(Kailali):

Seti youth club carries out various activities related to HIV/AIDS. Major works of the club are as follows:

- Distribute Poster and pamphlets through its AIDS education booth.
- Help the CMA campus to run the health camps in this area (which is operated by CMA students on monthly basis)
- Organizes awareness programs on the occasion of AIDS day in the Badi community Neighbor-hood.
- In future, the club is aiming to focus on HIV/AIDS & STDs prevention and control programmme for the community.

View of local club on the Badi community:

As a local community, we feel humiliated. Unless and until strong commitment from the government is brought about and income generating programs are not implemented to provide alternative sources of income for their livelihood, the local community can do no thing. Only after such programmmes are implemented, the local community could take actions against the commercial sex.

Usually the clients are drivers, students, cleaners, laborers, Indian people, police as well as affluent family. Club has not done any thing to remove the Badis from that area. The offspring of the Badi are gradually decreasing in numbers.

4.9 Interview With a Local Woman of Muda Bazaar(Kailali):

Situation of prostitution:

The Mahendra Highway goes through this Muda Bazaar. People from different parts of the district come here, so the prostitutes have good business here. Considering the good prospect of prostitution, Badi girls from other areas are also allured to come here. There are 32 houses, where 75 girls engage in the prostitution. Mostly the clients are drivers, cleaners, and laborer. Prostitution is more during evening and at night.

At the Muda Bazaar, there is HIV/AIDs education booth. CMA student from Tikapur use to come here once in a month and see the people at the camp. Each and every prostitute uses condom during the course. The clients who do not want to use condom are not entertained. The Badi girls are very conscious in this area.

Prostitution is a traditional profession, carried on from generations to generation. Many NGOs came here but nothing has changed. Some had opened tea-shop but could not operate in profit and get back to prostitution again. This business gives more money then other business. Only few families have their own land and other do not have.

Conclusion:

This study collected information on the knowledge and practice on HIV/AIDS & STDs among the students in Dang, Kailali and Surket districts.

The findings were that first sexual contacts were made at the age of 10 to 15 years. The prime sexually active group falls into the age group of 16 to 20 years. Their first premarital sexual partner was usually Commercial Sex Workers (CSWs). This sexual activity was mostly without the use of condoms on the part of the youths, even though the respondents mention condom as a prime preventive measure.

The main sources of information about HIV/AIDS & STDs were Radio/ T.V, Papers and magazines. The students used to share their STD problems with the health professional, friends and the family member. The study found out that the studied population preferred to go to existing health care facilities (public and private clinics) for the treatment and consultations.

While the overall awareness on HIV/AIDS & STDs was found high, the findings of this study indicate some gloomy pictures too. It has several implications for the design of intervention strategies. Firstly, the overall increase in awareness concerning HIV/AIDs & STDs gives false sense of security in that there are deficiencies in specific knowledge as shown with the non-sexual transmission routes of HIV/AIDS & STDs This means that knowledge about prevention does not automatically result in change of personal risk behaviour.

RECOMMENDATIONS:

As the youth have first premarital sexual contact at the age of 10-15 years with CSWs, education on the HIV/AIDS & STDs, safer sex need to be stressed.

The youth experience the first premarital sexual contact with CSWs. So, CSWs have to be made knowledgeable about safer sex specifically condom use. This is most effective way of preventive measure of HIV/AIDS & STDs.

The Radio information being accessible everywhere and source of information on HIV/AIDS & STDs, through the radio has to be made effective on a regular basis. Local language should be used so that the information reaches the majority of the population.

The local CMA Campus health camp (Kailali) could be an opportunity for integrating peer education and counseling component.

As the study showed most of the students used health care facility for their treatment.

Part V

Conclusion:

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As the study showed most of the students used health care facility for their treatment.

From the above research conducted by the journalists with the help of the facilitators in the area mentioned, the necessity of sex education is felt from the school level. The teaching should be scientifically and psychologically correct, experienced by the research specialists.

The students should play their role for the safer sex practices and get earliest treatment for STD.

If these sorts of programmes are taking place in any of the districts, the concerned from the district health office, administrations and others. Which will be appreciated as they are the programmes launched for the welfare of the society.

The necessity of collecting the following suggestions have been felt by the research conducted regarding HIV/ AIDS & STDs on the student and Badi CSWs at the Badi settlement in the districts of Dang, Kailali and Surkhet in western Nepal.

- The need to introduce safer sex education in the schools and campus curriculum is very important since students of today are the pillars of the nation. They should be made aware of Sexually Transmitted Diseases.

- Further, Ministry of Education should mobilize the teachers and students of schools and campus as the media to raise awareness among the people on HIV/AIDS & STDs in collaboration with National Centre for AIDS &STD Control.

- National Centre for AIDS &STD Control should launch programmes on sexually transmitted diseases in the districts and regional level. Till now such programmes have not taken place so far in same districts.

- Though the Badi CSWs are aware of AIDS they are compelled to perform unprotective sex by the customers, so they should be given empowerment to negotiate for safer sex.

- As the programme launched at the regional and districts level is expected to be very effective to raise awareness among the people the need to launch such programmes targeting schools, campus, NGOs and INGOs, regional administrative body and people representatives from the region as the media is felt by the research programme.

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Personal interview for Youth (Students) Appindix-i

I. **Background information:**

AGE :

SEX : [ ] Male [ ] Female

Caste : [ ] Bramin [ ] Chhetri [ ] Magar

[ ] Thakuri [ ] Newars [ ] Other (Specify)

Married Status: [ ] Married [ ] Unmarried

Religion : [ ] Hindu [ ] Buddhist [ ] Mulims

[ ] Other (Specify)

II. **Knowledge about Venereal disease (Sexually transmitted Diseases):**

2.2.1 What are the symptoms of being adolescent among girls.

a) Monthly menstruation
b) Growth of pubic hair
c) Change of physical structure.
d) Growth of breast
e) Reproduction capability.

2.2.2 What are the symptoms of being adolescent among boys.

a) Growth of moustaches and beard.
b) Growth of pubic hair.
c) Change in physical structure
d) Nocturnal emission.
e) Reproduction capability

2.2.3 Please mention the venereal disease you have heard about and their local names.

Names of Venereal Diseases heard	Local name (if any)
a) Do not know	
b) _____	----------
c) _____	----------

d) _____ ----------
e) _____ ----------

2.2.4 What is its transmission routes STDs.

a) Transmission through sexual contact with the infected persons
b) Using same cloths
c) Mosquito bite
d) Sitting on the same seat as the infected person leave the seat
e) Bad karma

2.2.4 Where do the people go for the treatment in cases of STDs.

a) Hospital/Health post
b) Private clinics
c) Medicine shop
d) Vaidhya
e) Dhami/Jhakri

2.2.6 Did you ever have STDs.
a) No
b) Yes

2.2.7 If so where did go for the treatment.

a) Hospital/Health post
b) Private clinic
c) Medicine shop
d) Vaidhaya
e) Dhami/Jhakri
f) Any other (specify)

2.2.8 What are the ways of preventing STDs.

a) Abstain from sexual contact
b) Use of condom
c) Washing private parts after intercourse
d) Avoid multiple partners
e) Avoid sitting on warm seat

2.2.9 Whom do you usually share the STDs problems

a) Friends
b) Family members
c) Health professionals
d) Female doctors

e) Wife
f) Other (specify)

2.2.10 Choice of the best place to consult for the STDs problems.

a) Hospital/Health post
b) STD/HIV/AIDs clinic
c) Private clinic

2.2.11 Consultation on STDs

a) Health workers
b) STDs clinics/venereolgist
c) Female doctor
d) Radio counseling line(hot line service)
e) Doctors
f) Friend

2.3 Information on HIV/AIDS:

2.3.1 What do know about HIV/AIDS.

a) ----------
b) ----------
c) ----------

2.3.2 Mode of transmission HIV/AIDS.

a) Sexually transmitted
b) Contaminated blood and its product
c) Contaminated needle and syringe
d) Infected mother to child

2.3.4 Relation between STD and HIV/AIDs

a) Do not know
b) Both are STDs
c) People with STDs are more prone to HIV/AIDs

2.3.5 Media preferred for the awareness program about HIV/AIDS and STDS.

a) Radio/TV
d) Health education through GOS and NGOs
e) News papers/Journal

f) Street drama

2.3.5 Source of information about sex and sexuality.
a) Radio/T.V
b) Paper/magazine
c) Friend
d) Health worker
e) Workshop

2.4. Sexual behavior

2.4.1 Age of first sexual contact.

2.4.2 Pre marital sexual partners

a) ---
b) ---
c) ---

2.4.3. With whom did you use condom in each sexual contact.

a) ---
b) ---
c) ---

Leading points for the Badi youth working as CSW.

1 Knowledge where do they know HIV/AIDS and STDs.
2 Daily income and their clients.
3 Attitude about safer sex.
4 Practice of safer sex.
5 Where do they go for the treatment when they are sick?

DEVELOPMENT REGION

NEPAL

This map has been prepared for planning and monitoring of Health Services, and may not correspond with Official Administrative/Political Boundaries.

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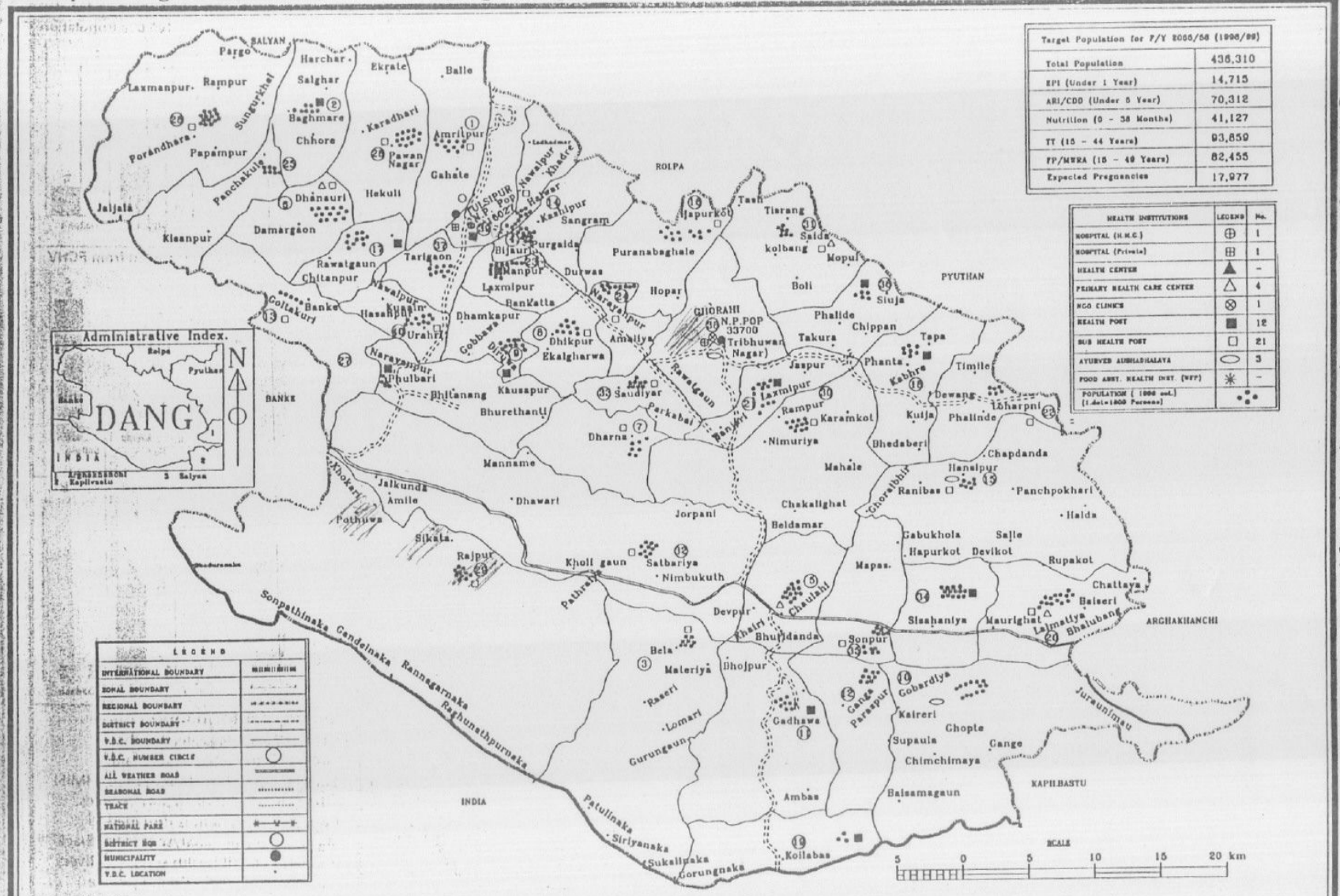
APPENDIX - 1½

Development Region: Mid-Western **Ecological Region: Tarai** **Zone: Rapti** **District: DANG**



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APPENDIX II

Development Region: Far-Western **Ecological Region: Tarai** **Zone: Seti** **District: KAILALI**

Target Population for F/Y 2055/56 (1998/99)	
Total Population	545,763
EPI (Under 1 Year)	19,115
ARI/CDD (Under 5 Year)	92,142
Nutrition (0 - 36 Months)	52,972
TT (15 - 44 Years)	113,896
FP/MWRA (15 - 49 Years)	105,239
Expected Pregnancies	22,944

HEALTH INSTITUTIONS	LEGEND	No.
HOSPITAL (H.M.G.)	⊕	1
HOSPITAL (Private)	⊞	2
HEALTH CENTER	▲	1
PRIMARY HEALTH CARE CENTER	△	1
NGO CLINICS	⊗	1
HEALTH POST	■	10
SUB HEALTH POST	□	30
AYURVED AUSHADHALAYA	⬭	3
FOOD ASST. HEALTH INST. (WFP)	✳	2
POPULATION (1996 est.) (1 dot=1000 Persons)		

LEGEND	
INTERNATIONAL BOUNDARY	
ZONAL BOUNDARY	
REGIONAL BOUNDARY	
DISTRICT BOUNDARY	
V.D.C. BOUNDARY	
V.D.C. NUMBER CIRCLE	◯
ALL WEATHER ROAD	
SEASONAL ROAD	
TRACK	
NATIONAL PARK	
DISTRICT HQS	○
MUNICIPALITY	●
V.D.C. LOCATION	•

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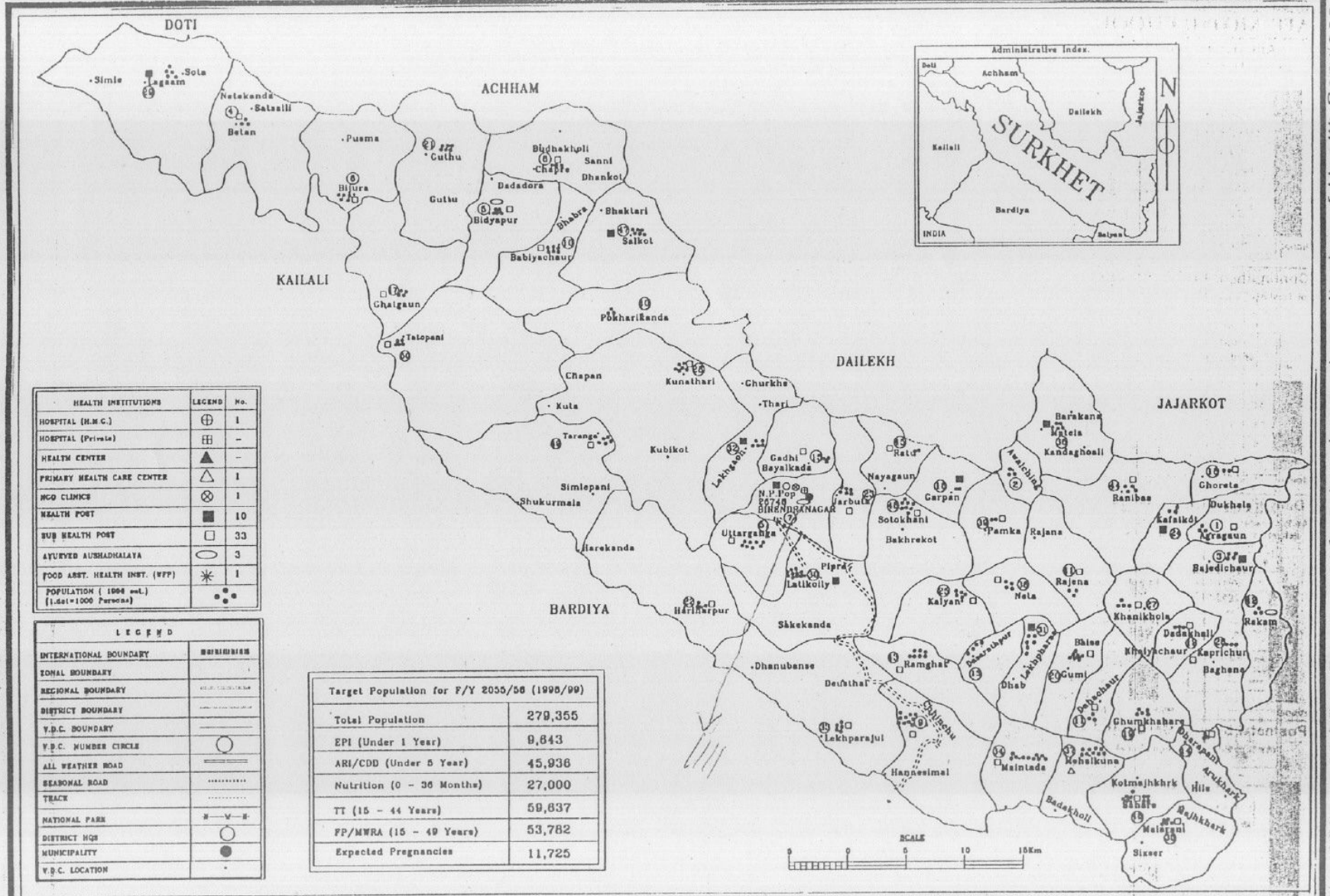
Development Region: Mid-Western **Ecological Region: Hill** **Zone: Bheri** **District: SURKHET**



HEALTH INSTITUTIONS	LEGEND	No.
HOSPITAL (H.M.G.)	⊕	1
HOSPITAL (Private)	⊞	-
HEALTH CENTER	▲	-
PRIMARY HEALTH CARE CENTER	△	1
NGO CLINICS	⊗	1
HEALTH POST	■	10
SUB HEALTH POST	□	33
AYURVED AUSHADHALAYA	⬭	3
FOOD ASST. HEALTH INST. (WFP)	✳	1
POPULATION (1996 est.) (1 dot=1000 Persons)	⁘	

LEGEND	
INTERNATIONAL BOUNDARY	
ZONAL BOUNDARY	
REGIONAL BOUNDARY	
DISTRICT BOUNDARY	
V.D.C. BOUNDARY	
V.D.C. NUMBER CIRCLE	◯
ALL WEATHER ROAD	
SEASONAL ROAD	
TRACK	
NATIONAL PARK	
DISTRICT HQS	○
MUNICIPALITY	●
V.D.C. LOCATION	·

Target Population for F/Y 2055/56 (1998/99)	
Total Population	279,355
EPI (Under 1 Year)	9,643
ARI/CDD (Under 5 Year)	45,936
Nutrition (0 - 36 Months)	27,000
TT (15 - 44 Years)	59,637
FP/MWRA (15 - 49 Years)	53,782
Expected Pregnancies	11,725

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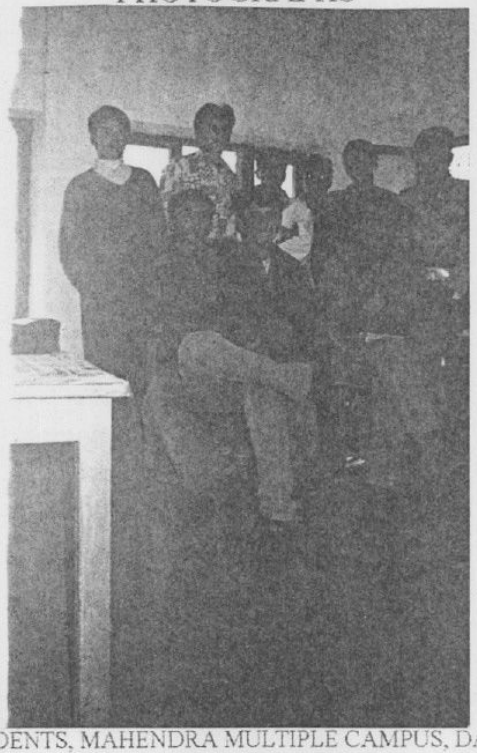
PHOTOGRAPHS

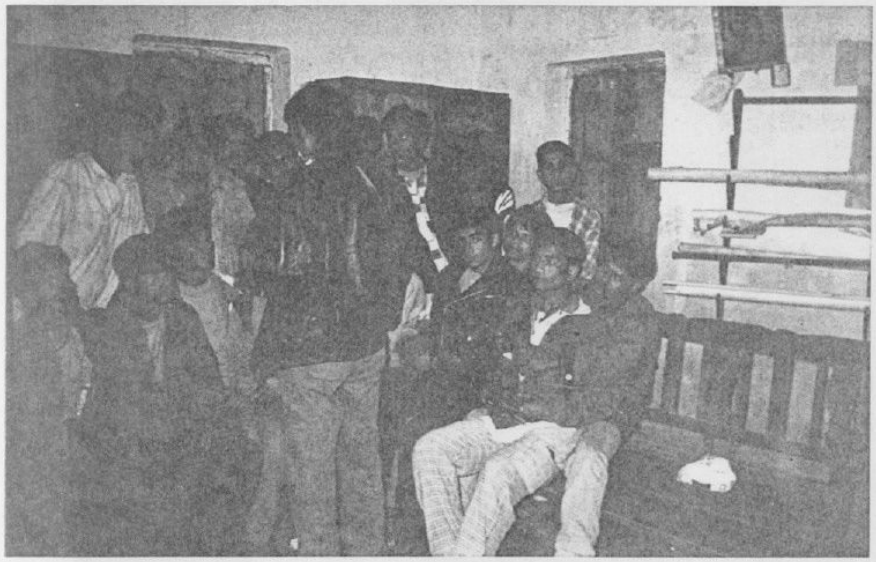
BADI COMMUNITY, DANG.

BADI COMMUNITY, DANG.

PHOTOGRAPHS



STUDENTS, MAHENDRA MULTIPLE CAMPUS, DANG.



STUDENTS, TRI-NAGAR MADHIMIC VIDHYALAYA, DHANGADI,KAILALI

PHOTOGRAPHS

APPENDIX iii

SCHOOL STUDENTS, RAPATI VIDHYA MANDIR BOARDING ,TULSIPUR, DANG.

SCHOOL STUDENT TRI-NAGAR MADHIMIC VIDHYALAYA, DHANGADI, KAILALI

PHOTOGRAPHS

APPINDIX iii

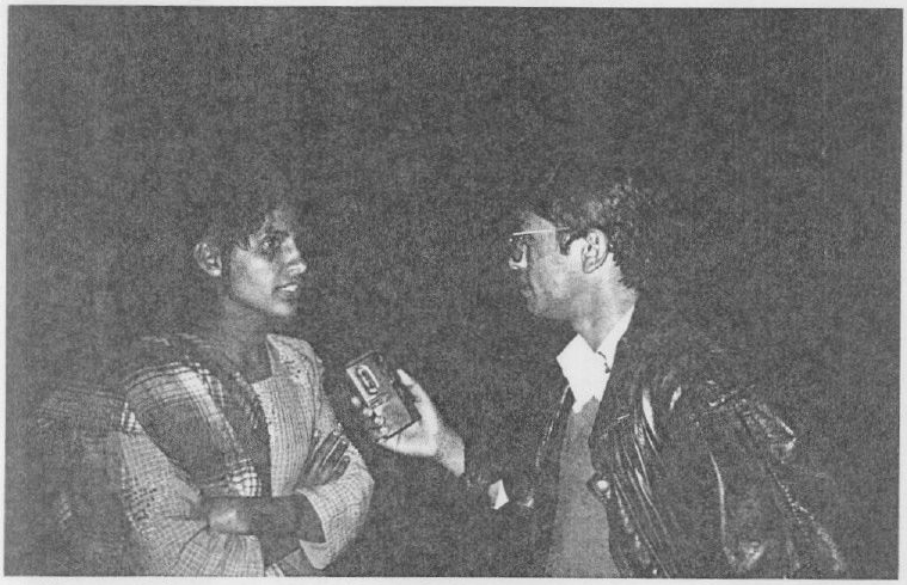
BADI YOUTH ,MUDA, KAILALI

BADI YOUTH, DANG.

PHOTOGRAPHS

APPINDIX iii

MR. MOHAMAD RAPHI, CHAIR MAN, SCHOOL MANAGEMENT COMMITTEE,TRI-NAGAR MADHYAMIC VIDHYALAYA



TEACHER MODEL MADHYAMIC VIDHYALAYA, DHANGADI, KAILALI

PHOTOGRAPHS

BADI YOUTH, SATI, KAILALI.

BADI YOUTH, SATI, KAILALI.

PHOTOGRAPHS

APPINDIX iii

BADI COMMUNITY, MUDA,KAILALI.

BADI COMMUNITY, MUDA,KAILALI.

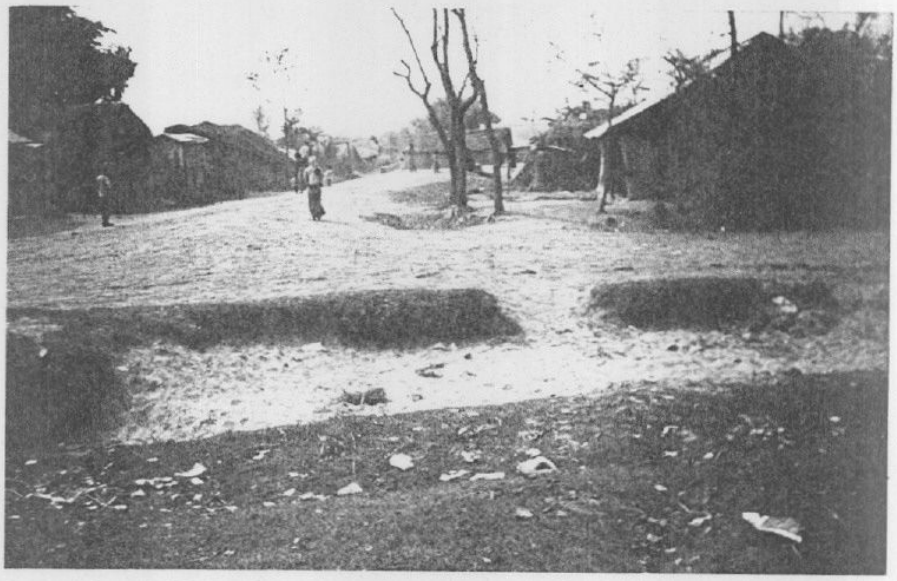
PHOTOGRAPHS

APPINDIX iii

SETI YOUTH CLUB, MUDA KAILALI

DISCUSSION WITH SETI YOUTH CLUB MEMBERS, MUDA,KAILALI

PHOTOGRAPHS



BADI COMMUNITY, SATI, KAILALI

BUS STOP, SATI, KAILALI