Knowledge, Attitude, Practice and Behavior Study on HIV/AIDS/STI Among Uniformed Personnel, In School and Out of School Youth in Bhutan - 2009

Submitted to:

Chief Administrative Officer
Ministry of Health
Royal Government of Bhutan
P.O. Box 726, Thimphu, Bhutan

Submitted by:

New ERA
P.O. Box 722
Rudramati Marga, Kalo Pul
Kathmandu, Nepal
Email: info@newera.wlink.com.np
Homepage: http://www.newera.com.np

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~ Study Team New ERA ~

Study Team Members from New ERA

1. Mr. Niranjan Dhungel – Team Leader
2. Mr. Bharat Raj Adhikari
3. Mr. Rajendra Lal Dangol
4. Ms. Pranita Thapa
5. Ms. Sarita Vaidya
6. Mr. Ramesh Dangi
7. Mr. Sanu Raja Shakya

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BHU	Basic Health Units
CSPro	Census and Survey Processing
DS	Digital Sangri-la
GDC	Gewog Development Committee
HIV	Human Immunodeficiency Virus
IMR	Infant Mortality Rate
KAP	Knowledge, Attitude and Practice
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
NACP	National HIV/AIDS and STD control Program
NGO	Non-Governmental Organization
PMTCT	Prevention of Mother to Child Transmission
RBA	Royal Bhutan Army
RBG	Royal Body Guards
RBP	Royal Bhutan Police
RGB	Royal Government of Bhutan
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
U5MR	under 5 Mortality Rate
UNGASS	United Nations General Assembly Special Session on HIV/AIDS

Executive Summary

HIV/AIDS in Bhutan

Bhutan is considered to be a very low HIV prevalence country. According to the data published by the Department of Health Service, Ministry of Health on its website in January 2010, of the 185 reported case of HIV/AIDS, 94 were males and 91 females. Of these, 34 (24 males, 11 females) had died. Most of these reported HIV cases (89 percent) were by heterosexual contacts and 9 percent from mother to child transmission (PMTCT). Besides, infection was observed more or less in almost all groups of society.

About one-fifth of the HIV infections detected in Bhutan are among young women and men between the ages of 15-24 years. Young people are at special risk for STIs including HIV because they lack information, skills, health services and support that they need to need to make informed choices. Furthermore, uniformed personnel have also been seen as at-risk groups as about 13 percent of HIV cases detected in Bhutan so far have been among the uniformed services.

In order to carry out activities to reduce the risk of HIV transmission among youth and other vulnerable population like the armed forces, it has been felt necessary to have an in-depth understanding of the current knowledge level of the youth and the armed forces regarding HIV/AIDS. In this context, under the initiative of MoH this baseline survey has been conducted primarily to asses the knowledge, attitude and practice/behaviors in HIV/AIDS/STI related issues among the study groups in order to determine the sexual and other risk behaviors that may lead to the transmission of HIV/AIDS among them. At the same time the survey also aims to:

- Identify problems and impediments encountered by the study groups to access information on HIV/AIDS/STI
- Establish the benchmark of the knowledge, attitude and practice of HIV/AIDS/STIs, and risk behaviors among study population;
- Develop core indicators for United Nations General Assembly Special Session on HIV/AIDS (UNGASS).

Study Population and Sampling Design

Uniformed Personnel

The 1200 samples individuals included 600 from RBA, 450 from RBP and 150 from RBG in proportion to their populations. List of all the Army (RBA), Police (RBP), and Royal Guards (RBG) units/headquarters/barracks had been enumerated with their approximate population sizes to get a sample of 1203 uniformed personnel. In each category, a number of units were selected randomly. In each unit, a number of personnel were selected randomly to be included in the interview.

In-School Youth

A list of all the Secondary Schools (Grade 7-10) and Higher Secondary Schools (Grade 11-12) was obtained. A list of 10 Colleges had also been included for sampling the in-school youth. For each selected school, 10 students (five each for girls and boys) were targeted to be selected from each grade randomly to have an equal representation.

Out-of-school youth

A total sample of 600 out-of-school youth from urban and 602 from rural set-ups were recruited independently. All the districts are included in the sampling. A total of 30 clusters were selected randomly according to the district population size. The sample size was distributed in proportion to the cluster sizes.

The households in the selected clusters were also selected randomly. Within a selected household, one person, male or female, was selected randomly for the interview.

Study Procedures

The research was conducted in compliance with both ethical and human rights standards which included participants' anonymity. 'Ethical' as well as 'technical' approval was obtained from the Ministry of Health (MoH), Royal Government of Bhutan (RGB) before starting the study. Moreover, verbal informed consent was obtained from all the participants prior to the interview in the presence of a witness. The consent form was administered in a private setting.

A quantitative research approach was adopted in the study. Structured questionnaires were used to collect knowledge, attitude and practice/behaviors relating to HIV/AIDS/STI, sexuality and condom among the study populations.

Study Management

The study was conducted under the leadership of National HIV/AIDS and STD control Program (NACP), Ministry of Health, Royal Government of Bhutan. Two research organizations New ERA, from Nepal and Digital Sangri-La in Bhutan carried out the study. New ERA provided technical support in carrying out the study while Digital Sangri-la was involved in fieldwork management and collection of data.

Training and Pre-testing of Survey Instruments

Before data collection started, a six-day intensive training was organized for the study team. The training session familiarized the team with the study objectives, methodology, contents of the questionnaires. The training session included class room session, mock interviews and field practices.

The tools were pre-tested in non-sample locations in the vicinity of Thimphu. Based on the pre-test feedbacks, the questionnaires were modified to suit with the local context of the country and were then finalized.

Field work was completed in three phases between November 27, 2009 and February 03, 2010.

Data Processing and Analysis

A software package for data entry was developed using the CSPRO at New ERA by the data analyst. SPSS software program was used to carry out statistical analysis. A double entry system was followed that included main entry and verification. Inconsistencies encountered during this process were corrected by the data management supervisor before the files were cleaned.

Simple statistical tools, such as frequency distribution, percentages, range, proportion, mean and median were used to analyze the results of the survey. Chi-square test values were also calculated for the cross tables to measure the statistical significance of the relationship between cross-tabulated categorical variables.

Summary of findings

Background of the study population

The median age of the uniformed personnel is 30 years, out-of-school youth is 20 years and that of in-school youth is 18 years. Seventy eight percent of the uniformed personnel are ever married while 32.2 percent of the out-of school youths have been ever married. Around two in 10 of the uniformed personnel (24.5

percent) as well as out-of-school youths (22.5 percent) are illiterate.

Access to media

Television and radio are two important media sources accessed by a considerable proportion of all types of respondents. A relatively lower proportion of out-of school youths (31.4 percent) and uniformed personnel (53.1 percent) than in-school youths (82.3 percent) read newspapers at least once a week. A relatively higher proportion of female respondents and respondents based in rural areas listen to the radio while respondents based in urban sectors mostly watch television.

Knowledge of HIV/AIDS

Over 95 percent of the respondents have heard about HIV/AIDS. While 61.2 percent of the uniformed personnel know about a confidential HIV testing facility in their community, 54.1 percent of the in-school youths and 37.5 percent of the out-of-school youths have reported so. At the same time, 69.1 percent of the in-school youths consider that HIV is different from AIDS; 44.9 percent of out-of-school youths and 57.4 percent of uniformed personnel think so. While 18.3 percent of the uniformed personnel consider themselves at a moderate or high risk of contracting HIV, 11.7 percent of out-of-school youths and 9.5 percent of in-school youths perceive themselves to be at such risk. Comparatively a higher proportion of uniformed personnel (42.2 percent) than out-of-school and in-school youths (14.6 percent and 12.3 percent) have taken up an HIV test so far.

One of the main indicators in order to assess knowledge of the essential facts about HIV transmission is the one that measures the percentage of respondents who both correctly identify ways of preventing the sexual transmission HIV and who reject major misconception about HIV transmission. The five indicators BCDE&F which define the comprehensive knowledge of HIV transmission/ include: being faithful to one sex partner (B) and consistent condom use (C) help avoid HIV transmission; and, a healthy-looking person can be infected with HIV (D), sharing a meal with an HIV infected person does not transmit HIV (E) and a person could not get HIV virus from a mosquito bite were assessed (E). Almost all of the respondents are aware that condom use during each sexual contact prevents HIV transmission. However, a relatively smaller proportion of them (44.8 percent of in-school youths, 41.2 percent of uniformed personnel, 33 percent of out-of-school youths) are aware of all the five indicators of comprehensive knowledge of HIV transmission.

Attitude towards HIV positive people

About eight-nine in every 10 of all the three types of respondents said they would readily take care of an HIV positive male relative or a female relative in their household if such a need arose, and would buy food from HIV infected shopkeeper. However, a relatively lower proportion of them prefer not to talk about a household member being HIV positive (58 percent each of out-of-school and in-school youths and 62.9 percent or uniformed personnel). At the same time 61 percent of out-of-school youths, 68.3 percent of uniformed personnel and 74.3 percent of in-school youths only think that an HIV infected teacher should be allowed to continue working unless very sick.

A person's awareness level of HIV/AIDS, its modes of transmission largely determines his/her attitude towards HIV/AIDS positive people. Lack of awareness and belief in misconceptions often result to negative responses like stigmatization and discrimination of people living with HIV/AIDS. However, the study findings have revealed that a

majority of the respondents who have comprehensive knowledge of HIV transmission also would respond negatively in the above mentioned circumstances. Not much variation in responses provided by the respondents is noticed with regards to their background characteristics. However, respondents belonging to younger age group (<=19 years) especially among uniformed personnel (100 percent) and out-of-school youths (84.5 percent) are slightly more likely to hold such negative opinion. At the same time, female respondents (27.6 percent) and those with secondary education (28.3 percent) among in-school youths are more likely to have positive attitude towards an HIV positive person than their other counterparts.

Overall, around 60 percent of all three types of the respondents have mentioned that they would react normally if they meet an HIV positive people. However, there are a few in-school youths (2.3 percent) and out-of-school youths (5.4 percent) who would rather avoid or isolate an HIV positive friend.

Thirty-six percent of uniformed personnel, 48.7 percent of in-school youths and 25.3 percent of out-of-school youths have discussed HIV/AIDS in the past month; most of them held such discussions with their friends.

Knowledge of STIs

Eighty-two percent of uniformed personnel as well as in-school youths have heard about STIs. However, a relatively lower proportion of out-of-school youths (57.9 percent) have ever heard of STIs. Gonorrhea is the most common symptoms heard by over 90 percent of these respondents.

Sexual Behavior

While about 94 percent of the uniformed personnel ever had sexual intercourse, 56.2 percent of out-of-school youths have reported so. At the same time, 28.2 percent of the in-school youths have also been engaged in sexual relations. A higher percentage of youth (43 percent) from college/institution ever had sex compared to secondary/higher secondary youth (21.1 percent). The median age at the time of first sexual encounter for all types of respondents was 17 years. Additionally, 92 percent of uniformed personnel, 82.3 percent of out-of-school youths and 46 percent of in-school youths were sexually active even in the past 12 months. Sexual relation with multiple partners is not an uncommon trend as 38.1 percent of the out-of-school youths, 47.3 percent of uniformed personnel and 51.3 percent of in-school youths have had two or more partners in the past 12 months.

Use of Condom

The sex partners of the respondents include regular partners, non-regular partners and sex workers. A majority of the respondents used condoms in the last sex with a sex worker and non-regular partners. However, a relatively smaller proportion of them (37.3 percent of uniformed personnel, 52.1 percent of in-school youths and 11.4 percent of out-of-school youths) used condoms during the last sex with their regular partners.

Likewise, the respondents are likely to use condoms consistently with sex workers and non-regular partners than their regular partners. While six-seven in every 10 respondents have used condoms consistently during sexual contact with sex workers, four-five in every ten have been consistent condom users with non-regular sex partners. However, consistent condom use with regular partner is relatively low as around 11 percent of uniformed personnel and out-of-school youths and 31.1 percent of in-school youths have used condoms consistently with regular partner.

Recommendations

Based on the findings of the study, a few specific recommendations have been made for all types of respondents included in the study.

Need for a proper and authentic information dissemination and development of educational program (formal and informal education) to meet the required needs

School curricula and other materials for HIV/AIDS should not only list specific ways of HIV transmission, but must also include information about specific misconceptions about the ways of HIV transmission (e.g., HIV is not transmitted through sharing food and other items with a person living with HIV, or by mosquito bites, etc.).

Curricula should be developed and incorporate as lessons aiming to develop teacher student relationship in sharing HIV/AIDS related issues as well as to strengthening and expanding life skills based education of young people within the education system.

While radio and television are popularly accessed by all, newspapers could target mostly literate population. Audio-visual and pictorial messages however could attract all section of people.

Programs like depiction of case history, drama, debate and quizzes on HIV/AIDS with the participation of young people as well as including other health experts are a possible way to provide direct (participants) and indirect (viewers) involvement with access to accurate and reliable information.

Different sources of information like teacher, peers, health worker and cinema hall could be utilized further for wider dissemination of HIV/AIDS/STI related information

Since most of the respondents talk about HIV related issues with their friends, this fact emphasizes the need to increase the role of their peers as a source of information about HIV/AIDS.

Respondents who know and believe that condom-use at every sexual intercourse protect against HIV/AIDS often engage in unprotected sexual intercourse which show inconsistency between knowledge and behavior/practice. This could be reduced if condoms are easily accessed and proper information about condoms is provided.

Materials concerning HIV/AIDS (e.g., brochures, leaflet, posters, pamphlets, etc.) should be distributed or displayed in visible public places like schools, counseling centers, hospital and cinema halls.

The knowledge of the respondents about STI is less than HIV/AIDS. So within the HIV/AIDS prevention and awareness activities some attention should be given to STI too.

Activities related to STIs should be planned in a way to stress that medical treatment of both early or developed symptoms of STI is essential and that partners treatment is also necessary.

Client-friendly and confidential HIV counseling and testing facilities should be opened and information should be disseminated widely to encourage people from all walks of life especially those who practice risky behaviors to use the service.

There is a need for stronger collaboration between organizations engaged in HIV and STI prevention/awareness activities and government bodies.

Chapter 1.0: INTRODUCTION

1.1 Bhutan at a Glance

Bhutan is a small and landlocked country, which extends about 300 km from east to west and about 150 km north to south with an area of 46,500 sq. km. The northwest and northern border is shared with Tibet while India surrounds the rest of the country. The Indian state of Arunachal Pradesh falls in the east, Assam and West Bengal in the south and Sikkim lies on the west. The entire country is mountainous with elevation ranging from 100m to 7541m from sea level. The country can be divided geographically into three major regions, namely, the high Himalaya of the north, the hills and valleys of the inner Himalayas and the foothills and plains of the south.

The country is divided into 20 districts and three distinct regions, namely, the Western, Central and Eastern regions. Based on the requirement of the different ministries the country has been divided into four to 11 regions. However, the three regions as mentioned above have been used for various purposes. Each district is divided into several Gewogs (geogs) and each of these Gewogs are divided into several Chiwogs. There are a total of 205 Gewogs in the country and some 1906 Chiwogs. The Gewogs are the smallest official administrative unit and each of these Gewogs have a Gewog Development Committee (GDC).

A Chiwog is made of one or more villages varying in population size. It has a Mang-mee or the chairperson, a Chupen, a Tshogpa and two representatives from the village. These Chiwogs are the primary unit for sampling purposes. The 2005 Census estimated the total population of the country to be 672,425. About 31 percent of the population of the country live in urban areas. The population growth rate is 1.3 percent per year.

The major ethnic groups in the country are the Ngalong people thought to be the descendants of migrants from Tibet living in the western region of the country while the Sharchop people live in the eastern region of the country. These ethnic groups along with some minority groups form 75 percent of the total population of Bhutan. The southern border of Bhutan is inhabited by the Nepali immigrants who settled in the region since the late 19th century and early 20th century. These people are known as Lhotshampa and form 25 percent of the total population of Bhutan.

Though there are 19 different languages in Bhutan. The official language is Dzongkha spoken by the Ngalong people. Nepali is spoken amongst the Lhotshampa communities in the south.

Bhutan has been experiencing a reduced population growth rate since 1994 (3.1) dropping to 1.3 per year in 2005. The crude birth rate for the country was 20 per 1000 population while the crude death rate was 7 per 1000 population as indicated by the 2005 Census. The total fertility rate (TFR) was estimated to be 2.5 in 2000 (electronic health system file). Life Expectancy at birth is estimated to be 66.2 years for females and 66 years for males in 2000, which is an increase by 18 years in the past 20 years[1].

One third of the total population in the country is below 15 years while those in the age group 15-24 cover nearly 23 percent and about 44 percent are 25 years and above (Census 2005). The total dependency ratio is 60.6 with the dependency ratio being 53.1 and the old age dependency ratio being 7.5.

[1] Annual Health Bulletin 2003, Health Information and Research, Policy & Planning Division, Ministry of Health, Thimphu, Bhutan.

The Infant Mortality Rate (IMR) was reported to be 40.1 per 1000 live births for the year 2005, which is a decrease from 102.8 in 1984. Similarly, the under 5 Mortality Rate (U5MR) has also declined significantly from 162.4 per 1,000 live births in 1984 to 61 per 1,000 live births in 2005. The maternal mortality ratio (MMR) for the country has decreased from 770 per 100,000 live births in 1984 to 225 in 2000.

1.2 Health System

The Department of Health Services was established in 1960 in Bhutan with most of the doctors and nurses brought from outside the country as there was lack of local manpower. The Bhutan health system incorporates both traditional practices as well as the modern allopathic system integrated into the national health system. The main expansion of health infrastructure took place only since the 1980s.

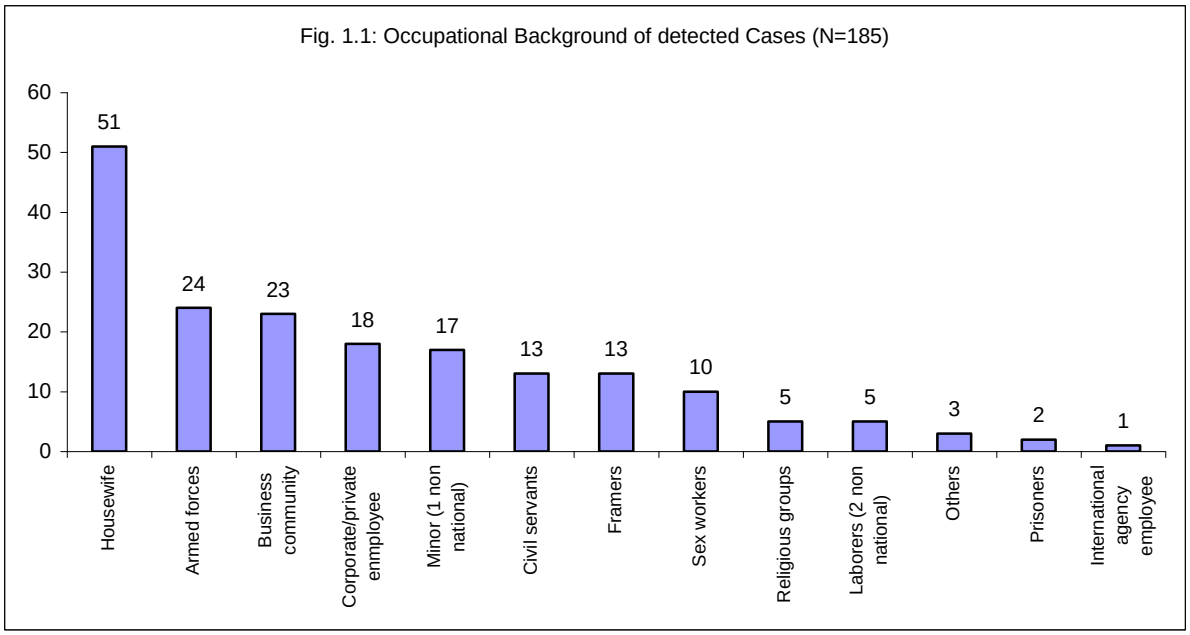
Health service is provided through a four-tiered network consisting of a National Referral Hospital, Regional Referral Hospitals, District Hospitals and Basic Health Units (BHU). There are a total 642 health facilities, including 30 hospitals, 172 BHUs and 440 out-reach clinics at the community level. In addition to this, traditional medicine services are available in all the districts. Despite the high cost of health care service delivery in a country with a population scattered thinly over the mountainous terrain, Bhutan has managed to establish a fairly uniform spread of Basic Health Units (BHUs), District Hospitals, and Regional Referral Hospitals. The district hospitals are the first-level referral institutions and are equipped to provide curative, promotive, preventive and emergency services. The regional referral hospitals are the second level referral hospitals and provide services of specialists. The BHUs are the primary contact point for the grassroots population.

Patients at the basic health unit level are referred to their respective district hospitals for secondary or tertiary health care. The district hospitals likewise refer to their respective Regional Referral Hospitals and that in turn rely on the National Referral Hospital. As it is not yet possible to have very specialized health care in the country, a good number of cases requiring such health care are referred outside the country.

The general health resource in the country is scarce but the RGOB has been able to cater the health needs of the population of the country (Human health preparedness and response plan, Version 1.2.2007, Ministry of Health, Royal Government of Bhutan).

1.3 HIV/AIDS in Bhutan

Bhutan is considered to be a very low HIV prevalence country. The first case of HIV was detected in 1993 in Bhutan. Since then, 185 cases of HIV have been reported by the end of 2009. UNAIDS estimated that about 500 people could have been living with HIV/AIDS at the end of 2007, which would correspond to prevalence of less than 0.01 percent among the population of 700,000. As per the data published by the Department of Health Service, Ministry of Health on its website in January 2010, of 185 reported cases of HIV/AIDS, 94 were males and 91 females (Fig. 1.1). Of these 34 (males 24, females 11) had died. Most of these reported HIV cases (89 percent) were by heterosexual contact and 9 percent from mother to child transmission (PMTCT). Besides, infection has been observed more or less in almost all the groups of society (Fig. 1.1).



About one-fifth of the HIV infections detected in Bhutan are among young women and men between the ages of 15-24 years. Young people are at special risk of contracting STIs including HIV because they lack information, skills, health services and support that they need to make informed choices. Furthermore, uniformed personnel have also been seen as at-risk groups as about 13 percent of HIV cases detected in Bhutan so far have been among the uniformed services. These people who serve in the Royal Bhutan Army (RBA), the Royal Body Guards (RBG) and Royal Bhutan Police (RBP) are at increased risk of HIV and other STIs because they are often posted or required to travel for extended periods away from home both within the country as well as outside the country.

Although the total number HIV cases is small in Bhutan, the Ministry of Health (MoH) is concerned with the current HIV/AIDS situation which is seen as a potential major public health concern. The Royal Government of Bhutan established National HIV/AIDS and STD Control Program (NACP) in 1988, five years before the first HIV infection was detected in the country. The program is managed by the Ministry of Health. Bhutan has also demonstrated a strong political commitment to prevent and control the spread of HIV. The government's Ninth Five-Year Plan has identified HIV/AIDS and STI prevention and control as one of the most important programs to address emerging healthy issues and promote better health for women and adolescents in Bhutan.

The National STI and HIV/AIDS Control Program has secured funds from the 6th round Global Fund with the main objective of reducing the risk of HIV transmission among youth and other vulnerable populations like the armed forces. It also seeks to use a variety of channels to reach in- and out-of-school youths to give them knowledge, skills and services they need to assess their risk of STIs including HIV/AIDS and take steps to safeguard themselves against them. The project aims to establish 140 schools around the country to provide life skill-based education to all students in grade 7 and above. The project will also support a range of life skills and HIV/AIDS prevention interventions outside the formal school setting through non-formal education centers and vocational institutes. Similarly, STI/HIV/AIDS education will also be mainstreamed into the curricula for new recruits at the three military training institutes.

Therefore, it was felt necessary to have an in-depth understanding of the current knowledge level of the youth and the armed forces regarding HIV/AIDS. In this context, under the initiative of the MoH this baseline knowledge, an attitude and practice (KAP) survey among the youth – both in-school and out-of-school and the armed forces - has been conducted to gather information on the existing level of understanding on HIV/AIDS/STI so that the program could develop an appropriate program package and implement it among target groups. Moreover, this baseline study is also expected to provide a basis to monitor the progress made through the project.

Chapter 2.0: DESIGN AND METHODOLOGY

2.1 Objectives of the Study

The survey has been conducted primarily to asses the knowledge, attitude and practice/behaviors in HIV/AIDS/STI related issues among the study groups in order to determine the sexual and other risk behaviors that may lead to the transmission of HIV/AIDS among them. At the same time the survey also aims to:

- Identify problems and impediments encountered by the study groups to access information on HIV/AIDS/STI
- Establish the benchmark of the knowledge, attitude and practice of HIV/AIDS/STIs, and risk behaviors among study population;
- Develop core indicators for United Nations General Assembly Special Session on HIV/AIDS (UNGASS).

Moreover, this survey data would serve as a baseline data for the national program and the project related to HIV/AIDS prevention and awareness.

2.2 Study Population

This study included three different populations of out-of-school youth aged 15-24 years, in-school youth from grade 7 to college level, and uniformed personnel of the Royal Bhutan Army (RBA), the Royal Bhutan Police (RBP), and the Royal Body Guard (RBG) on a nationwide basis. For the purpose of this study, the inclusion definition for the three different populations was as follows:

Uniformed Personnel: ***'Those uniformed personnel who are currently working as Royal Bhutan Army or Royal Bhutan Bodyguard or Royal Bhutan Police since at least three months after completing the basic training'***

In-school Youth: ***'Those youths aged 15-24, who are attending 7-12 grades in school or are at college'***.

Out-of-School Youth: ***'Those youths aged 15-24, who have not enrolled at all in the formal education system or are currently out of school (<=10 grade) or enrolled in non-formal education'***

2.3 Sample Size and Sampling Design

Uniformed Personnel

The 1,200 sample individuals included 600 from RBA, 453 from RBP and 150 from RBG in proportion to their populations. A list of all the Army (RBA), Police (RBP), and Royal Guards (RBG) units/headquarters/barracks had been enumerated with their approximate population sizes to get a sample of 1203 uniformed personnel. Three additional samples were sampled from the police. This slight addition to the sample size resulted from several subdivisions of the total sample at which sample allocations were made to the nearest whole number.

In each category, a number of units were selected randomly. In each unit, a number of personnel were selected randomly to be included in the interview (For details see Annex 1).

In-School Youth

A list of all the Lower Secondary Schools (Grade 7-8) Middle Secondary Schools (Grade 9 to 10) and Higher Secondary Schools (Grade 11-12) was obtained. A list of 10 Colleges was also included for sampling the in-school youth. The schools vary greatly in terms of class compositions and student numbers. Many are running two classes only, either grades 7 and 8, or grades 11 and 12. Some have only one grade. Only those schools which are currently running at least four different grades in the range 7-12 have been included in the sampling frame. This allowed a balanced drawing of sample from all the grades.

For each selected school, 10 students were selected from each grade randomly to have an equal representation. Out of 1201 sampled youth 850 were from secondary/higher secondary schools while 351 from colleges/institutions randomly. A total 601 male and 600 female youths were selected randomly. The slight difference in male and female sample size is because they represent sums from several levels of sub-strata in which an exact 50:50 sample allocation was not possible (For details see Annex 1).

Out-of-School Youth

The national population of out-of-school youth was divided into two strata - Rural and Urban. A total sample of 600 out-of-school youths from urban and 602 from rural set-ups have been recruited independently.

All the districts are included in the sampling. A total of 30 primary sampling units or clusters were selected in each stratum. The number of clusters assigned to each district was roughly calculated according to the district population size. In each district the clusters were selected randomly.

For the 30 selected clusters, the sample size of 600 was distributed in proportion to the cluster sizes. However, the sample sizes for small clusters were increased to the minimum of 10. The total was maintained at 600 by decreasing the sample size from the largest cluster. This slight discrepancy in the proportionate allocation was not great enough for making a weighted analysis.

In each selected cluster, households were enumerated and a desired number of households were selected randomly. Within a selected household, one person, male or female, was selected randomly for the interview (For details see Annex 1).

Table 1.1: Sample Size of Different Population and Their Sub-population

S.N.	Population	Sub-population	Sample size Sub-population	Total Sample
1	Uniformed personnel	RBA	600	1203
		RBP	453	
		RBG	150	
2	In-school youth*	Secondary/higher secondary school	850	1201
		College/institution	351	
3	Out of school youth*	Urban	602	1202
		Rural	600	

* Further divided into male and female in equal numbers

2.4 Study Procedures

A quantitative research approach was adopted in the study. Structured questionnaires were used to collect knowledge, attitude and practice/behaviors relating to HIV/AIDS/STI, sexuality and condom use among the study populations (Annex 2).

Before initiating the interview, all study participants' identities were verified in order to ensure that they met the inclusive criteria set for the study. Strict confidentiality was maintained throughout the study process. The names of the study participants were not recorded anywhere.

The research was conducted in compliance with both ethical and human rights standards which included participants' anonymity. As this study focused on in-school and out-of-school youths as well as uniformed personnel, 'ethical' as well as 'technical' approval was obtained from the Ministry of Health (MoH), Royal Government of Bhutan (RGB) prior to the start of the study. The study protocols were carefully reviewed and approved by the MoH. Moreover, verbal informed consent was obtained from all the participants prior to the interview in the presence of a witness. The consent form was administered in a private setting.

2.5 Study Management

The study was conducted under the leadership of the National HIV/AIDS and STD Control Program (NACP), Ministry of Health, Royal Government of Bhutan. The Ministry of Health, Royal Government of Bhutan reviewed the study protocols and the study instruments, and provided its approval to the study. The management of the study was divided into two research organizations - New ERA from Nepal and Digital Sangri-La of Bhutan. New ERA from Nepal provided technical support in carrying out the study while Digital Sangri-la (DS) was involved in fieldwork management and collection of data. New ERA's responsibility was to design the research as a whole which included preparing the plan of action, methodology, sampling design and data collection instruments including the questionnaire, pre-testing of instruments, developing a manual, selecting clusters, training the field interviewer/ supervisors hired by the national research firm, monitoring for quality control, developing coding manual, programming for data entry, training coders and data entry person hired by the national research firm, data cleaning, analysis and report writing. The national research firm Digital Sangri-La was involved in preparing local level plan of action, field work schedule, translation of data collection instruments into the local language, recruitment of field workers, pre-testing of data collection instruments, training of field workers, developing supervision and monitoring plan, recruiting coders and data entry persons, supervising data entry process, assisting in report writing and coordinating with the concerned stakeholders.

2.6 Training and Pre-testing of Survey Instruments

Based on the objectives of the study, the survey instruments were developed for soliciting information from the target study population. These questionnaires were forwarded to the Ministry of Health for a review. After the review, the tools were finalized for pre-testing.

Before data collection started, a six-day intensive training was organized for the study team. The training session familiarized the team with the study objectives, methodology and contents of the questionnaire. The training provided an understanding of interviewing

techniques, rapport building skills and questionnaire administration skills, the study process, basic knowledge and understanding about HIV/AIDS and STIs, explanation of sampling design and the sample selection process. The training session included classroom sessions, mock interviews and field practices. It was attended by 26 members of the survey team. The session was conducted in the English language as well as local languages.

The tools were pre-tested on the fourth day of the training session. The training session focused on explanation of the questions in different languages and also conducted mock interviews. The pre-testing was carried out by interviewers in local languages such as Dzongkha, Lhotsam and Sarchop using English questionnaires. Non-sample locations in the vicinity of Thimphu were selected for pre-testing the questionnaire and all of the 26 interviewers were involved in the exercise. Each interviewer conducted at least two interviews. As such, a total of 60 interviews were completed in the process. The filled-up questionnaires were reviewed by New ERA staff who also accompanied the interviewers for fieldwork observation. Based on the feedback received, the questionnaires were modified to suit the local context of the country and were then finalized. The manual for filling up the questionnaire was reviewed, explained and finalized after the finalization of the questionnaire. Field work was completed in three phase between November 27, 2009 and February 03, 2010.

2.7 Respondent's Consent

An oral witnessed consent was obtained from each study participant before the interview. Participation in the study was voluntary and study participants had a choice not to answer some questions asked of them if they wished to do so. All study participants were well informed about the study. Study participants were anonymous. No name was noted down in any questionnaire or list.

An informed oral consent was obtained in a private setting at the study site by a same-sex study team member and witnessed by another same-sex member of the study team**.** The purpose of the study and the activities of the study were explained in simple, understandable terms.

2.8 Non-Response

Interviewers were instructed to record the cases of refusal by the interviewee (or non-response cases) since such cases in significant numbers would help estimate bias. However, no such cases were reported. Among them who were interviewed, there were a few cases where answers were skipped or evaded. No particular pattern of the question or the respondents was noted for such issues.

2.9 Interview

The study population recruited in the sample was administered a structured questionnaire by a same-sex study interviewer in a private setting/room. Information was collected on the socio-demographic characteristics of the respondents, their knowledge, attitude and practice on HIV/AIDS/STI and sexual and injecting behavior and condom use practices. Moreover, they were asked questions related to the proper knowledge of HIV/AIDS, knowledge about and use of condoms and treatment seeking behaviors for STI problems.

2.10 Study Personnel

New ERA from Nepal and the national research firm Digital Sangri-La from Bhutan were involved in the study. New ERA provided technical experts in the field of HIV, sample designer/statistician, data programmer/analyst, data management supervisor and quality controller and led the study while DS provided the project director, program coordinator, supervisors/interviewers, coders and data entry person and managed all the field work and logistics needed for the study.

2.11 Quality Control

New ERA provided quality controllers in the initial stage of the field work to ensure that the sampled clusters were surveyed, and questionnaires were correctly administered and coded. They randomly checked completed forms and provided feedback, monitored field work to ensure data quality and worked closely with the project staff of the DS. Similarly, the national research firm also mobilized their project staff to ensure the quality of the information collected.

Besides, a mannual related to survey procedure was prepared and distributed to the field staff and core research team to maintain uniformity in the data collection procedure. Checklists were prepared for monitoring quality and progress of tee field work. Field supervisors checked the filled-up questionnaires in the field and any inconsistencies were immediately corrected on the same day of the interview.

2.12 Data Processing and Analysis

A software package for data entry was developed using CSPro at New ERA by the data analyst. SPSS Software programs was used to carry out statistical analysis.

The data analyst of New ERA visited Bhutan to provide training to the national data entry personnel hired by the national research firm. A three-day theoretical as well as practical training was provided to them to familiarize them with the actual data entry process.

All the completed questionnaires were brought to the national research firm office at Thimphu for additional review and entry into the computer program. The data management supervisor provided training to the coders and office editors on how to check and edit completed questionnaires for data entry. Each filled up form was checked in terms of the skipping patterns, inserting codes for open ended questions and `others' category responses. A double entry system was followed that included main entry and verification. Inconsistencies encountered during this process were corrected by the data management supervisor before the files were cleaned. The data management supervisor monitored and supervised the data entry process and provided technical support as and when required.

2.13 Data Analysis

Data analysis was carried out at New ERA. Simple statistical tools, such as frequency distribution, percentages, range, proportion mean and median were used to analyze the results of the survey. Comparisons of proportions of cases for various indicators were done for different in sex (male vs. female) and residence type (urban vs. rural) by Z-tests at 0.05 level of significance (for a two sided hypotheses) in case of in-school youths and out-of-school

youths. In uniformed personnel where such categories were not available, no significance test was carried out.

2.14 Organization of the Report

The report has been designed in five chapters. First chapter deals with an introduction and background of the study. Chapter 2 deals with the methodology, study design and process of the study. Following chapters 3, 4, and 5 describe the knowledge, attitude/belief and practice on HIV/AIDS/STIs of uniformed personnel, in-school youths and out-of-school youths respectively. The general recommendations based on the study findings have been presented in chapter 6.

Chapter 3.0: UNIFORMED PERSONNEL

3.1 Socio-demographic Characteristics of Uniformed Personnel

This chapter discusses the demographic and social characteristics of 1203 Uniform Personnel recruited from different barracks/units and Dzonkhags of Bhutan for this study.

Socio-demographic Characteristics

The sampled uniformed personnel belong to the age group of 18 to 53. About half of the respondents (47.9 percent) are younger than 30 years and 35.6 percent are between 30 and 39 years while 16.5 percent are 40 and above years of age. The median age is 30 years. Of the total respondents, 6.5 percent are female.

More than 80 percent (83 percent) of the respondents are currently stationed in urban areas and more than three-fourths (76.1 percent) are married. Over a fifth (22.3 percent) of the uniformed personnel are single and 1.6 percent are either divorced/ separated from their wives or are widowers. The majority of those who ever got married (76.3 percent) had been married before they turned 25. The median age at respondents' first marriage was 21 years (Table 3.1).

Table 3.1: Percent Distribution of the Respondent by their Demographic Characteristics

Demographic Characteristics	N (N=1203)	%
Age		
< = 19 years	19	1.6
20-24 years	234	19.5
25-29 years	323	26.8
30-34 years	230	19.1
35-39 years	199	16.5
40 years + (18 – 53)	198	16.5
Median age	**30 years**	
Sex of respondents		
Male	1125	93.5
Female	78	6.5
Respondents enrolled from		
Urban	999	83.0
Rural	204	17.0
Marital status		
Single	268	22.3
Married	916	76.1
Divorced/permanently separated	18	1.5
Widow/widower	1	0.1
Age at first marriage	**n=935**	
< =19 years	238	25.5
20-24 years	475	50.8
25 + years	222	23.7
Median age	**21 Years**	
Usually live with	**N=1203**	
Spouse/children (Own family)	763	63.4
Parents	320	26.6
Single (independently)	66	5.5
With friends in rented house	28	2.3
With relative	26	2.2
Currently living with		
Spouse/children (Own family)	826	68.7
In barrack	311	25.9
Single (independently)	34	2.8
Parental house	18	1.5
In hostel	12	1.0
With friends in rented house	2	0.2
Duration of stay		
Less than one year	129	10.7
1 – 5 years	445	37.0
6 years and above	629	52.3

Living Status

Almost two-thirds (63.4 percent) of the respondents cited that they usually live with their spouse/children while little more than one-fourth (26.6 percent) live with their parents. The rest usually live alone (5.5 percent), with friends (2.3 percent) and with relatives (2.2 percent). However, more than two-thirds (68.7 percent) are currently living with their spouse/children and one-fourth (25.9 percent) are living in the barracks. About 3 percent currently live alone, while 1 percent or less have been living in hostels or with parents and with friends in rented house. More than half of the respondents (52.3 percent) have been living in this way for six years or more (Table 3.1).

Information was collected from the respondents about their working districts (Dzonkhagas) and the duration of stay. Over one-third of the respondents (35.3 percent) are stationed at Thimpu, 12.6 percent at Samtse, 8.3 percent at Wangdue Ph, and about 7 percent each at Samrup and Sarpang Dzonkhaga. About 44 percent have been staying in at currently stationed Dzonkhaga for one to five years while 40.6 percent have been staying there for six years and more (Table 3.2).

Educational, Ethnicity/Caste, Religious Background

About one-third each of the uniformed personnel have completed primary level (34.2 percent) and secondary level (32.2 percent). Less than 1 percent of respondents have attended higher secondary and above while 8.1 percent are literate without formal schooling. However, about one-fourth (24.9 percent) of the respondents are illiterate. Out of the 98 respondents who are literate without formal schooling, about 89 percent of them have, however, attended education at monastic institutions or other non-formal institutions.

Uniformed personnel from various castes/ethnicities have been represented in this study. Over two-fifths (41.2 percent) belong to the Scharchop ethnic community while 27.1 percent represent the Ngalop ethnic group, followed by 14.6 percent from Khengpa, 8.3 percent from Kurtep, 4.4 percent from Lhotsampa and 4 percent from Bumthap.

A large majority (97 percent) of the participants follow Buddhism while 2.7 percent follow Hinduism. The respondents were asked about their mobility within the past 12 months. About 36 percent of the respondents said that they had been away from home or barracks for more than one month in the past 12 months (Table 3.3).

Table 3.2: Currently working Dzongkhags of the Respondents

Dzongkhags	N=1203	%
Current working Dzongkhag		
Thimphu	425	35.3
Samtse	151	12.6
Wangdue Ph	100	8.3
Samrup J	90	7.5
Sarpang	85	7.1
Chukha	70	5.8
Paro	70	5.8
Haa	58	4.8
Tronga	20	1.7
Punakha	20	1.7
Trashigang	20	1.7
Others	94	7.8
Duration of stay in currently working Dzongkhag		
Less than one year	181	15.0
1 – 5 years	532	44.2
6 above	489	40.6
No response	1	0.1

Table 3.3: Percent Distribution of Respondents by their Social Characteristics

Social Characteristics	N=1203	%
Education		
Illiterate	300	24.9
Literate/No schooling	98	8.1
Primary	412	34.2
Secondary	387	32.2
Higher secondary and above	5	0.4
No response	1	0.1
Literate from	**n=98**	
Monastic institution	46	46.9
Non-formal education	41	41.8
Self learned	10	10.2
No response	1	1.0
Ethnicity	**N=1203**	
Scharchop (Tsangla)	496	41.2
Ngalop	326	27.1
Khengpa	176	14.6
Kurtep	100	8.3
Lhotsampa	53	4.4
Bumthap	48	4.0
Others	4	0.3
Religion		
Buddhism	1167	97.0
Hinduism	32	2.7
Christian	4	0.3
Away from home/Barrack for more than one months in the last 12 months		
Yes	435	36.2
No	766	63.7
No response	2	0.2

Job Ranking

A majority (78 percent) of respondents have been working as uniformed personnel for the last five years and more and 21.2 percent for the last one to five years. A small proportion (0.7 percent) of the respondents joined uniformed service recently or within less than a year. Forty-four percent of the total recruited are currently working as a Chuma, 26.1 as a Gopa and 16 percent as a Peljab. Small proportions represent Pelpon, Dempon, Dedrim, Dempon Gongma and Deda rankings. For about 81 percent of the respondents, the previous working Dzonkhaga was Thimpu while 18.8 percent have been working in the same Dzonkhaga where they are currently assigned since their recruitment. Some of the study participants (19.7 percent) have also participated in training abroad (Table 3.4).

Table 3.4: Employment History

Employment history	N=1203	%
Years of joining the service		
<1 year	8	0.7
1 -5 years	255	21.2
5 + years	938	78.0
No response	2	0.2
Current rank		
Chuma	533	44.1
Gopa	314	26.1
Peljab	192	16.0
Pelpon	79	6.6
Dempon	37	3.1
Dedrim	14	1.2
Dempon Gongma	5	0.4
Deda	2	0.2
No response	21	1.7
Previous working dzonkha		
Same Dzongkhag	226	18.8
Thimphu	977	81.2
Participated in training abroad		
Yes	237	19.7
No	958	79.6
No response	8	0.7

Exposure to Mass Media

Mass media could be one of the important mediums to reach the target population with the awareness program. In this context, the study assessed information regarding the respondents' exposure to mass media.

Overall, television (93.8 percent) and radio (72.9 percent) are the most popular media sources compared to newspapers (53.1 percent). However, 97.5 percent of the respondents have access to at least one media daily or almost daily or at least once in a week. Moreover, television is equally popular among respondents with different educational backgrounds.

The chance of exposure to the different sources of media is higher among the younger age group compared to the population of the older age group. It could, however, be assumed from the study findings that television and radio could be an appropriate source to reach the target population irrespective of their background characteristics (Table 3.5).

Table 3.5: Uniformed Personnel who are Exposed to Three Specific Mass Media at Least Once a Week by their Background Characteristics

Characteristics	N	Watches television daily/almost daily or at least once a week	Listen to radio daily/almost daily or at least once a week	Reads news paper daily/almost daily or at list once a week	At least one media daily/almost daily or at least once a week	All three media daily/almost daily or at least once a week
Age group						
< = 19 yrs	19	78.9	63.2	89.5	100.0	52.6
20-24	234	89.3	74.4	70.5	97.4	51.7
25-29	323	93.8	70.9	56.7	96.9	41.5
30-34	230	94.8	73.5	42.6	97.4	30.9
35-39	199	98.5	77.4	48.2	99.5	35.7
>=40 yrs	198	94.9	70.2	40.4	96.5	29.3
Education						
Illiterate#	300	95.3	74.7	14.3	96.3	12.0
Literate/No schooling only	98	91.8	72.4	41.8	94.9	30.6
Primary	412	96.6	76.5	61.7	99.3	48.1
Secondary	387	90.2	68.7	76.5	97.2	51.7
Higher secondary	3	100.0	0.0	66.7	100.0	0.0
College	2	100.0	50.0	100.0	100.0	50.0
Total	**1203**	**93.8**	**72.9**	**53.1**	**97.5**	**38.7**

Only can read in their own language.

3.2 Knowledge about HIV/AIDS

This section assesses the respondents' knowledge of HIV/AIDS. It explains their understanding of different modes of HIV transmission. It especially analyzes comprehensive knowledge about HIV transmission among uniformed personnel and also explains their perception and attitude towards HIV/AIDS.

HIV/AIDS Awareness

About 98 percent of the respondents have heard of HIV/AIDS before. Among them, 7.9 percent knew people who had HIV/AIDS or had died from the disease. When asked about the kind of relationship they shared with those people, 63.4 percent said they did not share any relation with such people, 30.1 percent said they were/are friends and 4.3 percent said they are relatives. Another 2.2 percent had/have relatives or friends who have HIV/AIDS or had died because of the disease.

Table 3.6: Knowledge of HIV/AIDS

	N=1203	%
Ever heard of HIV/AIDS		
Yes	1183	98.3
No	20	1.7
Know anyone living with HIV/AIDS or died due to AIDS	**n=1183**	
Yes	93	7.9
No	1088	92.0
No response	2	0.2
Nature of relationship with the deceased	**n=93**	
No relation	59	63.4
Friend	28	30.1
Relative	4	4.3
Relative/friend	2	2.2
Perceived effect of HIV/AIDS on positive person**	**n=1183**	
Get weaker	597	50.5
Loose weight	493	41.7
Get fever	313	26.5
Suffer from diarrhea	254	21.5
Suffer from prolonged sickness	233	19.7
Look pale	135	11.4
Get headache	20	1.7
Vomiting	15	1.3
Others	46	3.9
Don't know/ No response	208	17.6

** Total percent may exceed 100 because of multiple response.

The respondents were also asked about the symptoms in the persons infected with HIV/AIDS. About half of the respondents believe that the person becomes weaker while 41.7 percent think they lose weight. Likewise, 26.5 percent think the person infected with HIV/AIDS gets fever, 21.5 percent feel the infected person suffers from diarrhea, 19.7 percent think they suffer from prolonged sickness and 11.4 percent think the infected person becomes pale. However, 17.6 have no idea about the symptoms in persons infected with HIV/AIDS (Table 3.6).

Comprehensive Knowledge of HIV Transmission

One of the main indicators in order to assess knowledge of the essential facts about HIV transmission is the one that measures the percentage of respondents who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconception about HIV transmission. In this regard, the respondents' understanding of the five main HIV/AIDS prevention measures were assessed which include: being faithful to one sex partner (B) and consistent condom use (C) helps avoid HIV transmission; and, a healthy-looking person can be infected with HIV (D), sharing a meal with an HIV infected person does not transmit HIV (E) and a person could not get HIV virus from a mosquito bite were assessed (E). These five indicators BCDE&F define the comprehensive knowledge of HIV transmission/prevention.

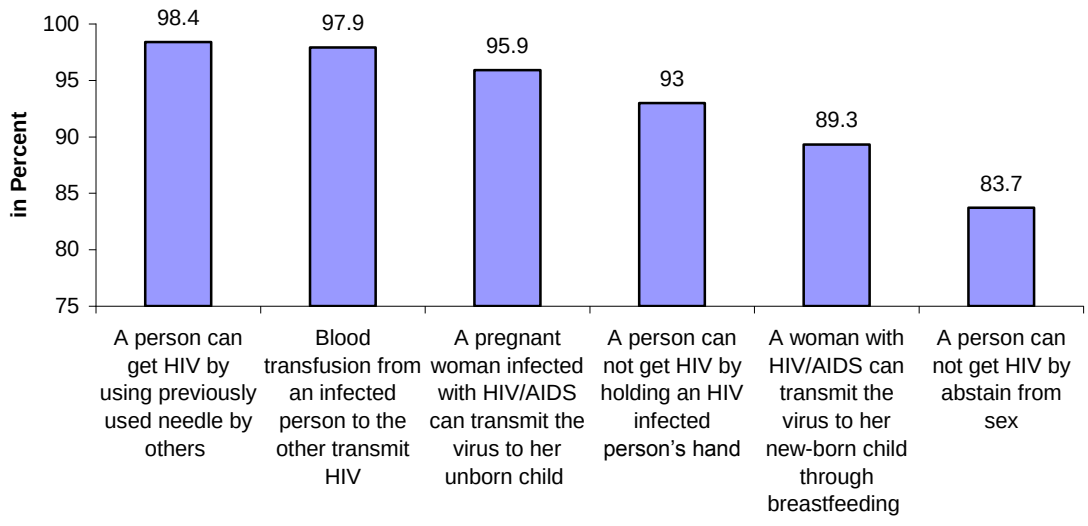
A majority of the respondents are aware that using a condom every time during sex (98.6 percent), and being faithful to one sexual partner (85.1 percent) prevent HIV. A considerable proportion of them also knew that sharing a meal with an HIV infected person does not transmit HIV (90.8 percent) and a healthy-looking person could be infected with HIV (73.3 percent), and that a person cannot get HIV virus from a mosquito bite (66.8 percent). In total, 41.2 percent of the respondents are aware of all five major indicators. Interestingly, respondents who reads newspapers at least once a week are more aware of the five indicators of prevention compared to the other two media (Table 3.7).

The uniformed personnel's understanding of HIV/AIDS and its different modes of transmission were further tested with the help of certain probing questions. A majority of the respondents (98.4 percent) agree that a person can get HIV by using a previously used needle/ syringe; that HIV can be transmitted through the transfusion of blood from an infected person to another (97.9 percent); that a pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child (95.9 percent); that a person cannot get HIV just by holding an HIV infected person's hand (93 percent); that a women with HIV/AIDS can transmit the virus to her new-born child through breast feeding (89.3 percent); and that a person cannot get HIV by abstaining from sex (83.7 percent) (Fig. 3.1).

Table 3.7: Knowledge on Ways of HIV/AIDS Transmission by background Characteristic of Respondents

Characteristics	Condom use during each sexual act prevents from HIV contact (c)	Sharing a meal with HIV infected person does not transmit HIV (F)	Being faithful to one partner prevents from HIV (B)	A healthy looking person can be infected with HIV (D)	A person cannot get HIV from mosquito bite (E)	Know all five indicators of HIV transmission	n
Age group							
< = 19 yrs	100.0	88.9	55.6	38.9	66.7	22.2	18
20-24	97.8	91.2	73.7	68.9	77.6	40.4	228
25-29	98.7	91.1	87.0	77.2	68.4	44.3	316
30-34	99.1	92.1	91.7	71.5	66.7	45.2	228
35-39	98.0	92.4	84.3	79.2	56.9	39.1	197
>=40 yrs	99.5	86.7	91.3	71.4	61.7	36.2	196
Education							
Illiterate	99.7	87.5	91.2	75.9	51.9	36.6	295
Literate/No schooling only	100.0	90.8	86.7	69.4	56.1	30.6	98
Primary	98.5	90.6	89.9	77.0	70.4	47.7	405
Secondary	97.9	93.4	74.9	68.3	76.8	40.6	379
Higher secondary	100.0	100.0	66.7	66.7	100.0	33.3	3
college	50.0	100.0	100.0	100.0	100.0	50.0	2
Total	**98.6**	**90.8**	**85.1**	**73.3**	**66.8**	**41.2**	**1183**
Media exposure							
Listen radio almost daily or at least once a week	98.8	91.0	85.9	75.3	67.9	43.9	**877**
Watch television almost daily or at least once a week	98.7	90.8	85.8	74.4	67.2	42.4	**1129**
Read news paper almost daily or at least once a week	99.0	92.7	84.7	76.6	73.4	47.2	**639**

Fig. 3.1: Knowledge on Ways of HIV/AIDS Transmission (N=1183)



To acquire the level of knowledge about avoiding the ways of transmission of HIV/AIDS, the respondents were asked questions relating to HIV/AIDS preventive measures. About 93 percent of the respondents believe that condom use in every sex act is the safe way to avoid transmission of HIV/AIDS and 41.8 percent believe that avoiding injection used by others is another way. Some of the respondents also think that by abstaining from sexual contact (34.7 percent) one can avoid transmission of HIV/AIDS while another 14.4 percent believe in having fewer sex partners. Limiting sexual contact with one sex partner (12.8 percent), not having causal sex (8.9 percent) and not sharing blades also are the other reported ways to avoid HIV/AIDS transmission (Table 3.8).

Table 3.8: Knowledge on Ways of Avoiding Transmission HIV/AIDS

Known ways of avoiding HIV/AIDS**	n=1183	%
Using a condom at every sex act	1099	92.9
Avoiding injection with used needle	494	41.8
Abstaining from sex	410	34.7
Having fewer partners	170	14.4
Avoiding sex with other partners (by both partners)	152	12.8
Not having causal sex	105	8.9
Avoiding sharing of blades	38	3.2
Others	11	0.9
Don't know	1	0.1

** Total percent may exceed 100 because of multiple response.

Knowledge about HIV Testing Facility

The availability of confidential HIV testing facilities allows people to have an HIV test promptly and without the fear of being exposed. Although 61.2 percent of the respondents are aware of the existence of HIV testing facility in their communities, around a third (33.6 percent) of them said that there were no such provisions and 5.2 percent said they are not aware of them. However, 83 percent of the respondents know about a place where they could go for an HIV test (Table 3.9).

HIV Testing

Overall, 42.2 percent of the respondents have ever taken up HIV testing. A majority of the respondents (62.6 percent) have taken up the test within the past 12 months while 24.6 percent tested in between the past 13 to 24 months. Out of the 414 respondents who have tested their blood, 61.1 percent have received the test result. Again, among those who have received their test result, 72.7 percent of them shared their result, mostly with their friends (77.2 percent), with family members (46.2 percent), with their sex partners (27.7 percent) and with health workers (3.8 percent) (Table 3.9).

Perception on HIV/AIDS and Information Sources of HIV/AIDS

Moreover, 87.9 percent respondents have shown their interest to have confidential HIV testing. The respondents were asked whether or not HIV and AIDS are different from each other. Over one half of them (57.4 percent) think that there is a difference between HIV and AIDS and 87.3 percent are sure that AIDS is an incurable disease (Table 3.9).

Table 3.9: Knowledge about HIV Testing Facilities and History of HIV Test		
Description of HIV testing		
A confidential HIV testing facility is available in the community	**n=1183**	**%**
Yes	724	61.2
No	398	33.6
Don't know	61	5.2
Know where to go for HIV test		
Yes	982	83.0
No	201	17.0
Ever had an HIV test	**n=982**	
Yes	414	42.2
No	568	57.8
Timing of last HIV test	**n=414**	
Within the past 12 months	259	62.6
13-24 months ago	102	24.6
25-48 months ago	22	5.3
More than 48 months ago	28	6.8
No response	3	0.7
Test result received		
Yes	253	61.1
No	160	38.6
No response	1	0.2
Share the test result with someone	**n=253**	
Yes	184	72.7
No	66	26.1
Don't know	3	1.2
Test result shared with**	**n=184**	
Friends	142	77.2
Family member(s)	85	46.2
Sex partner	51	27.7
Health worker	7	3.8
Interested in getting a confidential HIV test	**n=1183**	
Yes	1040	87.9
No	138	11.7
Don't know	5	0.4
Believe that HIV is different from AIDS		
Yes	679	57.4
No	382	32.3
Don't know	122	10.3
Believe that it is not possible to cure AIDS		
Yes	1033	87.3
No	111	9.4
Don't know	39	3.3
** Total percent may exceed 100 because of multiple response.		

Information of the sources of knowledge about HIV/AIDS would help to understand program needs and plan them. More than 90 percent of the respondents cited that their sources of information about HIV/AIDS are television, health worker/volunteers, friends and workplace. Likewise, radio (86.1 percent), pamphlets/posters (77.2 percent), community events or training (76.4 percent) and billboard/signboard (75.7 percent) are common sources of information cited by the respondents. A considerable proportion of the respondents have also received some information relating to HIV/AIDS from newspapers/magazines (69.4 percent),

NGO workers (65.4 percent), relatives (60.7 percent), cinema halls (55.8 percent) and school/teachers (55.5) (Table 3.10).

Table 3.10: Sources of Knowledge about HIV/AIDS

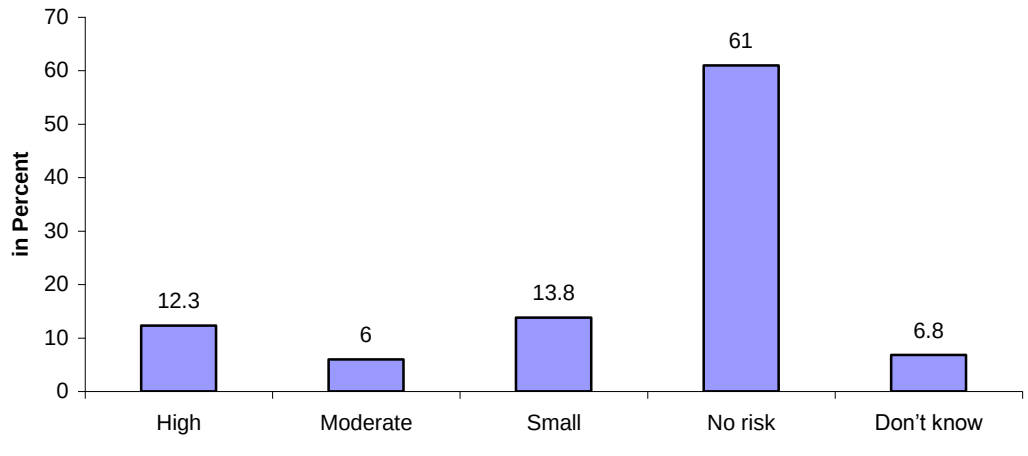
Sources of knowledge of HIV/AIDS**	n=1183	%
Television	1148	97.0
Health workers/Volunteers	1131	95.6
Friends/Peers	1126	95.2
Workplace	1085	91.7
Radio	1019	86.1
Pamphlets/Posters	913	77.2
Community events or training	904	76.4
Billboard/signboard	896	75.7
Newspapers/Magazines	821	69.4
NGO workers	774	65.4
Relatives	718	60.7
Cinema halls	660	55.8
School/Teachers	657	55.5

** Total percent may exceed 100 because of multiple response.

Risk Perception

A majority (61 percent) of the respondents believe that they face no risk of contracting HIV/AIDS. However 13.8 percent believe that they are at small risk and 18.3 percent see themselves at moderate or high risk (Fig. 3.2). The most common reasons why respondents believe that they are at moderate or high risk of HIV infection are because they have not used a condom every time they have sex (46.1 percent) and because they have had many sex partners (43.3 percent). Besides, some respondents believe that they could be infected since they had sex with sex workers (21.2 percent), shared blades with friends or from salon where they trim their hair (12 percent) and because their sex partners had other sex partners also (6 percent). A few also believe that they could be infected with HIV from blood transfusion and due to their close relation with an infected person (Table 3.11).

Fig. 3.2: Risk of HIV Infection as Perceived by the Respondents (n=1183)



Most of the respondents who do not consider themselves at risk of HIV infection cited reasons for such perceptions like - they do not go to sex workers (45.2 percent), trust their partners (38.5 percent), always use condoms (25.6 percent) and do not use intravenous drugs (20.3 percent). A small proportion of the respondents also believe that they are at no risk or are at small risk of HIV infection because they never had sex (7.2 percent), tested blood for HIV (5.8 percent) and never shared blades (2.3 percent) (Table 3.11).

Additionally, about 18 percent of the respondents believe that HIV is not a problem in the community; however, 47.8 percent think HIV is a serious problem and 25.4 percent believe it is somewhat of a problem in the community (Table 3.11).

Table 3.11: Perceived Risk of HIV Infection

Description	n=217	%
Reasons for perceiving self at high or moderate risk of contracting HIV/AIDS**		
Do not always use condoms	100	46.1
Have many sex partners	94	43.3
Have had sex with sex workers	46	21.2
Sharing blade with friends/Hair cut in Salon	26	12.0
Sex partner has other sex partner	13	6.0
Others	7	3.2
Don't know	3	1.4
Reasons for perceiving self at small or no risk of contracting HIV/AIDS**	**n=885**	
Do not go to sex workers	400	45.2
Trust partners	341	38.5
Always use condoms	227	25.6
Do not use intravenous drugs	180	20.3
Never had sex	64	7.2
Tested blood for HIV	51	5.8
Never shared blade	20	2.3
Others	26	2.9
Don't know	3	0.3
Consider HIV is a serious problem in the community	**n=1183**	
Serious problem	566	47.8
Somewhat of a problem	300	25.4
Not a problem	211	17.8
Don't Know	105	8.9
No response	1	0.1

** Total percent may exceed 100 because of multiple response.

Perception on How an HIV Positive Person Can Take Care of Themselves and of Others

Respondents consider that persons living with HIV should eat healthy food (50.8 percent) while 46.6 percent and 44.3 percent of the respondents mention they should use medicine and use condoms in each sexual act. The respondents further feel that people living with HIV should abstain from sex (37 percent), keep a positive attitude (28.1 percent) as well as visit a doctor (24.8 percent). Moreover, some respondent also recommend that they should not drink alcohol; should do normal exercise and should remain faithful to one partner (Table 3.12).

Table 3.12: Respondents Opinion on Ways in Which an HIV Positive Person Can Take Care of Themselves and of Others

Descriptions		
Reported measures a person with HIV can take to take care for themselves and others**	**n=1183**	**%**
Eat healthy food	601	50.8
Use medicine	551	46.6
Use condom in each sex	524	44.3
Abstain from sex	438	37.0
Keep a positive attitude	333	28.1
Visit doctor	293	24.8
Avoid alcohol	109	9.2
Get normal exercise	100	8.5
Remain faithful to one partner	91	7.7
Avoid smoking	69	5.8
Avoid sharing of needle/blade	21	1.8
Avoid blood donation	13	1.1
Others	37	3.1
Don't know	23	1.9

** Total percent may exceed 100 because of multiple response.

3.3 Attitude, Belief and Practice

The stigma associated with HIV/AIDS increases the impact of HIV on the patients. The perception of the uniformed personnel regarding HIV-infected people and the stigma associated with the disease was examined with the help of a series of questions. This chapter explains their perception and belief regarding HIV/AIDS and their attitude/response towards HIV positive people.

Attitude towards HIV/AIDS Positive People

When asked how they would react if they met a person or friend living with HIV, most of the respondents said they would behave normally, give additional love and help; and would also provide counseling to them. But a few respondents said they would avoid or isolate such persons or friends living with HIV/AIDS (Table 3.13).

Table 3.13: Respondents Response to HIV Positive Person

Descriptions		
Reported ways in which the respondents would react if they meet an HIV positive person?**	**n=1183**	%
Behave like a normal people	709	59.9
Give additional love and help	340	28.7
Provide counseling	278	23.5
Avoid/scare/isolate them	16	1.4
Others	29	2.5
Reported ways in which the respondents if they found their friend to be HIV positive**		
Give additional love and help	715	60.4
Provide counseling	484	40.9
Behave like a normal people	435	36.8
Others	34	2.9

** Total percent may exceed 100 because of multiple response.

A majority of the respondents are ready to take care of an HIV-positive male relative (94.8 percent) or an HIV-positive female relative (93.2 percent) in their home if need be. Nearly two-thirds (62.9 percent), however, said that if a family member had HIV they would rather keep it confidential and not talk about it with others.

About 90 percent of the respondents said that they would readily buy food from an HIV-infected vendor. More than two-thirds (68.3 percent) also agreed unless very sick, teachers or colleagues with HIV positive should be allowed to continue with their job.

When asked about the health care needs of HIV-infected persons, 28.7 percent of the uniformed personnel maintained that they should be provided the same care and treatment deemed necessary for patients with other chronic diseases, while 54.9 percent believe that the health care needs of an HIV-infected person are much higher than for people suffering from other chronic diseases (Table 3.14).

Table 3.14: Attitude towards an HIV Positive Person		
Individual perception		
Would readily take care of HIV positive male relative in the household	**n=1183**	**%**
Yes	1121	94.8
No	54	4.6
Don't know/ No response	8	0.7
Would readily take care of HIV positive female relative in the household		
Yes	1103	93.2
No	69	5.8
Don't know/ No response	11	0.9
Would prefer not to talk about a family member being HIV positive		
Yes	744	62.9
No	426	36.0
Don't know	13	1.1
Would be ready to buy food from HIV infected shopkeeper		
Yes	1068	90.3
No	104	8.8
Don't know/ No response	11	0.9
Believe that HIV infected teacher/colleagues should be allowed to continue working unless very sick		
Yes	808	68.3
No	335	28.3
Don't know	35	3.0
No response	5	0.4
Believe that the health care needs to an HIV infected person should be the same, more or less than those someone with other chronic disease		
Same	340	28.7
More	649	54.9
Less	162	13.7
Don't know	30	2.5
No response	2	0.2

Response to HIV Positive People by HIV/AIDS Awareness Level

Further analysis was carried out to find out the attitude of those respondents, who have comprehensive knowledge of HIV transmission, i.e., BCDEF towards an HIV positive person/friend.

Among 487 respondents with different age and educational variables who know all of BCDE&F, almost all (98.6 percent) and (99.8 percent) mentioned that they would behave like a normal person, give additional love or help and provide counseling to a person (98.6 percent) and friend (99.8 percent) infected with HIV. This reflects that the attitude of the respondents is quite encouraging. Not much variation exists in the responses among the respondents with different variables like age and education (Table 3.15).

Table 3.15: Reported Ways in Which Respondents with Comprehensive Knowledge of HIV Transmission React to an HIV Positive Person/Friend			
Description	**Reaction on meeting on HIV positive**	**Reaction on Finding a Friend to be HIV positive**	**n**
Age group	**Positive Reaction**	**Positive Reaction**	
< = 19 Yrs	100.0	100.0	4
20-24	97.8	98.9	92
25-29	99.3	100.0	140
30-34	98.1	100.0	103
35-39	98.7	100.0	77
>=40 years	98.6	100.0	71
Education			
Illiterate	97.2	99.1	108
Literate/no schooling	100.0	100.0	30
Primary	99.0	100.0	193
Secondary	98.7	100.0	154
Higher Secondary	100.0	100.0	1
College	100.0	100.0	1
Total	**98.6**	**99.8**	**487**

Further analysis was carried out to find out the attitude of respondents with comprehensive knowledge of all the five major indicators of HIV transmission (as mentioned in previous section) towards HIV positive people. In this regards their responses on whether or not they would take care of an HIV positive male/female relative at home, talk about a family member being HIV positive with others, buy food from HIV positive shopkeeper, and whether or not they think that an HIV positive person should be allowed to continue the job were assessed. Positive responses have been coded as 'positive' and negative responses as 'negative' reaction as shown in Table 3.16.

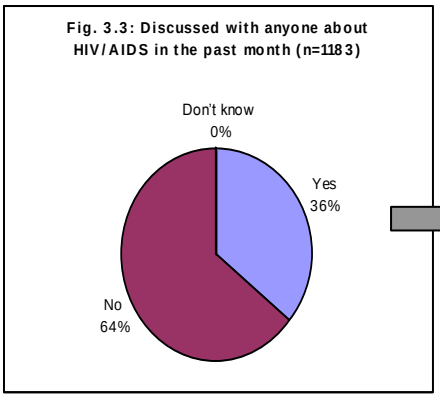
Table 3.16: Reported Responses of Respondents with Comprehensive Knowledge of HIV Transmission to an HIV Positive Person			
Background	**Attitude towards HIV positive persons**		**n**
	Positive response	**Negative response**	
Age group			
< = 19 Yrs	-	100.0	4
20-24	12.0	88.0	92
25-29	24.3	75.7	140
30-34	22.3	77.7	103
35-39	19.5	80.5	77
>=40 years	18.3	81.7	71
Education			
Illiterate	21.3	78.7	108
Literate/no schooling	16.7	83.3	30
Primary	20.7	79.3	193
Secondary	18.2	81.8	154
Higher Secondary	-	100.0	1
College	-	100.0	1
Total	**19.7**	**80.3**	**487**

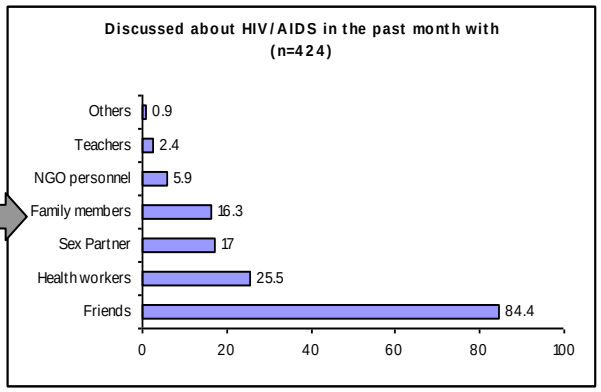
Out of the 487 respondents with different variables who know all the five core indicators, only about a fifth (19.7 percent) would treat an HIV positive person positively. A gap therefore seems to exist between knowledge and behavior of the respondents. There are however not much differences in responses among the respondents with different age and educational backgrounds (Table 3.16).

Participation in Discussion about HIV/AIDS

Sharing information among different person enhances self knowledge as people can acquire more in-depth knowledge on the subject they discuss. Thus the respondents were asked whether they have discussed HIV/AIDS in the past month. More than one-third of the respondents (35.8 percent) discussed HIV/AIDS mainly with friends (84.4 percent). Some

others have also discussed it with health worker (25.5 percent), sex partners (17 percent), family members (16.3 percent), NGO personnel (5.9 percent) and teachers (2.4 percent) (Fig. 3.3).

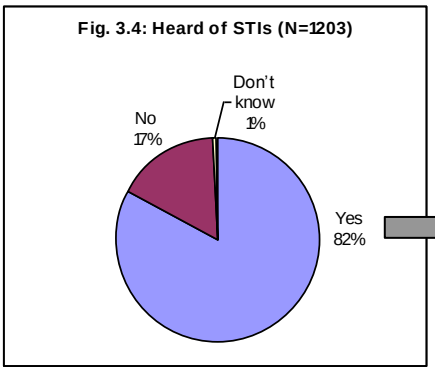


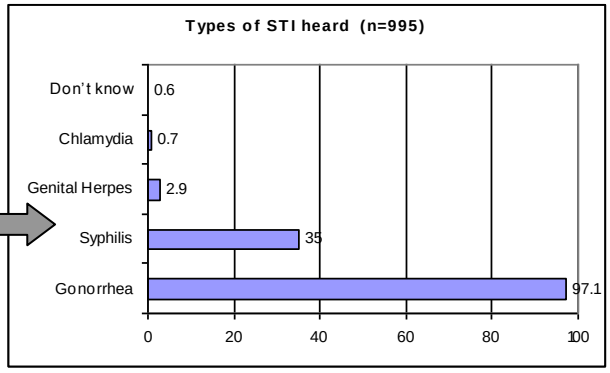


3.4 Knowledge of Sexually Transmitted Infection (STI)

This chapter explains the knowledge of the respondents regarding sexually transmitted infections (STIs). Their understanding of male as well as female STIs has been assessed in this chapter. Further, in order to find out the extent of the problem of STIs among the uniformed personnel and their treatment seeking behavior, they were asked whether they have experienced any STI symptoms during the past year and whether or not they have sought treatment for the symptom experienced.

About 82 percent of the respondents have ever heard of sexually transmitted infection. Most of these respondents have been aware of gonorrhea (97.1 percent) and syphilis (35 percent) (Fig. 3.4).





Uniformed personnel reporting to have heard about STIs have a general understanding of male and female STI symptoms. The most common symptoms cited by the respondents are genital discharge (37.7 percent in female and 58.5 percent in male); burning sensation while urinating (36.3 percent in female and 64.1 percent in male); itching (30.7 percent in female and 48 percent in male); genital ulcers/sores/blisters (21.3 percent in female and 28 percent in male) and swelling in the groin area (15.3 percent in female and 29.7 percent in male). Symptoms such as abdominal pain, blood in urine, foul smelling discharge and weight loss
are also mentioned as STI symptom by the respondents in both females and males. More than one-third (34.7 percent) of the respondents do not know the symptoms of STI among females (Table 3.17).

Table 3.17: Symptoms of STI as Understood by Uniformed Personnel				
STI symptoms reported**	**Females STIs**		**Males STIs**	
	n=995	**%**	**n=995**	**%**
Genital discharge	375	37.7	582	58.5
Burning/pain during urination	361	36.3	638	64.1
Itching	305	30.7	478	48.0
Genital ulcer/sore blisters	212	21.3	279	28.0
Swelling in groin area	152	15.3	296	29.7
Abdominal pain	110	11.1	91	9.1
Blood in urine	90	9.0	157	15.8
Foul-smelling discharge	79	7.9	105	10.6
Weight loss	56	5.6	70	7.0
Others	8	0.8	13	1.3
Don't know	345	34.7	44	4.4
** Total percent may exceed 100 because of multiple response.				

STI Symptom Experienced and Treatment Sought

After assessing their awareness regarding STI symptoms, the respondents were asked if they ever had experienced STI symptoms in the past year. While 4.6 percent of the respondents have had at least one such system, 95.1 percent did not have any.

Among those respondents who have had STI in the past year, 93.5 percent had sought medical aid to treat the symptoms. A relatively larger proportion of respondents had been to a government hospital/health post (93 percent) for treatment while 4.7 percent went to a pharmacy and 2.3 percent to a private hospital/clinic for STI treatment. Out of those respondents who went for STI treatment, 37.2 percent had also got their partners treated (Table 3.18).

Table 3.18: STI Symptoms Experienced and Treatment Sought		
Reported STI symptoms	**n=995**	**%**
Had an STI in the past year		
Yes	46	4.6
No	946	95.1
Don't know	3	0.3
Sought treatment	**n=46**	
Yes	43	93.5
No	2	4.3
No response	1	2.2
Source of treatment	**n=43**	
Government Hospital/Health Post	40	93.0
Pharmacy	2	4.7
Private hospital/clinic	1	2.3
Treatment obtained by sexual partner (partners treatment)		
Yes	16	37.2
No	15	34.9
Don't know	12	27.9

3.5 Sexual Behavior and Condom Using Practice

HIV transmission is often related with unprotected sexual behavior. HIV infected people transmit the virus to their spouses or sex partners through unsafe sexual contact. The sexual behavior of the uniformed personnel and the type of their sex partners have been reviewed in this section. It also explains their knowledge about condoms and condom using practices.

Sexual Behavior

A majority of the respondents (93.9 percent) are sexually active and had engaged in sexual intercourse before the survey. Those respondents who never had sex before were asked the reasons for not having sex. A little more than two-fifths (41.1 percent) do not consider themselves to be ready to have sex, 35.6 percent think that sex before marriage is wrong and 27.4 percent have not got a chance to have sex.

Among the respondents who had been engaged in sexual contact before, 75.7 percent had their first sexual contact before they turned 20 years. Out of those respondents who had sex before, 92 percent had been sexually active in the last year too. More than half (55.3 percent) had one female sex partner; the others (44.7 percent) had two or more sex partners during the same period (Table 3.19).

Table 3.19: Sexual Behavior

Sexual behavior	N=1203	%
Ever had sexual intercourse	1130	93.9
Never had sexual intercourse	73	6.1
Reason for not having sexual intercourse**	**n=73**	
Don't feel ready to have sex	30	41.1
Sex before marriage is wrong	26	35.6
Have not had the chance	20	27.4
Feel too young	7	9.6
Afraid of getting HIV/AIDS or STI	3	4.1
Afraid of getting pregnant	2	2.7
Not interested	2	2.7
Feel shy	2	2.7
Others	1	1.4
Age at first sexual intercourse	**n=1130**	
Below 15 years	265	23.5
16-19years age	590	52.2
20 = years	275	24.3
Median Age	**17 Years**	
Sexual intercourse in the past 12 months		
Yes	1040	92.0
No	90	8.0
Numbers of different sexual partners in the past 12 months		
1 partner	575	55.3
2 or more partners	465	44.7

** Total percent may exceed 100 because of multiple response.

Types of Sex Partners

The sex partners of the study population have been categorized as regular partners, non-regular partners and female sex workers. A 'regular sex partner' is defined as spouse or any sexual partner living together with the respondent. Among those respondents who have maintained sexual contact, 85.4 percent had sex with a regular sex partner during the past year.

The respondents with sexual experience were also asked whether they had sex with non-regular sex partners in the past year. 'Non-regular sex partners' are defined as those with whom the participants are not married or living together. However, non-regular female sex partners are also defined as being distinct and separate from sex workers. The finding shows that 43.8 percent of the respondents had sex with non-regular sex partners in the past year.

Some of the respondents also had sex with sex workers during the past year. 'Sex workers' are defined as those who sell sex in exchange for cash or kind. Around 7 percent of those respondents who had sexual relations had sex with a sex worker in the past year.

In different countries, sex between males is in practice. In this context, the respondents were asked if they ever had a male sexual friend. About 6.2 percent mentioned that they ever had

sex with a male partner. However, none of them had been involved in anal sex with male partners in the past 12 months.

Eighty percent of the respondents cited that their last sexual partner was a regular sex partner while 18.3 percent had the last sex with an occasional female friend. The last sex partner was a sex worker for 1 percent of the respondents and a few (0.3 percent) had male friends as their last sex partners.

Questions relating to their sexual involvement during the training period was also asked of those respondents who have attended training abroad. About 32 percent of the respondents who had been to other countries for training were involved in sexual acts there (Table 3.20).

Knowledge About and Use of Condoms

Condom promotion has been one of the important components of HIV/AIDS awareness campaigns. All the uniformed personnel in this survey had heard of condoms before. Of the total respondents, 84.6 percent think that condoms are safe to use as a contraceptive method to prevent pregnancy while 81.5 percent respondents think that condoms prevent HIV/AIDS and 56.1 percent mentioned that condoms are safe to prevent sexually transmitted infections. A few (0.4 percent) respondents do not know about the use of condoms.

Although 87.3 percent of the respondents think that condoms are safe, 11 percent of them consider them unsafe. Condoms are regarded unsafe by these respondents because they break easily (95.5 percent) and because they do not protect against any diseases (3 percent) (Table 3.21).

Table 3.20: Types of Sex Partners

Sexual Practice		
Had sex with a regular partner during the past 12 months	**n=1040**	**%**
Yes	888	85.4
No	134	12.9
Unmarried or no live in partner	18	1.7
Had sex with non-regular sex partner during the past 12 months		
Yes	455	43.8
No	585	56.3
Had sex with sex worker during the past 12 months		
Yes	76	7.3
No	964	92.7
Had anal sex with male sex partner in the past 12 months**	**n=1083**	
Yes	67	6.2
No	1014	93.6
No response	2	0.2
Last sex partner	**n=1130**	
Regular partner	905	80.1
Other female friend	207	18.3
FSW/MSW	11	1.0
Male friend	3	0.3
Don't know/ No response	4	0.4
Had sexual intercourse during training abroad	**n=234**	
Yes	**74**	**31.6**
No	**156**	**66.7**
No response	**4**	**1.7**

** Asked only to male respondents.

Table 3.21: Knowledge about Condoms

Condoms are used to**	**N=1203**	**%**
Prevent pregnancy/Used as a contraception	1018	84.6
Prevent HIV/AIDS	981	81.5
Prevent STI	675	56.1
Don't know	5	0.4
Think condoms are safe		
Yes	1050	87.3
No	132	11.0
Don't know	20	1.7
No response	1	0.1
Reasons why condoms are considered unsafe:	**n=132**	
Break easily	126	95.5
Do not protect against diseases	4	3.0
Others	1	0.8
No response	1	0.8

** Total percent may exceed 100 because of multiple response.

Knowledge about Condom Available Places

The respondents were also asked if they know about the places from where they could obtain condoms. Almost all of the respondents (99.8 percent) know at least one place from where they could obtain condoms; 96.3 percent said that they could get condoms from a hospital. Other sources of condoms as mentioned by the respondents are shop (45.6 percent), pharmacy (29 percent), health worker (25.2 percent), bar/ guesthouse/hotel (23 percent) and friends (15.2 percent). Other reported places from where the respondents could obtain condoms are clinic, family planning center, office/work place and peer educator/out reach worker. However, more than two-thirds (70.1 percent) of the respondents have received condoms free of cost in the past year (Table 3.22).

Table 3.22: Known Places for Obtaining Condoms

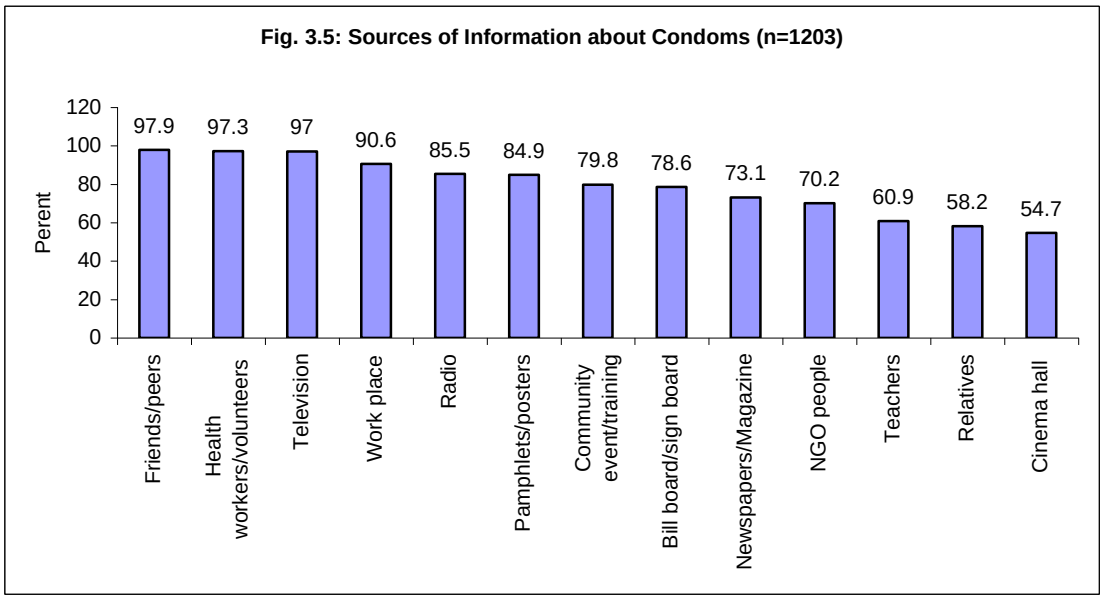
Sources of condom to obtain it		
Know a place or person where condom can be obtained	**N=1203**	**%**
Yes	1200	99.8
No	3	0.3
Place/person from where condom can be obtained**	**n=1200**	
Hospital	1155	96.3
Shop	547	45.6
Pharmacy	348	29.0
Health worker	302	25.2
Bar/Guest house/Hotel	276	23.0
Friend	182	15.2
Clinic	68	5.7
Family planning center	44	3.7
Office workplace	35	2.9
Peer Educator/Outreach doctor	17	1.4
Others (BHV, public place)	23	1.9
Received condoms free of cost in the past 12 months	**N=1203**	
Yes	843	70.1
No	352	29.3
No response	8	0.7

** Total percent may exceed 100 because of multiple response.

Sources of Information about Condoms

The respondents have heard about condoms from different sources. The most common sources of information for more than 90 percent of the respondents are friends/peers (97.9 percent), health worker/volunteer (97.3 percent), television (97 percent) and work place (90.6 percent). A considerable proportion of the respondents have been able to get information about condoms from radio (85.5 percent), pamphlet/poster (84.9 percent), community events/training (79.8 percent), billboard/ signboard (78.6 percent), newspaper/magazine (73.1 percent), NGO people (70.2 percent), teacher (60.9 percent), relative (58.2 percent) and cinema hall (54.7 percent) (Fig. 3.5).

Fig. 3.5: Sources of Information about Condoms (n=1203)



Use of Condoms with Different Sex Partners

Unprotected sex may lead to HIV and STI infection from one sex partner to another. In this regard, the respondents were asked about condom using practice with different sex partners and reasons for not using condoms if any. The information is expected to help program designers to address the target population with proper messages.

Condom Use with Regular Partner

Among the respondents who had sex with a regular partner in the last 12 months, 37.3 percent used a condom in the last sex with regular partner. Respondents who did not use a condom in the last sex mentioned they did not use condoms because they used other contraceptives (47.8 percent), did not think it was necessary (23.9 percent), wish for a child (12.2 percent), did not think of it (5 percent), do not like them (4.7 percent) and partners objected (2.7 percent). Some of the other reasons mentioned by the respondents were they trust their sex partners, they are sterilized and that condoms were not available at that time.

Table 3.23: Use of Condoms with Regular Partner

Use of condom		
Used condom with regular partner during last sexual intercourse	**n=888**	**%**
Yes	331	37.3
No	557	62.7
Reasons for not using condom with regular partners during last sexual intercourse	**n=557**	
Used other contraceptive	266	47.8
Didn't think it was necessary	133	23.9
Wish for a child	68	12.2
Didn't think of it	28	5.0
Don't like them	24	4.3
Partner objected	15	2.7
Trust sex partner	9	1.6
Others	10	1.8
Don't know/ No response	4	0.7
Reasons for using condom with regular partner during last sexual intercourse**	**n=331**	
Pregnancy prevention	303	91.5
STI prevention	80	24.2
HIV/AIDS prevention	76	23.0
Other	1	0.3
Don't know	2	0.6
Used condom with regular sex partner in the past 12 months	**n=888**	
Every time	99	11.1
Almost every-times	141	15.9
Sometimes	289	32.5
Never used	349	39.3
Don't know	3	0.3
No response	7	0.8

** Total percent may exceed 100 because of multiple response.

Most of the respondents (91.5 percent) who used condoms in the last sex with their regular partners had done so to avoid pregnancy. However, about a quarter of the respondents said that they used a condom to prevent STI (24.2 percent) and HIV/AIDS (23 percent). Moreover, consistent use of condoms in the past 12 months is low (11.1 percent) as 39.3 percent had never used condoms in the past 12 months (Table 3.23).

Condom Use with Sex Worker

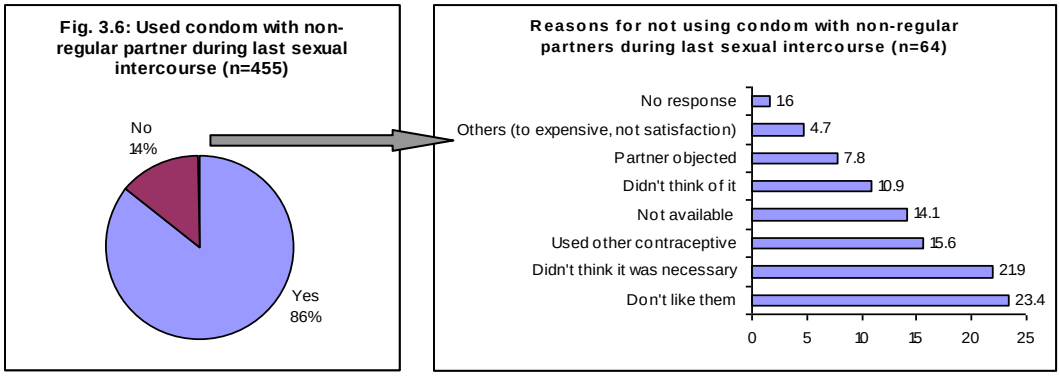
About 15 percent of the respondents who had sex with sex workers in the last 12 months did not use a condom in the last sex. However, 85.5 percent of the respondents used condoms in the last sex with sex workers. Respondents who did not use a condom in the last sex mentioned reasons like they do not like them (36.4 percent), did not think it was necessary (27.3 percent), partners objected (18.2 percent), used other contraceptives and did not think of it (9.1 percent each). Moreover, about two-thirds (64.5 percent) of the respondents have consistently used condoms in the past 12 month with sex workers while 3.9 percent had never used condoms during such sexual encounters in the past 12 months (Table 3.24).

Table 3.24: Use of Condoms with Sex Worker		
Use of condom		
Used condom with sex worker during last sexual intercourse	**n=76**	**%**
Yes	65	85.5
No	11	14.5
Reasons for not using condom with sex worker during last sexual intercourse	**n=11**	
Don't like them	4	36.4
Didn't think it was necessary	3	27.3
Partner objected	2	18.2
Used other contraceptive	1	9.1
Didn't think of it	1	9.1
Use of condom with sex worker in the past 12 months	**n=76**	
Every times	49	64.5
Almost every-times	11	14.5
Sometimes	12	15.8
Never used	3	3.9
No response	1	1.3

Condom Use with Non-regular Partner

Among the respondents who had sex with non-regular partner in the last 12 months, 85.9 percent used a condom in the last sex with non-regular partners. Respondents who did not use a condom in the last sex mentioned reasons like they do not like them (23.4 percent), did not think it was necessary (23.9 percent), used other contraceptives (15.6 percent), condoms were not available (14.1 percent), they did not think of it (10.9 percent) and partners objected to its use (7.8 percent). Some of the other reasons described by the respondents are condoms are too expensive and do not give satisfaction (Fig. 3.6). A little more than half (52.5 percent) of the respondents have consistently used condoms in the past 12 months with non-regular sex partners while 4.2 percent have never used condoms with them in the past 12 months (Table 3.25).

Table 3.25: Use of Condoms with Non-regular Partner		
Use of condom		
Used condom with non-regular sex partner in the past 12 months	**n=455**	**%**
Every times	239	52.5
Almost every-times	91	20.0
Sometimes	99	21.8
Never used	19	4.2
Don't know/ No response	7	1.5



Condom Use during Abroad Training

The respondents who have attended training session/s abroad were also involved in sexual relations at the places when they sent for training. About one in 10 (9.5 percent) respondents, however, had not used a condom when they had sex during the training period abroad (Table 3.26).

Table 3.26: Condom Use by Respondents during the Sex Act When Attending Training Abroad

Use of condom		
Use of condom with sexual partner during training abroad	**n=74**	**%**
Yes	67	90.5
No	7	9.5

Condom Use in Last Sexual Contact

Overall, the condom using practice followed by the respondents in the last 12 months reflects that more than half of the respondents (54.4 percent) had not last used a condom in the last sexual relations within past one year. A similar proportion of them (54.5 percent) had not used a condom during the last sexual contact that took place anytime before the survey. Likewise, 41.5 percent of those respondents who have had two or more sex partners in the past 12 months also had not used a condom in the last sexual contact (Table 3.27).

Table 3.27: Use of Condoms with Different Sexual Partners

Use of condom	N	%
Used condom with sexual partner during last sexual intercourse within the last year	**n=1040**	**%**
Yes	474	45.6
No	566	54.4
Used condom with sexual partner during last sexual act (till survey date)	**n=1130**	
Yes	512	45.3
No	616	54.5
No response	2	0.2
Used condom in the last sex (by the respondents who have had 2 or more sex partners in the past 12 months)	**n=465**	
Yes	272	58.5
No	193	41.5

Condom Use by Selected Background Characteristics

Condom Use in Last Sex

Use of a condom in the last sex has been observed by different background variables of the respondents as presented in the following Table. A higher proportion of uniformed personnel (90.5 percent) have used a condom in the last sex while they were attending training. At the same time, about 86 percent of the respondents have used a condom in the last sex with non-regular partners and with sex workers (85.5 percent) (Table 3.28).

Consistent Condom Use

Similarly, consistent use of a condom in the past 12 months has also been analyzed by different background variables of the respondents. Consistent use of a condom in the past 12 months is high among sex workers (64.5 percent) compared to non-regular partners (52.5 percent) and regular partners (11.1 percent) (Table 3.29).

Table 3.28: Use of Condom in the Last Sex with Different Partners by Background Characteristics of Respondents

Characteristics	Condom used in the last sex with regular partner		Condom used in the last sex with sex worker		Condom used in the last sex with non-regular partner		Condom used during sexual contacts while in the training	
	n	%	n	%	n	%	n	%
Age group								
< = 19 Yrs	4	100.0	0	0.0	6	66.7	0	0.0
20-24	99	45.5	27	96.3	116	86.2	15	100.0
25-29	225	36.4	22	81.8	146	84.2	23	95.7
30-34	202	39.6	12	75.0	82	90.2	13	84.6
35-39	184	31.5	8	62.5	58	82.8	12	91.7
40 +	174	35.6	7	100.0	47	89.4	11	72.7
Education								
Illiterate	259	28.2	9	77.8	100	86.0	14	92.9
Literate/No schooling only	88	34.1	2	0.0	24	83.3	7	71.4
Primary	336	38.7	30	83.3	152	88.2	28	92.9
Secondary	202	48.0	34	94.1	178	84.3	25	92.0
Higher secondary	1	0.0	1	100.0	1	100.0	0	0.0
College	1	0.0	0	0.0	0	0.0	0	0.0
Total	**888**	**37.3**	**76**	**85.5**	**455**	**85.9**	**74**	**90.5**

Table 3.29: Consistent Use of Condom by the Respondents in the Past 12 Months with Different Partners by background Characteristics

Characteristics	Used condom consistently with regular partner in the past year		Used condom consistently with sex worker		Used condom consistently with non-regular sex partner	
	n	%	n	%	n	%
Age group						
< = 19 Yrs	4	25.0	0	0.0	6	16.7
20-24	99	15.2	27	70.4	116	43.1
25-29	225	8.4	22	63.6	146	54.8
30-34	202	16.8	12	66.7	82	58.5
35-39	184	7.1	8	25.0	58	60.3
40 +	174	9.8	7	85.7	47	53.2
Education						
Illiterate	259	6.2	9	33.3	100	53.0
Literate/No schooling only	88	10.2	2	0.0	24	66.7
Primary	336	12.8	30	60.0	152	53.9
Secondary	202	15.3	34	82.4	178	49.4
Higher secondary	1	0.0	1	0.0	1	0.0
College	1	0.0	0	0.0	0	0.0
Total	**888**	**11.1**	**76**	**64.5**	**455**	**52.5**

Condom Use by the Respondents with Comprehensive Knowledge about HIV Transmission

Further analysis of consistent use of a condom by respondents who know the five core indicators of HIV transmission have been shown in the following table. As seen in the following table, among the respondents belonging to different age and educational backgrounds who know all the five core indicators of HIV transmission, a higher percentage (65.1 percent) used a condom consistently with sex workers in the past 12 months and 58.5 percent with non-regular partners while 11.2 percent used condoms consistently with regular partners (Table 3.30).

Table 3.30: Consistent Use of Condom with Different Partners by Respondents with Comprehensive Knowledge of HIV Transmission

Description	Used condom consistently with regular partner		Used condom consistently with non-regular partner		Used condom consistently with sex worker	
	n	%	n	%	n	%
Age group						
< = 19 Yrs	-	-	2	0.0	-	-
20-24	40	17.5	52	50.0	10	80.0
25-29	**81**	9.9	**85**	**61.2**	**16**	**68.8**
30-34	**87**	**18.4**	**47**	**61.7**	**8**	**62.5**
35-39	**72**	**4.2**	**25**	**68.0**	**5**	**20.0**
>=40 years	**59**	**6.8**	**25**	**56.0**	**4**	**75.0**
Education						
Illiterate	91	7.7	45	55.6	6	33.3
Literate/no schooling	25	8.0	11	63.6	-	
Primary	148	10.8	88	59.1	18	50.0
Secondary	75	17..3	92	58.7	19	89.5
Higher Secondary	-	-	-	-	-	-
College	-	-	-	-	-	-
Total	**339**	**11.2**	**236**	**58.5**	**43**	**65.1**

Perception on Who Should Take Decision Regarding Condom Use

The respondents were asked to give their opinion on who among the sex partners should decide about whether or not to use a condom. It is interesting to note that 44.1 percent of the respondents believe that the partners should jointly decide about the use of a condom, almost the same percentage of the respondents (42.5 percent) believe that the decision should be made by the male partner and 7.6 percent think that the decision should be taken by the female partner (Table 3.31).

Table 3.31: Perception on Who Should Make Decision Regarding Condom Use

Decision on use of condom		
Perception on who should make decision of condom use during sexual intercourse	**n=1130**	**%**
Both partners jointly	498	44.1
Male partner	480	42.5
Female partner	86	7.6
Don't know	63	5.6
No response	3	0.3

3.6 Drug Using Practices

Drug injecting behavior is closely related to HIV infection. The needle/syringe- and drug-sharing behavior thus need to be carefully explored to design and implement preventive strategies for the target population.

Table 3.32: Drug Injecting Practice of the Respondents

	N=1203	%
Ever used drugs		
Yes	118	9.8
No	1085	90.2
Ever injected drugs	**n=118**	
Yes	3	2.5
No	115	97.5
Injecting drugs since	**n=3**	
Last 5 years	1	33.3
Last 11 years	1	33.3
No response	1	33.3
Injected drugs any time in the past month		
Yes	1	33.3
No	2	66.7

Use of Drugs

Information was sought from the respondents about their drug using habit. About one in 10 (9.8

percent) respondents have ever used drugs. Among them, three (2.5 percent) of the respondents have ever injected illicit drugs. Out of these three respondents, one each had been injecting since the last five and 11 years while one did not respond to the question. Again, only one respondent injected in the past month.

3.7 Summary of Findings

- The respondents' median age is 30 years and 76.1 percent of them are married. More than three-quarters of the uniformed personnel were married before the age of 25 years. About a quarter are living in the barracks and are illiterate respectively.

- Television is the most popular mass media among uniformed personnel (97 percent) as the main source of information about HIV/AIDS.

- A majority of the respondents (98.3 percent) have heard about HIV/AIDS. However, only 57.4 percent of them know that HIV is different from AIDS. Nearly 36 percent of the uniformed personnel talk about HIV/AIDS more often with their friends.

- Only about 8 percent know somebody infected with HIV/AIDS, but 47.8 percent of the uniformed personnel think that it is a serious problem in the community. Similarly, 18.3 percent of the uniformed personnel think that they are at high or moderate risk, because of reasons like they do not use a condom in each sex act, have many sex partners, had sex with sex workers and share blades with friends or they go to a saloon for trimming their hair.

- Only 41.2 percent of the uniformed personnel have comprehensive knowledge about HIV transmission as they correctly identified the five major indicators of HIV transmission. Uniformed personnel are more conscious of the two ways of preventing sexual transmission of HIV; by using a condom every time they have sex and having sexual intercourse with only one faithful uninfected sexual partner. About three-quarters think that even a healthy looking persons can be HIV positive. More uniformed personnel (90.8 percent) reject major misconceptions about HIV transmission; that a person cannot get infected by sharing a meal and about two-thirds of them reject that a person can be infected from a mosquito bite.

- Of the total uniformed personnel who know about HIV, 21.9 percent had been tested for HIV in the past 12 months, however, 83 percent of them know where to go for an HIV test. Surprisingly, about two-fifths (38.6 percent) of the uniformed personnel who ever tested HIV did not receive the test result. A majority (87.9 percent) of the uniformed personnel want to be take confidential HIV testing.

- About three-quarters (73.2 percent) of the uniformed personnel think that HIV is a serious or somewhat of a problem in the community, though only 18.3 percent said that they are at high or moderate risk of contracting HIV.

- Some of the uniformed personnel think that persons living with HIV/AIDS could protect themselves and others by eating healthy food, using medicines, using a condom in each sex act, abstaining from sex, keeping a positive attitude and visiting a doctor.

- A considerable proportion of the study population would like to behave like a normal person, give additional love or help and counseling to the person or friend living with HIV positive. More than 93 percent of the uniformed personnel are ready to take care of a female or male relative, if found positive, however, 62.9 percent prefer to keep secret about a family member being positive. About 90 percent the uniformed personnel are willing to buy food from an HIV infected shopkeeper and a little more than two-thirds believe that HIV infected teachers or colleagues should be allowed to continue working unless they become very sick.

- The percentage of those uniformed personnel who heard of other sexually transmitted infection is 82.7 percent which is low compared to the knowledge of HIV/AIDS (98.3 percent). Gonorrhea (97.1 percent) and syphilis (35 percent) are the STI the uniformed personnel have heard of. About 31 to 38 percent of the respondents recognized genital discharge, burning or pain during urination and itching as common symptoms among females, while about 48 to 64 percent recognize these symptoms among the males. Around five percent of the respondents have experienced STI in the past year and of 43 respondents who sought treatment, 93 percent have been treated in government health facilities, but more than half of them have not got their partners treated.

- About 94 percent of the respondents reported ever having sexual intercourse. Three-quarters of the respondents had sexual intercourse before they reached 20 years of age and 92 percent were sexually active in the past 12 months. About four in 10 had two or more sexual partners and of them 41.5 percent did not use a condom in the last sex. Sexual intercourse with sex workers is low (7.3 percent), but with non-regular sex partners it is proportionately high (43.8 percent). However, about 14 percent each of the respondents had not used a condom in the last sex with sex workers as well as with non-regular partners. Similarly, only 64.5 percent and 52.5 percent of the respondents used a condom consistently with sex workers and non-regular partners respectively.

- Friends or peers, health workers, television and work place are the sources of information about condoms for more than 90 percent of the respondents. Most of the respondents (96.3 percent) know hospitals as a condom obtaining source and about 70 percent of them have received condoms free of cost from different sources.

- It is interesting that 44.1 percent of the respondents think that partners should decide jointly about using condoms and another 42.5 percent think the decision should be of the male partner. Less priority (7.6 percent) has been give for the female decision to use condoms.

- As of the study period, injecting drugs does not seem to be a big problem among the study population as only three respondents had ever injected drugs and only one had injected drugs in the last month prior to the survey.

Chapter 4.0: IN SCHOOL YOUTH

4.1 Socio-demographic Characteristics of In-school Youth

This chapter discusses the demographic and social characteristics of 1201 in-school youths currently studying in grade 7 or higher grades recruited from different schools and colleges/institutions located in selected clusters of different Dzonkhags of Bhutan.

Socio-Demographic Characteristics

Of the total recruited, 69 percent are 19 years or below (male 65.9 percent and female 72.2 percent) and 31 percent are between the age of 20 to 24 years. The median age of the respondents is 18 years.

About 97 percent of the respondents have been currently staying in urban areas. Most of the in-school youths (99 percent) are single while 1 percent is married; most of the married respondents are females. Among the married respondents, the median age at the time of marriage was 20.5 years.

Table 4.1: Demographic Characteristics

Demographic Characteristics	Male N=601	Female N=600	Total N=1201
Age			
<=19	65.9	72.2*	69.0
20-24	34.1*	27.8	31.0
Median age	**18 Years**	**18 Years**	**18 Years**
Respondents enrolled from			
Urban	96.7	96.7	96.7
Rural	3.3	3.3	3.3
Marital status			
Single	99.2	98.8	99.0
Married	0.8	1.2	1.0
Age at first marriage	**n=5**	**n=7**	**n=12**
< =19 years	20.0	0.0	8.3
20-24 years	80.0	100.0	91.7
Median age	**22 years**	**20 years**	**20.5 years**
Usually living with	**N=601**	**N=600**	**N=1201**
Parents	90.5	94.2*	92.3
With relative	6.5	4.8	5.7
With friends	2.0	0.8	1.4
Other	0.8	0.0	0.4
No response	0.2	0.2	0.2
Currently living			
In hostel	55.9	55.0	55.5
In parental house	29.6	32.0	30.8
With relative	9.5	10.3	9.9
With friends in rented house	3.8*	1.0	2.4
Others	1.0	1.7	1.3
No response	0.2	0.0	0.1
Duration of stay			
Less than 1 year	10.3	14.5*	12.4
1 – 5 years	65.4*	56.3	60.9
6 and above years	6.7	9.3	8
Since birth	17.3	19.2	18.2
Don't know	0.2	0.0	0.1
No response	0.2	0.7	0.4

* The difference is statistically significant at 0.05 level.

Living Status

More than 90 percent (92.3 percent) of the respondents usually live with their parents while about 6 percent live with their relatives. Some others usually live with friends (1.4 percent); less than 1 percent live alone or with spouse. However, more than half (55.5 percent) of the respondents both male and female are currently living in hostels and 30.8 percent with parents. About 10 percent are currently living with relatives and 2 percent in rented houses with friend. Among others, less than 1 percent of the respondents each are living with friends or independently. About 60 percent of the respondents have been living in this way for one to five years and 18.2 percent since birth (Table 4.1).

Education, Ethnic/Caste, Religious Backgrounds

Overall 70.8 percent of both male and female respondents have been sampled from the secondary/higher secondary level and 29.2 percent from the college/institution level.

In-school youths from various castes/ethnicities have been represented in this study. About one-third (32.2 percent) belong to the Scharchop ethnic community while 28.3 percent are from the Ngalop ethnic group, followed by 20.9 percent from Lhotsampa, 9.1 percent from Khengpa, 5 percent from Kurtep and 3.3 percent from Bumthap.

A majority of the respondents (84.9 percent) follow Buddhism and 13.1 percent are Hindus. The respondents were also asked about their mobility within the past 12 months. About a fourth (24.5 percent) of the respondents have stayed away from home or hostel for more than one month in the past 12 months. A significantly higher proportion of male respondents than females have stayed away from home in the past 12 months (Table 4.2).

Table 4.2: Percent Distribution of the Respondents by There Social Characteristics

Social Characteristics	Male N=601	Female N=600	Total N=1201
Education Level			
Secondary/Higher secondary	70.5	71.0	70.8
College/Institution	29.5	21.0	29.2
Ethnicity			
Scharchop (Tsangla)	30.9	33.5	32.2
Ngalop	27.6	29.0	28.3
Lhotsampa	22.8	19.0	20.9
Khengpa	8.5	9.7	9.1
Kurtep	5.5	4.5	5.0
Bumthap	2.8	3.8	3.3
Others	1.8	0.5	1.2
Religion			
Buddhism	82.0	87.8*	84.9
Hinduism	15.3*	10.8	13.1
Christian	2.7	1.2	1.9
Others	0.0	0.2	0.1
Away from home/hostel for more than one months in the last 12 months			
Yes	27.5*	21.5	24.5
No	72.2	78.3*	75.3
Don't know	0.2	0.0	0.1
No response	0.2	0.2	0.2

* The difference is statistically significant at 0.05 levels.

Exposure to Mass Media

Mass media could be one of the important mediums to reach the widely spread target population with awareness programs. In this context, the study collected information regarding the respondents' exposure to mass media.

Overall, television (85.2 percent) and newspapers (82.3 percent) are found to be the most popular media sources compared to radio (63.4 percent) among the in-school youths. The respondents' access these media daily or almost daily or at least once in a week. However, 97.4 percent of the respondents access at least one media daily or almost daily or at least once a week. Compared to the male respondents, more female respondents access radio while not much variation is noticed between them with regard to television and newspaper exposure patterns. Moreover, the respondents in rural locations more often watch television compared to urban locations. Exposure of all three media is higher among college/institution youths compared to secondary/higher secondary youths (Table 4.3).

The chance of exposure to different media sources at least once a week is higher among the 20 to 24 age groups of youths. It could be assumed from the finding that television and newspapers could be an appropriate source to reach in-school youths irrespective of their background characteristics (Table 4.3).

Table 4.3: In-school Youth who are Exposed to three specific Mass Media at Least Once a Week by Background Characteristics

Characteristics	Watches television daily/almost daily or at least once a week	Reads newspaper daily/almost daily or at least once a week	Listen to radio daily/almost daily or at least once a week	At least one media daily/almost daily or at least once a week	All three media daily/almost daily or at least once a week	N
Age group						
<=19 years	83.8	79.7	60.6	97.1	46.1	829
20-24	88.2	88.2	69.6	98.1	61.0	372
Sex						
Male	85.2	82.4	58.1	97.3	45.6	601
Female	85.2	82.3	68.7	97.5	55.8	600
Location						
Urban	85.0	82.7	63.9	97.4	51.2	1161
Rural	90.0	72.5	47.5	97.5	37.5	40
Education Level						
Secondary/Higher secondary	83.9	78.9	59.3	97.1	44.8	850
College/Institution	88.3	90.6	73.2	98.3	65.0	351
Total	**85.2**	**82.3**	**63.4**	**97.4**	**50.7**	**1201**

4.2 Knowledge about HIV/AIDS and Attitude

This section assesses the respondents' knowledge of HIV/AIDS. It explains their understanding of different modes of HIV transmission. This chapter especially analyzes comprehensive knowledge about HIV transmission among youths and also explains their perception and attitude towards HIV/AIDS.

HIV/AIDS Awareness

HIV/AIDS is well known among the young generation as almost all the respondents (all male and 99.7 percent female) have heard of it. Among the respondents who ever heard about HIV/AIDS, 8.2 percent know people living with HIV/AIDS or had died from the disease; a significantly high proportion of female respondents are aware of such incidence compared to male respondents. When asked about the kind of relationship they shared with those people, 78.6 percent said they did not share any relation with the people, 11.2 percent said they are relatives and 5.1 percent said they were/are friends.

The respondents were also asked about the symptoms in the persons infected with HIV/AIDS. More than half (53.9 percent) of the respondents think that the person becomes weaker while 50.9 percent think they lose weight. Likewise, 39.4 percent think the person infected with HIV/AIDS gets fever, 34.2 percent said the infected person suffers from diarrhea, 25.2 percent think they suffer from prolonged sickness and 16.1 percent think the infected person becomes pale. However, 6.6 percent have no idea about the symptoms in persons infected with HIV/AID. The proportion of males is high among those respondents who have no idea about HIV/AIDS compared to females (Table 4.4).

Table 4.4: Knowledge of HIV/AIDS			
	Male N=601	**Female N=600**	**Total N=1201**
Ever heard of HIV/AIDS			
Yes	100.0	99.7	99.8
No	0.0	0.3	0.2
Know anyone living with HIV/AIDS or died due to AIDS			
Yes	6.3	10.0*	8.2
No	93.7*	90.0	91.8
Nature of relationship with the deceased	**n=38**	**n=60**	**n=98**
Friend	7.9	3.3	5.1
Relative	2.6	16.7*	11.2
Relative and friend	5.3	1.7	3.1
None	81.6	76.7	78.6
No Response	2.6	1.7	2.0
Effect of the HIV/AIDS as perceived**	**N=601**	**N=598**	**N=1199**
Get weaker	53.7	54.0	53.9
Loose weight	46.6	55.2*	50.9
Get fever	36.1	42.6*	39.4
Suffer from diarrhea	28.1	40.3*	34.2
Suffer from prolonged sickness	27.1	23.2	25.2
Look pale	11.1	21.1*	16.1
Will die/die soon	5.5*	0.5	3.0
Cold/cough	1.0	1.5	1.3
Immune system will decrease	1.2*	0.0	0.6
Others	3.2	4.2	3.7
Don't Know	9.3*	3.8	6.6

* The difference is statistically significant at 0.05 level;
** Total percent may exceed 100 because of multiple response.

Comprehensive Knowledge of HIV Transmission

HIV/AIDS prevention programs focus their messages and efforts on some important aspects of behavior: Abstinence from sexual contact (A), being faithful to one partner (B), and consistent condom use (C). Besides, comprehensive knowledge indicators also include awareness of some major misconceptions regarding HIV/AIDS which are: a healthy looking person may be infected with HIV (D) sharing a meal with an HIV infected person does not transmit HIV (F) and a person cannot get HIV virus from mosquito bites (E). The survey collected the respondents' knowledge on these indicators with the help of certain probing questions and the proportion of respondents who correctly answered the questions and identified the misconceptions have been presented in Table 4.5.

Almost nine of every 10 respondents irrespective of their different age, gender, educational background characteristics are aware that using a condom every time during sex, sharing a meal with an HIV infected person does not transmit HIV. A considerable proportion of them (70-80) know that that being faithful to one sexual partner prevents people from HIV, that a healthy looking person could be infected with HIV, and that a person could not get HIV virus from a mosquito bite. However, knowledge of all of the five major indicators of HIV awareness is not as high as 44.8 percent of the respondents are aware of all the five major indicators. Age group wise respondents belonging to 20 to 24 years are more aware of the composite HIV prevention indicators than the age group of below 20 years. At the same time, more female respondents than males and more of the youths at the college/institution level

than secondary/higher secondary level youths are aware of all of these indicators. Likewise, the respondents who reads newspaper at least once a week are more aware of the five indicators compared to the respondents exposed to other two media radio and newspapers; however, the difference is 1 percent only (Table 4.5).

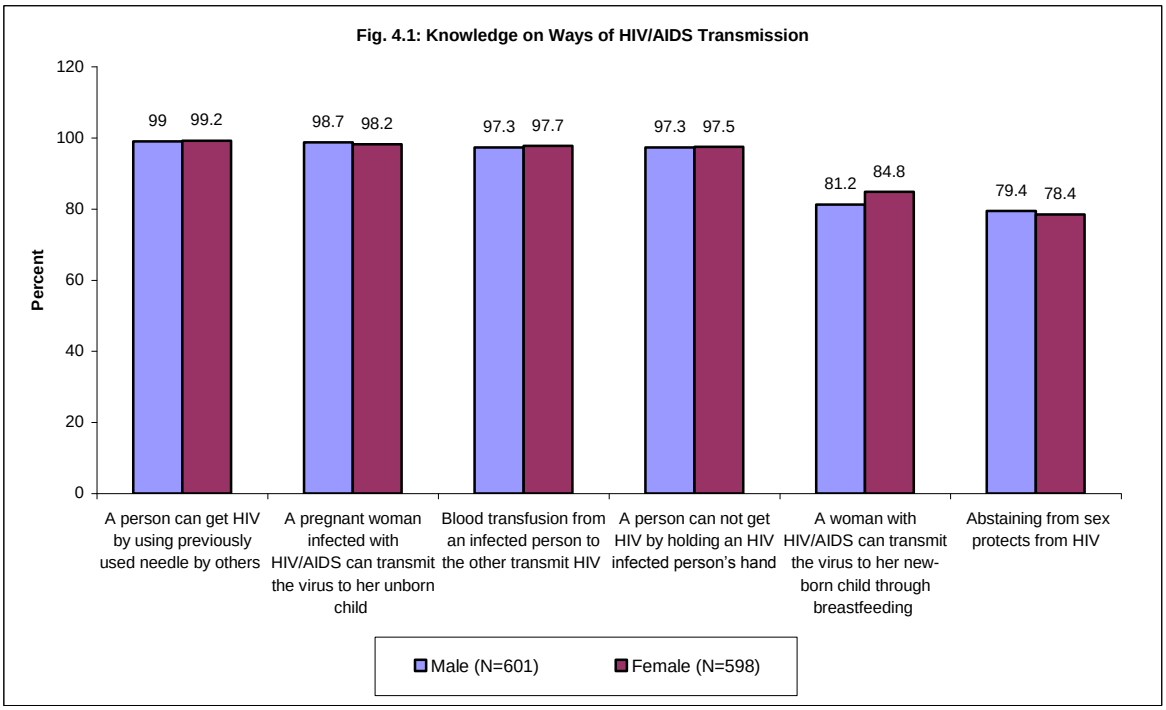
Table 4.5: Knowledge on Ways of HIV/AIDS Transmission by Background Characteristic of Respondents

Characteristics	Condom use during each sexual contact prevent HIV (c)	Sharing a meal with HIV infected person do not transmit HIV (F)	A person cannot get HIV from mosquito bite (E)	Being faithful to one partner prevent from HIV (B)	A healthy looking person can be infected with HIV (D)	Know all five indicator	N
Age group							
< = 19 Yrs	97.9	93.4	78.7	75.8	73.7	42.0	828
20-24	98.1	95.1	84.1	81.7	73.3	50.9	371
Sex							
Male	98.7	94.3	77.0	72.7	72.4	40.4	601
Female	97.3	93.5	83.8	82.6	74.7	49.2	598
Education Level							
Secondary/Higher Secondary	97.9	93.3	78.2	74.9	72.6	39.5	850
College/Institution	98.3	95.4	85.7	84.2	75.9	57.6	349
Total	**98.0**	**93.9**	**80.5**	**77.7**	**73.6**	**44.8**	**1199**
Media exposure							
Read news paper almost daily or at least once a week	98.8	95.1	82.3	80.0	72.6	48.3	**989**
Listen radio almost daily or at leas once in a week	98.3	94.9	84.1	80.1	70.4	47.4	**761**
Watch television almost daily or at least once a week	97.8	94.1	82.4	77.4	74.1	46.4	**1023**

Understanding of HIV/AIDS and its different modes of transmission among in-school youths were further tested with the help of certain probing questions. Almost all (99.1 percent) of the respondents agree that a person can get HIV by using a previously used needle/syringe; that a pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child (98.4 percent); that HIV can be transmitted through the transfusion of blood from an infected person to another (97.5 percent); that a person cannot get HIV just by holding an HIV infected person's hand (97.4 percent); that a women with HIV/AIDS can transmit the virus to her new born baby through breast feeding (83 percent); and that a person cannot get HIV by abstaining from sex (78.9 percent) (Table 4.6). Understanding among male and female respondents on the mode of transmission of HIV/AIDS does not differ much (Fig. 4.1).

Table 4.6: Awareness of Ways of HIV/AIDS Transmission

Statements Related to HIV/AIDS	Total N=1199
A person can get HIV by using previously used needle by others	99.1
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	98.4
Blood transfusion from an infected person to the other transmit HIV	97.5
A person can not get HIV by holding an HIV infected person's hand	97.4
A woman with HIV/AIDS can transmit the virus to her new-born child through breastfeeding	83.0
Abstaining from sex	78.9



To acquire the level of knowledge about avoiding the ways of transmission of HIV/AIDS, the respondents were asked questions relating to HIV/AIDS preventive measures. About 88 percent of the respondents believe that condom use in every sex act is the safe way to avoid transmission of the HIV/AIDS and 53.5 percent believe that avoiding injection used by other is another way. More male compared to female respondents believe that using a condom at every sex prevent people from HIV/AIDS transmission. A little over two-thirds of the respondents (36.9 percent) think that by abstaining from sexual contact one can avoid transmission of HIV/AIDS while another 19.9 percent believe in having fewer sex partners. More of female respondents believe in having fewer sexual partners as a means to prevent oneself from transmission of HIV/AIDS. Limiting sexual contact with one sex partner (9.3 percent), not having casual sex (8.3 percent) and not sharing blades (3.4) also are the other reported ways to avoid HIV/AIDS transmission (Table 4.7).

Table 4.7: Knowledge on Ways of Avoiding Transmission HIV/AIDS

Knowledge of ways of avoiding HIV/AIDS**	Male N=601	Female N=598	Total N=1199
Using a condom at every sex	90.0	87.0	88.5
Avoiding injection with used needle	53.1	54.0	53.5
Abstaining from sex	35.8	38.1	36.9
Having fewer partners	17.3	22.6	19.9
Avoiding sex with other partners (by both partners)	8.0	10.5	9.3
Not having causal sex	7.3	9.4	8.3
Avoiding sharing of blades	4.5	2.3	3.4
Others	4.0	0.8	2.4
Don't know	0.0	0.2	0.1

** Total percent may exceed 100 because of multiple response.

Knowledge about HIV Testing Facility

The availability of confidential HIV testing facilities allows people to have an HIV test promptly and without the fear of being exposed. Although 54.1 percent of the respondents are aware of the existence of an HIV testing facility in their communities, around a third (32.4 percent) of them said that there are no such provisions and 12.3 percent said they are not

aware of it. Male respondents are more aware (61.6 percent) than female respondents (46.7 percent) about the existence of testing facilities in the community. However, 74.7 percent of the respondents know about a place where they can go for an HIV test (Table 4.8).

Table 4.8: Knowledge about HIV Testing Facilities and History of HIV Test

Description of HIV testing	Male	Female	Total
A confidential HIV testing facility is available in the community	**N=601**	**N=598**	**N=1199**
Yes	61.6*	46.7	54.1
No	26.8	38.1*	32.4
Don't know	11.3	13.4	12.3
No response	0.3	1.8*	1.1
Know where to go for HIV test			
Yes	77.7*	71.7	74.7
No	22.1	28.3*	25.2
No response	0.2	0.0	0.1
Ever had an HIV test	**n=468**	**n=429**	**n=897**
Yes	17.5*	6.5	12.3
No	81.6	93.5*	87.3
No response	0.9*	0.0	0.4
Timing of last HIV test	**n=82**	**n=28**	**n=110**
Within the past 12 months	67.1	82.1	70.9
Between 13-24 months	18.3	7.1	15.5
Between 25-48 months	2.4	10.7	4.5
More than 48 months ago	4.9	0.0	3.6
Don't know	4.9	0.0	3.6
No response	2.4	0.0	1.8
Test result received			
Yes	84.1	78.6	82.7
No	13.4	21.4	15.5
No response	2.4	0.0	1.8
Share the test result with someone	**n=69**	**n=22**	**n=91**
Yes	87.0	86.4	86.8
No	13.0	13.6	13.2
If Shared, with whom**	**n=60**	**n=19**	**n=79**
Friends	88.3	89.5	88.6
Family member(s)	16.7	26.3	19.0
Sex partner	6.7	10.5	7.6
Health worker	3.3	0.0	2.5
Don't know	1.7	0.0	1.3
Interested in getting an HIV test confidentially	**N=601**	**N=598**	**N=1199**
Yes	82.4	79.6	81.0
No	16.6	19.7	18.2
Don't know	0.8	0.2	0.5
No Response	0.2	0.5	0.3
Believe that HIV is different from AIDS			
Yes	72.4*	65.9	69.1
No	23.3	31.3	27.3
Don't know	4.3	2.8	3.6
Believe that it is not possible to cure AIDS			
Yes	91.8*	88.0	89.9
No	6.3	9.9	8.1
Don't know	1.7	1.8	1.8
No response	0.2	0.3	0.3

* The difference is statistically significant at 0.05 levels
** Total percent may exceed 100 because of multiple response.

HIV Testing

Overall, 12.3 percent of the respondents have ever taken an HIV test for themselves. A higher proportion of males (17.5) than female respondents (6.5 percent) have taken up the test. The majority of those who have received the test (70.9 percent) took the test within the past 12 months while 15.5 percent took the test between one-two years back. More female respondent (82.1 percent) than males (67.1 percent) have gone for HIV testing within the past 12 months. Out of the 110 respondents who have taken such a test, 82.7 percent received the test result. More females (21.4 percent) than males (13.4 percent) did not go to receive their test result. Again, among those who received their test results, 86.8 percent had shared their result, mostly with their friends (88.6 percent), with family members (19 percent), with their sex partners (7.6 percent) and with health workers (2.5 percent) (Table 4.8).

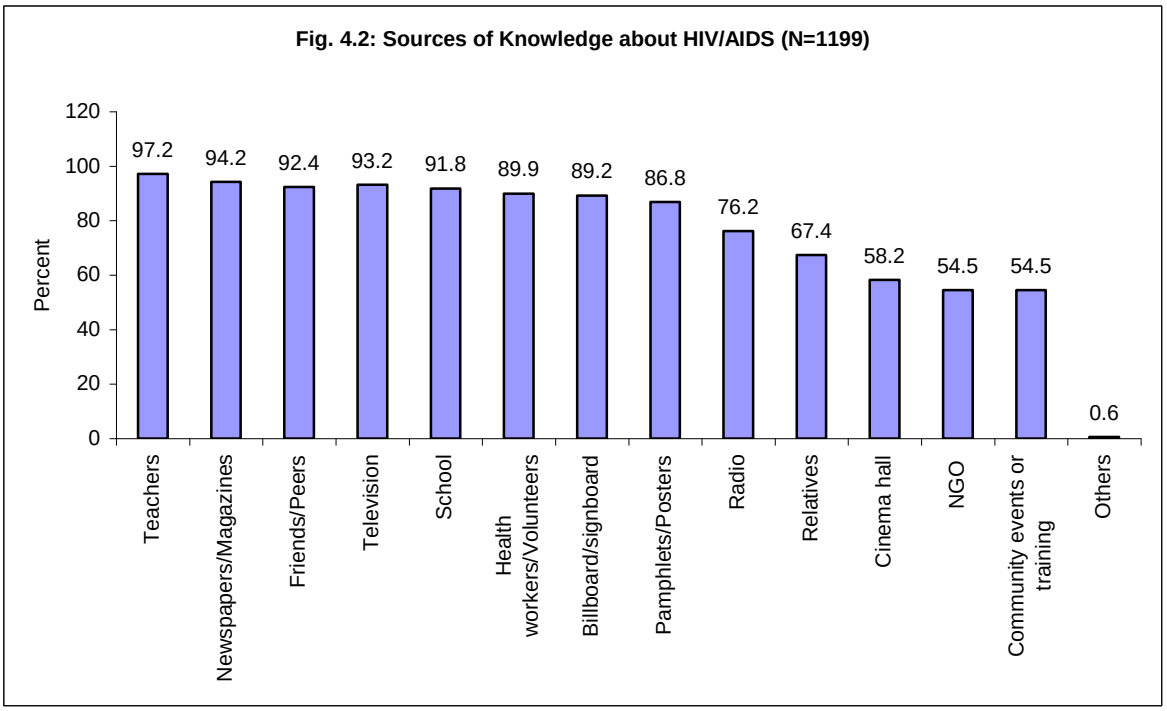
Perception on HIV/AIDS and Information Sources

Moreover, 81 percent of respondents have shown their interest to have a confidential HIV test. Of the total respondents, 69.1 percent believe that there is a difference between HIV and AIDS and 89.9 percent are convinced that AIDS is an incurable disease (Table 4.8).

Table 4.9: Sources of Knowledge about HIV/AIDS

Information of the sources of knowledge about HIV/AIDS would help to understand program needs and plan them. About 90 or more percent of the respondents have heard about HIV/AIDS from their teachers, friends or peers, newspaper or magazine, television, school, health worker or volunteers and billboard or signboard. Likewise, pamphlets/posters (86.8 percent), radio (76.2 percent), relatives (67.4 percent), cinema hall (58.2 percent), NGO and community events or training (54.5 percent each) are other commonly cited sources of information. For both male and female respondents, the sources of information on HIV/AIDS seem to be more or less the same. However, friends or peers, health workers or volunteers and cinema halls are slightly more popular sources of information among the male respondents compared to female respondents whereas billboards or signboards and radio are popular information sources among female respondents compared to male respondents (Table 4.9).

Sources of knowledge of HIV/AIDS**	Male N=601	Female N=598
Teachers	96.7	97.7
Friends/Peers	95.3	89.5
Newspapers/Magazines	93.2	95.3
Television	94.5	92.0
School	92.0	91.6
Health workers/Volunteers	91.3	88.5
Billboard/signboard	85.7	92.6
Pamphlets/Posters	87.5	86.1
Radio	74.5	77.9
Relatives	66.1	68.7
Cinema hall	63.7	52.7
NGO	57.1	52.0
Community events or training	53.4	55.5
Others	0.5	0.7
** Total percent may exceed 100 because of multiple response.		



Risk Perception

A majority (73.6 percent) of the respondents believe that they face no risk of contracting HIV/AIDS. However, 11.8 percent believe that they are at small risk and 9.5 percent see themselves at moderate or high risk. The most common reasons why respondents believe that they were at moderate or high risk of HIV infection are because they do not use a condom every time they have sex (41.6 percent) and because they have many sex partners (17.7

percent). Besides, there are some respondents who believe that they could be infected because they have shared blades with friends or in saloons where they trim their hair (15.9 percent), their sex partners have other sex partners also (14.2 percent) and they had sex with sex workers (11.5 percent). A few also believe that they could be infected with HIV as they have used intravenous drugs.

More of the male respondents consider themselves at moderate or high risk because they have not been using condom always, have many sex partners and have had sexual contact with sex workers while female respondents consider themselves at such risk because their sex partners have many sex partners.

Table 4.10: Risk of HIV Infection as Perceived by the Respondents

Descriptions	Male N=601	Female N=598	Total N=1199
Risk of contracting HIV/AIDS			
High	6.0*	3.3	4.7
Moderate	6.2*	3.3	4.8
Small	15.1*	8.5	11.8
No risk	67.2	79.9*	73.6
Don't know	5.5	4.7	5.1
No response	0.0	0.2	0.1
Causes of High or moderate risk of contracting HIV/AIDS**	**n=73**	**n=40**	**n=113**
Do not always use condoms	49.3	27.5	41.6
Have many sex partners	27.4	0.0	17.7
Hair cut in saloon and share blade	16.4	15.0	15.9
Sex partner has other sex partner	11.0	20.0	14.2
Have had sex with sex workers	17.8	0.0	11.5
Have used intravenous drugs	2.7	0.0	1.8
Others	4.1	40.0	16.8
Don't know	0.0	7.5	2.7
Causes of small or no risk of contracting HIV/AIDS**	**n=495**	**n=529**	**n=1024**
Never had sex	58.6	84.5	72.0
Do not use intravenous drugs	30.9	24.6	27.6
Do not go to sex workers	29.7	8.1	18.6
Always use condoms	21.0	6.6	13.6
Never share blade	4.4	0.9	2.6
Tested blood	3.8	0.9	2.3
Trust my partners	3.0	3.2	3.1
Had sex with non-regular partner	1.4	0.0	0.7
Others	1.4	1.3	1.4
Don't know	0.0	0.6	0.3
No response	0.0	0.0	0.1
Think HIV is a serious problem in the community	**N=601**	**N=598**	**N=1199**
Serious problem	41.4	69.7*	55.5
Somewhat of a problem	26.5*	15.7	21.1
Not a problem	20.5*	11.0	15.8
Don't know	11.5**	3.5	7.5
No response	0.2	0.0	0.1

* The difference is statistically significant at 0.05 levels
** Total percent may exceed 100 because of multiple response.

Most of the respondents who feel they are not at risk of HIV infection cited reasons for such perceptions like they never had sex (72 percent), do not use intravenous drugs (27.6 percent), they do not go to sex workers (18.6 percent) and always use condoms (13.6 percent). A small

proportion of the respondents also see themselves at no risk or small risk of HIV infection because they trust their partners (3.1 percent), never shared blades (2.6 percent) and have tested for HIV (2.3 percent).

A higher percentage of female respondents (84.5 percent) than male respondents (54.6 percent) believe that they are not at risk of HIV infection because they have not had sexual contacts so far.

Additionally, about 16 percent of the respondents believe that HIV is not a problem in the community; however, 55.5 percent of them think HIV is a serious problem and 21.1 percent believe it is somewhat of a problem in the community (Table 4.10).

Perception on How an HIV Positive Person Can Take Care of Themselves and of Others

Over 50 percent of the respondents (51.9 percent) consider that a person living with HIV should eat healthy food while 46.8 percent and 42.5 percent of the respondents mention they should use medicines and use condoms during each sexual act. The respondents further feel that people living with HIV should visit a doctor (38.8 percent), abstain from sex (37.5 percent), keep a positive attitude (26 percent), remain faithful to one partner (11.9 percent), get normal exercise (11.8 percent) and they should not drink alcohol. Moreover, some respondents also recommend that they should not smoke; should not share blades/needles and should not donate blood (Table 4.11).

Table 4.11: Respondents Opinion on Ways in Which an HIV Positive Take Care of Themselves and Others

Description	Male N=601	Female N=598	Total N=1199
What can people who have HIV/AIDS do to take care of themselves and other**			
Eat healthy food	53.2	50.5	51.9
Medicine use	40.4	53.2	46.8
Use condom in each sex act	43.1	42.0	42.5
Visit doctor	29.1	48.5	38.8
Abstain from sex	44.3	30.6	37.5
Keep a positive attitude	25.6	26.4	26.0
Remain faithful to one partner	10.0	13.9	11.9
Get normal exercise	11.0	12.5	11.8
Not drink alcohol	13.0	10.4	11.7
Not smoke	8.3	8.9	8.6
Do not share needle/blade	3.8	1.0	2.4
Do not donate blood	2.8	0.5	1.7
Others	4.2	3.0	3.7
Don't know	0.8	0.2	0.5

** Total percent may exceed 100 because of multiple response.

4.3 Attitude, Belief and Practice

The stigma associated with HIV/AIDS increases the impact of HIV on the patients. The perception of the in-school youths regarding HIV-infected people and the stigma associated with the disease was examined with the help of a series of questions.

Attitude towards HIV Positive People

With regard to ways in which they would react if they met a person or friend living with HIV, most of the respondents (60.1 percent) said they would behave normally, give additional love and help (29.2 percent); and would provide counseling to them (25.9). But there are a few respondents who would like to avoid, scare away or isolate HIV positive people or friends (Table 4.12).

Table 4.12: Respond Response on HIV Positive Person			
Description	**Male N=601**	**Female N=598**	**Total N=1199**
Reported ways in which respondent would react on meeting an HIV positive person**			
Behave like a normal people	58.9	61.2	60.1
Give additional love and help	31.4	26.9	29.2
Provide counseling	28.6	23.2	25.9
Avoid scare/isolate	3.0	2.5	2.8
Not to have sex	2.5	0.3	1.4
Others	2.5	2.2	2.3
Don't know	0.2	0.0	0.1
No response	0.0	0.0	0.2
Reported ways in which respondent would react if a friend is found to be positive**			
Give additional love and help	61.2	55.9	58.6
Provide counseling	48.4	40.0	44.2
Behave like a normal people	43.4	34.1	38.8
Avoid scare/isolate	1.2	1.3	1.3
Would not have sex with them	1.0	0.0	0.5
Break friendship	0.2	0.7	0.4
Not stay with	0.0	0.2	0.1
Others	0.7	0.8	0.8
** Total percent may exceed 100 because of multiple response.			

The majority of the respondents are ready to take care of an HIV-positive male relative (93.2 percent) or an HIV-positive female relative (91.7 percent) in their home if need be. Nearly three-fifths (58.8 percent), however, said that if a family member gets HIV, they would rather keep it confidential and not talk about it with others.

About 87 percent of the respondents said that they would readily buy food from an HIV-infected vendor. Almost three-quarters (74.3 percent) of the respondents also agree that unless very sick, teachers or colleagues with HIV positive should be allowed to continue with their job.

When asked about the health care needs of HIV-infected persons, 29.9 percent of in-school the youths maintain that they should be provided the same care and treatment deemed necessary for patients with other chronic diseases, while 58.3 percent believed that the health care needs of an HIV-infected person are much higher than for people suffering from other chronic diseases (Table 4.13).

Table 4.13: Attitude Towards HIV Positive People/Relative			
Description	**Male N=601**	**Female N=598**	**Total N=1199**
Ready to take care of HIV positive male relative in the household			
Yes	94.2	92.3	93.2
No	5.0	7.2	6.1
Don't know	0.8	0.5	0.7
Ready to take care of HIV positive female relative in the household			
Yes	90.0	93.5*	91.7
No	9.2	6.2	7.7
Don't know	0.8	0.3	0.6
Prefer to keep secret about a family member being HIV positive			
Yes	61.4	56.2	58.8
No	37.8	43.1	40.5
Don't know	0.8	0.7	0.8
Ready to buy food from HIV infected shopkeeper			
Yes	86.0	88.8	87.4
No	12.0	10.9	11.4
Don't know	1.5*	0.2	0.8
No response	0.5	0.2	0.3
Believe that HIV infected teacher/college should be allowed to continue working unless very sick			
Yes	69.2	79.4*	74.3
No	29.0*	19.7	24.4
Don't know	1.0	0.5	0.8
No response	0.8	0.3	0.6
Believe that the health care needs of a HIV infected person is the same, more or less than those required by someone with other chronic disease			
Same	28.1	31.6*	29.9
More	54.2	62.4*	58.3
Less	14.3*	5.2	9.8
Don't know	2.8*	0.5	1.7
No response	0.5	0.3	0.4
* The difference is statistically significant at 0.05 levels.			

Response to HIV Positive People by HIV/AIDS Awareness Level

Further analysis was done to find out the attitude of those respondents, with comprehensive knowledge of HIV transmission which include knowledge of the five major modes of HIV transmission like using a condom every time during sex, being faithful to one sex partner could prevent people from HIV; and awareness of major misconceptions: Sharing food with an HIV infected person does not transmit HIV, a healthy-looking person could be infected with HIV; and that a person could not get HIV virus from a mosquito bite.

Among 537 respondents belonging to different backgrounds who know all the five core indicators, a higher percentage (95.7 percent and 98.5 percent) mentioned that they would behave like a normal person, give additional love or help and provide counseling to a person and friend infected with HIV. This reflects a positive attitude of the respondents towards people infected with HIV. Not much difference with regards to their attitude is noted among respondents with different background characteristics (Table 4.14).

Table 4.14: Reported Ways in Which Respondents with Comprehensive Knowledge of HIV Transmission React to an HIV Positive Person or Friend			
Description	**What will you do if you met a HIV positive person**	**What will you do if your friend found HIV positive**	**n**
	Positive attitude	**Positive attitude**	
Age group			
< = 19 Yrs	96.0	98.6	348
20-24	95.2	98.4	198
Sex			
Male	94.7	98.8	243
Female	96.6	98.3	294
Education Level			
Secondary/Higher Secondary	95.2	98.5	336
College/Institution	96.5	98.5	201
Total	**95.7**	**98.5**	**537**

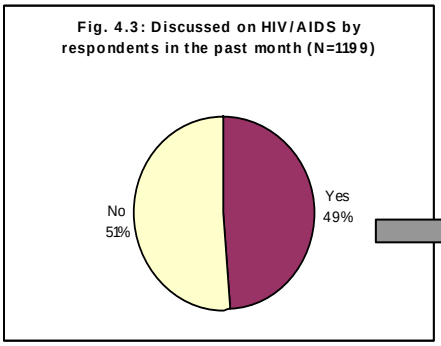
Further analysis was carried out to find out the respondents'(who have knowledge about major modes of HIV transmission and major misconceptions as mentioned in the previous section) composite reaction to HIV/AIDS positive people by finding their responses whether they would willingly take care of an HIV positive male or female relative; would not prefer to keep HIV positive status of a family member a secret; would be willing to buy food from HIV positive shopkeepers or sellers; and consider whether an HIV positive teacher or colleague should be allowed to work unless very sick. Positive responses have been coded as 'positive' and negative responses as 'negative' behaviors.

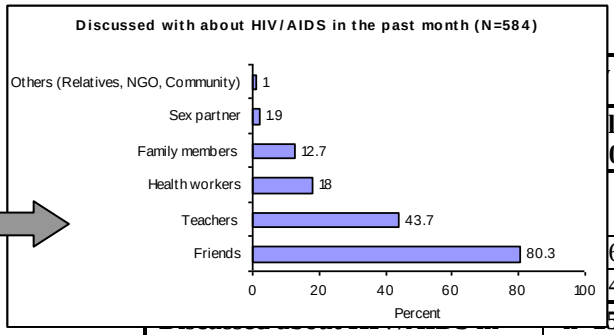
Out of 537 respondents who know all the five core indicators, only about a quarter (24 percent) were found to respond positively to HIV infected persons. Such findings point towards the existence of a gap between knowledge and behavior of the respondents; this should be focused on during program planning process. Younger cohorts of youths and females are found to be more positive toward HIV infected persons (Table 4.15).

Table 4.15: Reported Responses of Respondents with Comprehensive Knowledge of HIV Transmission to an HIV Positive Person			
Back ground	**Behavior towards HIV positive persons**		**n**
	Positive	**Negative**	
Age group			
< = 19 Yrs	25.6	74.4	348
20-24	21.2	78.8	189
Sex			
Male	19.8	80.2	243
Female	27.6	72.6	294
Education Level			
Secondary/Higher Secondary	27.2	72.3	336
College/Institution	17.9	82.1	201
Total	**24.0**	**76.0**	**537**

Participation in Discussion about HIV/AIDS

Sharing information among different persons enhances self knowledge as people can acquire more in-depth knowledge on the subject they discuss. Thus the respondent were asked whether they have discussed HIV/AIDS in the past month. About half of the respondents (48.7 percent) have discussed HIV/AIDS mainly (Fig. 4.3) with friends (80.3 percent). Some others have also discussed it with teachers (43.7), health workers (18 percent), family members (12.7 percent) and sex partners (1.9 percent).





	Respondents	
	le 01	Female N=598
	6	54.8
	4	45.2
the past month with:	56	n=328
Friends	85.2	76.5
Teachers	41.4	45.4
Health workers	15.6	19.8
Family members	7.8	16.5
Sex partner	2.0	1.8
Others	1.6	0.6
** Total percent may exceed 100 because of multiple response.		

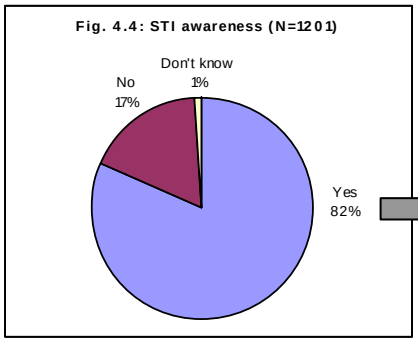
The percentage of female respondents is high in taking part in discussions relating to HIV/AIDS in the past months with teachers, health workers and family members compared to male respondents preference to share with their friends (Table 4.16).

4.4 Sexually Transmitted Infection

Knowledge of Sexually Transmitted Infection (STI)

This chapter explains the knowledge of in-school youths regarding STIs. Their understanding of male as well as female STIs has been assessed in this chapter. Further, it also contains information on their personal experience of STI symptoms during the past year and whether or not they have sought treatment for the symptoms experienced.

Nearly 82 percent of the respondents have ever heard of sexually transmitted infections. More male respondents are aware of STIs than female respondents (Fig. 4.4). Of the respondents who have heard of STIs, most of them are aware of gonorrhea (93.3 percent) and syphilis (56.1 percent) (Table 4.17).



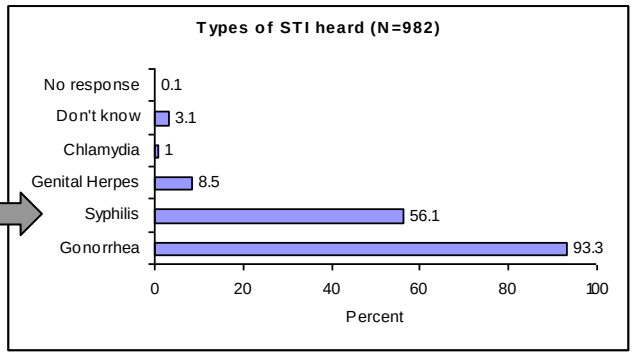


Table 4.17: STI Awareness		
STI Awareness	**Male N=601**	**Female N=600**
Heard of STIs		
Yes	84.5*	79.0
No	14.3	19.8*
Don't know	1.2	1.2
Types of STI heard**	**n= 508**	**n=474**
Gonorrhea	94.1	92.4
Syphilis	54.7	57.6
Genital Herpes	6.3	10.8*
Chlamydia	0.8	1.3
Don't know	2.6	3.6
No response	0.0	0.0

* The difference is statistically significant at 0.05 levels.
** Total percent may exceed 100 because of multiple response.

In-school youths reporting to have heard about STIs have a general understanding of male and female STI symptoms. The most common symptoms cited by the respondents are genital discharge (39.9 percent in female and 45.4 percent in male); itching (42.6 percent in female and 50.8 percent in male); burning sensation while urinating (42 percent in female and 54.9 percent in male); genital ulcers/sores/blisters (30.9 percent in female and 32.9 percent in male) and a swelling in the groin area (15.7 percent in female and 25.6 percent in male). Symptoms such as foul smelling discharge, abdominal pain, weight loss and blood in urine are also mentioned as STI symptoms by both the female and male respondents. However, 21.8 percent of the respondents are not aware of any of the STI symptoms among females while 9.7 percent of the respondents do not know any male STI symptom (Table 4.18).

Table 4.18: Symptoms of STI as Understood by In-school Youth

	Among Females			**Among Males**		
STI symptoms as mentioned**	**Male n=508**	**Female n=474**	**Total n=982**	**Male n=508**	**Female n=474**	**Total n=982**
Genital discharge	38.4	41.6	39.9	51.0	39.5	45.4
Itching genital area	34.4	51.3	42.6	56.9	44.3	50.8
Burning pain on urination	34.1	50.4	42.0	57.5	52.1	54.9
Genital ulcer/sore	28.5	33.3	30.9	37.4	28.1	32.9
Swelling in groin area	13.6	17.9	15.7	25.0	26.2	25.6
Foul-smelling	11.6	15.8	13.7	7.9	14.1	10.9
Abdominal pain	9.8	23.4	16.4	3.5	12.7	7.9
Weight loss	7.9	17.9	12.7	11.4	16.7	14
Blood in urine	6.9	14.8	10.7	7.7	13.1	10.3
Others	1.4	0.8	1.1	2.2	1.3	1.7
Don’t know	30.7	12.2	21.8	6.7	12.9	9.7
No response	-	-	0.1	-	-	0.1

** Total percent may exceed 100 because of multiple response.

STI Symptom Experienced and Treatment Sought

After assessing their awareness regarding STI symptoms, the in-school youths were asked if they ever had experienced STI symptoms in the past year. In response, only 1 percent of the respondents (male 0.8 percent and female 1.3 percent) said that they have experienced at least one such symptom. More female respondents had STI symptoms compared to male respondents in the past year.

Among those respondents who have had STI in the past year, 70 percent (male 100 percent and female 50 percent) sought medical aid to treat the symptoms. A relatively large proportion of the respondents had been to a government hospital/health post (71.4 percent) for treatment while 28.6 percent went to a private hospital/clinic for STI treatment. Out of

those respondents who went for STI treatment, 14.3 percent had also got their partners treated (Table 4.19).

Table 4.19: STI Symptoms Experienced and Treatment Sought

STI symptoms reported by	Male n=508	Female n=474	Total n=982
Had an STI in the past year			
Yes	0.8	1.3	1.0
No	98.6	98.5	98.6
Don't know	0.6	0.2	0.4
Seek treatment	**n=4**	**n=6**	**n=10**
Yes	100.0	50.0	70.0
No	0.0	50.0	30.0
Source of treatment	**n=4**	**n=3**	**n=7**
Government Hospital/health Post	50.0	100.0	71.4
Private hospital/clinic	50.0	0.0	28.6
Treatment obtain by sexual partner (partners treatment)			
Yes	25.0	0.0	14.3
No	50.0	66.7	57.1
Don't know	25.0	33.3	28.6

4.5 Sexual Behavior and Condom Using Practice

HIV transmission is often related with a unprotected sexual behaviors. HIV infected people further transmit the virus to their spouses or sex partners through unsafe sexual contact. The sexual behavior of the respondents and their sex partners have been reviewed in this section. The sexual histories of the respondents, knowledge and use of condoms among them have also been assessed.

Sexual Behavior

A little more than a quarter of the respondents (28.2 percent) reported to be sexually active and had engaged in sexual intercourse before the survey. The data shows that a higher percentage of the youths (43 percent) from college/institution ever had sex compared to secondary/higher secondary school youths (21.1 percent). Among the 861 respondents who never had sex before, 40.7 percent feel too young to have sex, 35.5 percent think that they do not feel ready for sex, while 28.3 percent cited that sex before marriage is wrong. Interestingly, more female youths than males provided such responses. Similarly, about 15 percent of the respondents each mentioned that they are afraid of getting pregnant, afraid of getting HIV/AIDS or STI through sexual contacts and have not had the chance to get involved in sexual relations.

Among the respondents who had been engaged in sexual contact before, 28.6 percent had their first sexual contact before they turned 16 years and another 56.9 percent had their first sex before they reached 20 years. A higher percent of male youths had sex before the age of 20 compared to female youths. Out of those respondents who had sex before, 46 percent had been sexually active in the last year too. Almost half (48.7 percent) had one sex partner; the others (51.3 percent) had two or more sex partners during the same period (Table 4.20).

Table 4.20: Sexual Behavior			
Sexual behavior	**Male N=601**	**Female N=600**	**Total N=1201**
Ever had sexual intercourse	43.9*	12.5	28.2
Educational Level			
Secondary/Higher secondary	35.1	9.2	21.1
College/Institution	65..0	20.7	43.0
Reason for not having sexual intercourse**	**n=337**	**n=524**	**n=861**
I am/feel too young	30.0	47.5	40.7
Don't feel ready to have sex	25.8	41.8	35.5
Sex before marriage is wrong	12.2	38.5	28.3
Afraid of getting pregnant	6.8	21.0	15.6
Afraid of getting HIV/AIDS or STI	20.8	12.0	15.5
Have not had the chance	33.5	3.2	15.1
Not interested	9.5	1.3	4.5
Feel shy	2.1	0.6	1.2
Others	3.6	0.6	2.2
No response	0.0	0.1	0.1
Age at first sexual intercourse	**n=264**	**n=75**	**n=339**
Up to 15 years	31.4*	18.7	28.6
16-19years age	58.3	52.0	56.9
=<20 years age	9.1	28.0*	13.3
Don't know	1.1	1.3	1.2
Median Age	**17.5**	**19**	**17**
Sexual intercourse in the past 12 months			
Yes	45.5	48.0	46.0
No	54.5	52.0	54.0
Numbers of different sexual partners in the past 12 months	**n=120**	**n=36**	**n=156**
1 partner	38.3	83.3*	48.7
2 or more partners	61.7*	16.7	51.3

* The difference is statistically significant at 0.05 levels.
** Total percent may exceed 100 because of multiple response.

Type of Sex Partners

The sex partners of the study population have been categorized as regular partners, non-regular partners and female sex workers. A 'regular sex partner' is defined as the spouse or any sexual partner living together with the respondent. Among those respondents who have maintained sexual contact, 30.8 percent had sex with a regular sex partner during the past year.

The respondents with sexual experience were also asked whether they ever had sex with non-regular sex partners in the past year. 'Non-regular sex partners' are defined as those with whom the participants are not married or living together. However, non-regular female sex partners are also defined as being distinct and separate from sex workers. The study findings show that 82.7 percent of the respondents had sex with non-regular sex partners in the past year. Among the respondents reporting so, the proportion of male youths was higher (88.3 percent) than female youths (63.9 percent).

Some of the respondents also had sex with sex workers during the past year. 'Sex workers' are defined as those who sell sex in exchange for cash or kind. Around 10 percent of the in-school youths who had sexual relations had sex with a sex worker in the past year.

In different countries, sex between males is in practice. In this context, the respondents were asked if they ever had a male sexual friend. About 2 percent mentioned that they ever have had at least one sexual contact with a male sex partner. However, none of them had been involved in anal sex with their male partners in the past 12 months.

Eighty-eight percent of the male youths who ever had sex cited that their last sexual partner was other female friends while 69.3 percent of the female youths mentioned that their last sexual partner was a male friend. The last sexual partner was a regular partner for 13.6 percent (male 9.1 percent and female 30.7 percent) and a sex worker for about 2 percent of the male youths (Table 4.21).

Knowledge About and Use of Condoms

Condom promotion has been one of the important components of HIV/AIDS awareness campaigns. All the in-school youths in this survey had heard of condoms before. Of the total respondents, 89.1 percent think that condoms prevent people from HIV/AIDS while 82.4 percent of the respondents think that condoms are safe to use as a contraceptive to prevent pregnancy and 52.8 percent mentioned that condoms are safe to prevent sexually transmitted infections.

About 80 percent of the respond
ents think that condoms are safe. But 17.6 percent of the respondents, however, think the condoms are unsafe. Condoms are regarded unsafe by these respondents because they break easily (93.8 percent) and because they do not protect against any diseases (2.4 percent) (Table 4.22).

Table 4.21: Type of Sex Partners

Sexual Practice	Male n=120	Female n=36	Total n=156
Had sex with a regular partner during the past 12 months			
Yes	26.7	44.4	30.8
No	59.2	52.8	57.7
Unmarried or no live with partner	14.2	2.8	11.5
Had sex with non-regular sex partner during the past 12 months			
Yes	88.3	63.9	82.7
No	11.7	36.1	17.3
Had sex with sex worker during the past 12 months			
Yes	12.5	0.0	9.6
No	87.5	100.0	90.4
Ever had sex with male**	**n=264**		**n=264**
Yes	1.9	NA	1.9
No	96.6	NA	96.6
No response	1.5	NA	1.5
Last Sex partner	**n=264**	**n=75**	**n=339**
Other female friend	88.3*	0.0	68.7
Male friend	0.0	69.3*	15.3
Regular partner	9.1	30.7*	13.9
FSW/MSW	1.9	0.0	1.5
Don't know	0.4	0.0	0.3
No response	0.4	0.0	0.3

* The difference is statistically significant at 0.05 levels.
** Ask only to male respondents.

Table 4.22: Knowledge about Condoms

Knowledge about condoms	Male N=601	Female N=600	Total N=1201
Condoms are used to**			
Prevent HIV/AIDS	91.2	87.0	89.1
Prevent pregnancy/Used as a contraception	80.0	84.7	82.4
Prevent STI	60.2	45.3	52.8
Don't know	0.0	0.2	0.1
Think condoms are safe			
Yes	81.0	79.5	80.3
No	16.5	18.7	17.6
Don't know	2.3	1.7	2.0
No response	0.2	0.2	0.2
Reasons for considering condoms as unsafe**	**n=99**	**n=112**	**n=211**
Break easily	98.0*	90.2	93.8
Do not protect against diseases	2.0	2.7	2.4
Others	0.0	0.9	0.5
Don't know	0.0	5.4*	2.8
No response	0.0	0.9	0.5

* The difference is statistically significant at 0.05 levels
** Total percent may exceed 100 because of multiple response.

Knowledge about Condom Available Places

The respondents were also asked if they knew about the places from where they could obtain condoms. Around 97 percent of the respondents knew at least one place from where they could obtain condoms. Hospitals are cited as such a source by 96.5 percent of the respondents. Other sources of condoms as mentioned by the respondents are shop (40.7 percent), pharmacy (35.3 percent), health worker (29.9 percent), bar/guesthouse/hotel (23.1 percent), friend (16.5 percent) and clinic (10 percent). Other reported such sources are family planning center, peer educator/out reach worker, public place and check post. However, more than one-third (35.7 percent) of the respondents have received condoms free of cost in the past year. A significantly higher proportion of males (55.2) than female youths (16.2 percent) have received condoms free of cost in the past year (Table 4.23).

Table 4.23: Known Places for Obtaining Condoms

Sources of condom to obtain it	Male N=601	Female N=600	Total N=1201
Know the place/person from where condom can be obtained			
Yes	98.3	96.7	97.5
No	1.5	3.0	2.2
No response	0.2	0.3	0.2
Place/person from where condom can be obtained **	**n=591**	**n=580**	**n=1171**
Hospital	95.6	97.4	96.5
Shop	42.5	39.0	40.7
Pharmacy	45.0*	25.3	35.3
Health worker	24.7	35.2*	29.9
Bar/Guest house/Hotel	33.3*	12.8	23.1
Friend	25.0*	7.8	16.5
Clinic	11.2	8.8	10.0
Family planning center	6.1	10.9*	8.5
Peer Educator/Outreach doctor	2.7	2.1	2.4
Public place	1.4	0.7	1.0
Check post	2.0*	0.0	1.0
BHU	1.2	0.5	0.9
Office/work place	0.8	0.7	0.8
Others	0.0	0.2	1.0
Received condoms free of cost in the past 12 months	**N=601**	**N=600**	**N=1201**
Yes	55.2*	16.2	35.7
No	43.8	83.5*	63.6
No response	1.0	0.3	0.7

* The difference is statistically significant at 0.05 levels
** Total percent may exceed 100 because of multiple response.

Sources of Information about Condoms

The respondents have heard about condoms from different sources. The most common sources of information for more than 90 percent of the respondents are friends/peers (94.5 percent), television (94.3 percent), newspaper/magazine (93.8 percent), health worker/volunteer (92.9 percent) and teacher (91.3 percent). A considerable proportion of the respondents have also got information about condoms from pamphlet/poster (89.3 percent), billboard/signboard (89 percent), radio (78.4 percent), work place (69.4 percent), relative (62.8

Table 4.24: Sources of Information about Condoms

Information Sources	Male N=601	Female N=600	Total N=1201
Friends/peers	97.3*	91.7	94.5
Television	95.0*	93.5	94.3
Newspapers/Magazine	92.0	95.5*	93.8
Health workers/volunteers	92.8	93.0	92.9
Teachers	88.9	93.8*	91.3
Pamphlets/posters	88.5	90.0*	89.3
Bill board/sign board	86.2	91.8*	89.0
Radio	75.5	81.2*	78.4
Work place	71.4*	67.5	69.4
Relatives	61.7	63.8*	62.8
Cinema hall	63.1*	52.2	57.6
Community event/training	53.4	60.2*	56.8
NGO people	56.9*	51.2	54.0
Others	0.3	0.3	0.3

* The difference is statistically significant at 0.05 levels
** Total percent may exceed 100 because of multiple response.

percent), cinema hall (57.6 percent), community event/training (56.8 percent) and NGO people (54 percent) (Table 4.24).

Use of Condoms with Different Sex Partners

Unprotected sex may lead to HIV and STI infection from one sex partner to another. In this regard, the respondents were asked about the condom using practice with different sex partners and reasons for not using condoms if any. The information is expected to help program designers to address the target population with proper messages.

Condom Use with Regular Sex Partner

Among the respondents who had sex with regular partners in the last 12 months, 52.1 percent have used condoms in the last sex with regular partners. The respondents who have not used a condom in the last sex mentioned they did not use one because they used other contraceptives (52.2 percent), did not think it was necessary (17.4 percent), do not like them (8.7 percent), did not think of it (8.7 percent), wished for a child (4.3 percent) and partners objected (4.3 percent).

Most of the respondents (92 percent), who have used condoms in the last sex with their regular partners had done so to avoid pregnancy. However, about a third (32 percent) of the respondents said that they used condoms to protect them from STI and about a quarter (24 percent) mentioned they used it to protect themselves from HIV/AIDS. Moreover 31.3 percent of the respondents have used condoms consistently with regular sex partners in the past 12 months (Table 4.25).

Table 4.25: Use of Condoms with Regular Partner

Use of condom	Male n=32	Female n=16	Total n=48
Used condom with regular partner during last sexual intercourse			
Yes	40.6	75.0	52.1
No	59.4	25.0	47.9
Reason for not using condom with regular partners during last sexual intercourse	**n=19**	**n=4**	**n=23**
Used other contraceptive	52.6	50.0	52.2
Didn't think it was necessary	21.1	0.0	17.4
Don't like them	5.3	25.0	8.7
Didn't think of it	10.5	0.0	8.7
Wish for a child	5.3	0.0	4.3
Partner objected	0.0	25.0	4.3
No response	5.3	0.0	4.3
Reasons for using condom with regular partner during last sexual intercourse**	**n=13**	**n=12**	**n=25**
Pregnancy prevention	84.6	100.0	92.0
STI prevention	38.5	25.0	32.0
HIV/AIDS prevention	30.8	16.7	24.0
Used condom with regular sex partner in the past 12 months	**n=32**	**n=16**	**n=48**
Every times	25.0	43.8	31.3
Almost every-times	21.9	6.3	16.7
Sometimes	50.0	50.0	50.0
Never used	3.1	0.0	2.1

** Total percent may exceed 100 because of multiple response.

Condom Use with Sex Worker

All the male youths who had sex with sex workers in the last 12 months used a condom in the last sex. Moreover, about three-fourths (73.3 percent) of the respondents had consistently used condoms in the past 12 month with sex workers (Table 4.26).

Table 4.26: Use of Condoms with Sex Worker

Use of condom	n=15	%
Condom used with sex worker during last sexual intercourse		
Yes	15	100.0
Use of condom with sex worker partner in the past 12 months		
Every times	11	73.3
Almost every-times	1	6.7
Sometimes	2	13.3
No response	1	6.7

Condom Use with Non-regular Sex Partner

Among the respondents who had sex with non-regular partners in the last 12 months, 79.1 percent had used a condom in the last sex with non-regular partners. The respondents who did not use a condom in the last sex mentioned such reasons as condoms were not available (26.9 percent), they did not think it was necessary (19.2 percent), partners objected to its use (15.4 percent), used other contraceptives (11.5 percent) and they do not like them (11.5 percent), About half (49.6 percent) of the respondents have consistently used condoms in the past 12 months with non-regular sex partners while 3.9 percent have never used condoms with them in the past 12 months (Table 4.27).

Table 4.27: Use of Condoms with Non-regular Partner

Use of condom	Male n=106	Female n=23	Total n=129
Used condom with non-regular partner during last sexual intercourse			
Yes	77.4	87.0	79.1
No	22.6	8.7	20.2
No response	0.0	4.3	0.8
Reasons for using condom with non-regular partners during last sexual intercourse**	**n=24**	**n=2**	**n=26**
Not available	25.0	50.0	26.9
Didn't think it was necessary	16.7	50.0	19.2
Partner objected	16.7	0.0	15.4
Used other contraceptive	12.5	0.0	11.5
Don't like them	12.5	0.0	11.5
Didn't think of it	4.2	0.0	3.8
Others	4.2	0.0	3.8
No response	8.3	0.0	7.7
Used of condom with non-regular sex partner in the past 12 months	**n=106**	**n=23**	**n=129**
Every times	49.1	52.2	49.6
Almost every-times	31.1*	4.3	26.4
Sometimes	13.2	34.8*	17.1
Never used	3.8	4.3	3.9
No response	2.8	4.3	3.1

* The difference is statistically significant at 0.05 levels.
** Total percent may exceed 100 because of multiple response.

Condom Use in Last Sexual Contact

Condom using practice by the respondents with their last sexual partners in the last 12 months reflects that about a quarter (25.6 percent) of the respondents did not use a condom in such sexual acts. A fifth of them (20.4 percent) did not use a condom during the last sexual act till the survey day (Table 4.28).

Table 4.28: Use of Condoms with Different Sexual Partners

Consistent use of condom	Male n=120	Female n=36	Total n=156
Condom used with sexual partner during last sexual intercourse in the past 12 months			
Yes	71.7	83.3	74.4
No	28.3	16.7	25.6
Condom used with sexual partner during last sexual intercourse (until survey date)			
Yes	78.8	82.7	79.6
No	21.2	17.3	20.4

* The difference is statistically significant at 0.05 levels.

Condom Use by Selected Background Characteristicas

Uses of condom in the last sex have been analyzed according to different background characteristics of the respondents. Use of condoms in the last sex with different sex partners is high among 19 years and less years old youths compared to 20 to 24 years. More the female respondents than males have used a condom in the last sex with regular and non-regular sex partners; the use of condom is also high among youths with secondary/higher secondary level of education than others. However, all the youths have used a condom in the last sex with sex workers. A large proportion of younger youths (19 and less years) and female respondents used a condom with their non-regular partners in the last sex while comparatively a lower proportion of college/institution youths than secondary/higher secondary level had done so (Table 4.29).

Table 4.29: Used of Condom in Last Sex with Different Partners by Background Characteristics of Respondents

Characteristics	Condom used in the last sex with regular sex partner		Condom used in the last sex with sex worker		Condom used in the last sex with non-regular sex partner	
Age group	**n**	**%**	**n**	**%**	**n**	**%**
< = 19 Yrs	12	58.3	6	100.0	63	85.7
20-24	36	50.0	9	100.0	66	72.7
Sex						
Male	32	40.6	15	100.0	106	77.4
Female	16	75.0	-	-	23	87.0
Education Level						
Secondary/Higher secondary	15	60.0	7	100.0	71	84.5
College/Institution	33	48.5	8	100.0	58	72.4
Total	**48**	**52.1**	**15**	**100.0**	**129**	**79.1**

Similarly, consistent use of condoms in the past 12 months was also analyzed by different background characteristics of the respondents. Consistent use of condoms in the past 12 months is high during sexual contact with sex workers (73.3 percent) compared to non-regular partners (49.6 percent) and regular partners (31.3 percent). The percentage of female youth is higher than male youths among those who have consistently used condoms with regular and non-regular partners (Table 4.30).

Table 4.30: Consistent Use of Condom by the Respondents in the Past 12 Months with Different Partners by Different Variables

Characteristics	Consistent used condom with the regular partner		Consistently used condom with sex worker partner		Consistently used condom with non-regular partner sex	
	n	**%**	**n**	**%**	**n**	**%**
Age group						
< = 19 Yrs	12	33.3	6	83.3	63	52.4
20-24	37	30.6	9	66.7	66	47.0
Sex						
Male	32	25.0	15	73.3	106	49.1
Female	16	43.8	-	-	23	52.2
Education						
Secondary/ Higher secondary	15	33.3	7	85.7	71	52.1
College/Institution	33	30.3	8	62.5	58	46.6
Total	**48**	**31.3**	**15**	**73.3**	**129**	**49.6**

Condom use by Respondents with Comprehensive Knowledge about HIV Transmission

Further analysis of consistent use of condoms was done to find out the condom using practice of those respondents who know the five core indicators of HIV transmission (BCDEF) as mentioned in the previous section

Among the respondents who know all the five core indicators, 30.8 percent of the respondents used condoms consistently with regular partners, 54.9 percent used condoms consistently with non-regular partners and 70 percent of them with sex workers in sexual relations that took place in the past 12 months. This finding points towards a big gap between knowledge and condom using practice of the respondents (Table 4.31).

Table 4.31: Consistent Use of Condom with Different Partners in Past Year by Respondents with Comprehensive Knowledge of HIV Transmission

Description	Consistently used condom with regular partner		Consistently used condom with non-regular partner		Consistently used condom with sex worker	
Age group	**n**	**%**	**n**	**%**	**n**	**%**
< = 19 Yrs	3	66.7	32	62.5	3	66.7
20-24	23	26.1	39	48.7	7	71.4
Sex						
Male	17	23.5	51	56.9	10	70.0
Female	9	44.4	20	50.0	-	-
Education						
Secondary/Higher Secondary	4	50.0	34	61.8	3	66.7
College/Institution	22	27.3	37	48.6	7	71.4
Total	**26**	**30.8**	**71**	**54.9**	**10**	**70.0**

Perception on Who Should Take Decision Regarding Condom Use

The respondents were asked to give their opinion on who among the sex partners should decide whether or not to use a condom. It is interesting to note that 44.8 percent of the respondents believe that the partners should jointly decide the use of condoms, almost 35 percent of the respondents believe that the decision should be made by the male partner and 18 percent think that the decision should be taken by the female partner. More female youths favor joint decision compared to male youths (Table 4.32).

Table 4.32: Perception on Who Should Make Decision Regarding Condom Use

Use of condom	Male n=264	Female n=75	Total n=339
Usually decision of condom use should be of man or women during sexual intercourse			
Joint decision	40.9	58.7*	44.8
Man's decision	40.5*	16.0	35.1
Women's decision	16.3	24.0	18.0
Don't know	2.3	1.3	2.1

* The difference is statistically significant at 0.05 levels.

4.6 Drug Using Practice

Drug injection behavior is closely related to HIV infection. The needle/syringe- and drug-sharing behavior thus should be carefully explored to design and implement preventive strategies for the target population. Information was sought from the in-school youths about their drug using habit.

Use of Drugs

About a third (31.4 percent) of male and 8 percent of female in-school youths have ever used drugs (Table 4.33).

Table 4.33: Drug Using Practice of the Respondents

Drug Injecting Practice	Male N=601	Female N=600	Total N=1201
Ever used drugs			
Yes	31.4*	7.7	19.6
No	68.6	92.3*	80.4

* The difference is statistically significant at 0.05 levels.

Among these respondents, four male respondents have ever injected illicit drugs. Of them two each were injecting since one year and two to five years. One respondent has ever shared needle/syringe in the group of four friends. Again, two of these male youths have injected in the past month. Both of them had sexual intercourse in the past month and one of them had not used a condom during the sexual contact (Table 4.34).

Table 4.34: Drug Injecting Practice of the Respondents

Drug Injecting Practice	Male	%
Ever injected drugs		
Yes	4	2.1
No	185	97.9
Total	**189**	**100.0**
Injecting drugs since		
Since last 1 years	2	50.0
2-5	2	50.0
Total	**4**	**100.0**
Ever shared needles with any one		
Yes	2	50.0
No	2	50.0
Total	**4**	**100.0**
Number of partners with whom needle was shared		
4 persons	1	50.0
No response	1	50.0
Total	**2**	**100.0**
Injected drugs any time in the past months		
Yes	2	50.0
No	2	50.0
Total	**4**	**100.0**
Had sexual intercourse in the past month		
Yes	2	50.0
No	2	50.0
Total	**4**	**100.0**
Used condom during the intercourse in the past month		
Yes	1	50.0
No	1	50.0
Total	**2**	**100.0**

4.7 Summary of Findings

- The median age of the in-school youths is 18 years; 96.7 percent of the respondents are from urban locations. One percent of the respondents are married; all of them were married before the age of 25 years. More than half (55 percent) of the in-school youths are living in hostels.

- Teachers and newspapers are the most popular source accessed by in-school youths as they are the main sources of information about HIV/AIDS for 97.2 and 94.2 percent of them. Both male and female respondents have almost equal access to television and newspapers. Those who are in college/institution have more access to television and newspapers.

- Almost all of the in-school youths (99.8 percent) have heard of HIV/AIDS, however, only 69 percent of them know that HIV is different from AIDS. Among those who shared on HIV, nearly 80 percent of the in-school youths talk about HIV/AIDS more often with their friends.

- Around 55 percent of the in-school youths think that HIV/AIDS is a serious problem in the community; this includes 70 percent female respondents. Similarly, 9.5 percent of the

in-school youths think that they are at high or moderate risk because of reasons like they do not use a condom in each sex act, have many sex partners, share blades with friends or when they go to saloon for trimming their hair, their sex partners have other partners too and because they had sex with sex workers.

- A majority of the in-school youths (98 percent) are aware that sexual transmission of HIV could be protected by using a condom every time they have sex. Many (93.9 percent) also reject the misconception that sharing meals with HIV infected persons transmit HIV virus. About 80 percent rejects that a person can be infected from mosquito bites; more than three quarters (77.7 percent) believe in having sexual intercourse with only one faithful uninfected sexual partner to prevent HIV and about three quarters (73.6 percent) know that healthy looking persons can have HIV. However, only 44.8 percent of the in-school youths are aware of these entire five core indicators of comprehensive knowledge of HIV transmission.

- Of the total school youths who know about HIV, 12.3 percent have ever taken HIV testing; female respondents are less likely to go for such tests. About 16 percent of the school youths, who ever had HIV tested did not bother to receive the test result. A majority (81 percent) of the respondents are also keen on taking up a confidential HIV test.

- Some of the school youths think that persons living with HIV/AIDS could take care of themselves and others by eating healthy food, using medicines, using condoms in each sex act, visiting a doctor regularly, abstaining from sex, keeping a positive attitude and remaining faithful to one partner.

- A considerable proportion (60 percent) of the study population would like to behave normally, give additional love or help and counsel a person or friend living with HIV. More than 90 percent of the school youths are ready to take care of a female or male relative, if found positive, however, 58.8 percent prefer not to talk about a family being positive with others. About 87 percent of the school youths are willing to buy food from an HIV infected shopkeeper and 74.3 percent believe that HIV infected teachers or colleagues should be allowed to continue working unless they become very sick.

- The proportion of those school youths who have heard of other sexually transmitted infection is about 82 percent which is low compared to the knowledge of HIV/AIDS (99.8 percent). The respondents have heard of gonorrhea (93.3 percent) and syphilis (56.1 percent). About 39.9 to 42.6 percent of the respondents recognized genital discharge, itching genital area, burning or pain during urination and genital ulcer/sore as common symptoms among females, while about 32.9 to 54.9 percent recognized these symptoms among the males. Only 1 percent of the respondents have experienced STI in the past year, and of them 70 percent had been treated in government health facilities, but more than half of them have not got their partners treated.

- About 28 percent of the respondents ever had sexual contact. A higher proportion of college/institution youths (43 percent) were ever active sexually compared to secondary/higher secondary school youths (21.1 percent). Eighty-five percent of the respondents had sexual intercourse before they reached 20 years of age and 46 percent of those respondents who ever had sex were sexually active in the past 12 months. Among the sexually active respondents in the past 12 months, five in 10 respondents had two or

more sexual partners and of them 75 percent had not used a condom in the last sex. Sexual intercourse with sex workers is low (9.6 percent), but with non-regular sex partners it is proportionately high (82.7 percent). However, all the respondents used a condom in the last sex with sex workers while 21 percent did not use condoms in the last sex with non-regular partners. Similarly, only 73.3 percent and 49.6 percent of the respondents used a condom consistently with sex workers and non-regular partners respectively in past 12 months.

- Friends or peers, television, newspaper or magazine, health worker, teacher, pamphlet and billboard are the sources of information about condoms for more than 90 percent of the respondents. Additionally, most of the respondents (96.5 percent) know hospitals as a condom obtaining source and about 35.7 percent had received condoms free of cost from different sources.

- As of the study period, injecting drugs does not seem a big problem among the study population, as only four respondents have ever injected drugs and only two injected drugs in the last month prior to the survey.

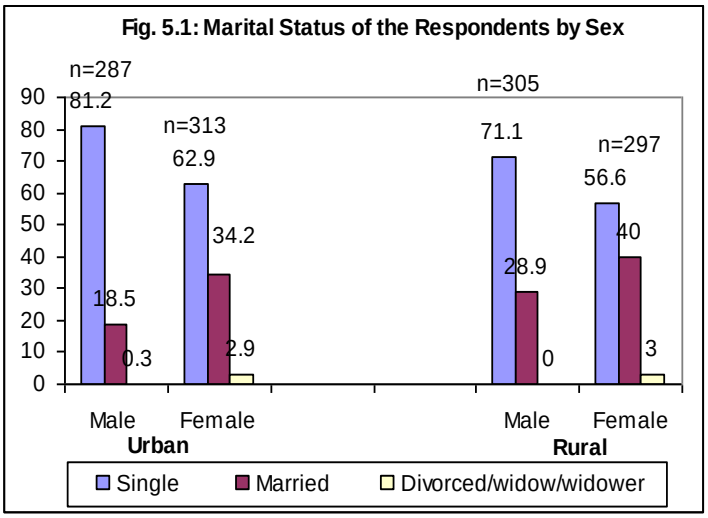
Chapter 5.0: OUT OF SCHOOL YOUTH

5.1 Socio-demographic Characteristics of Out-of-School Youth

This section presents findings on socio-demographic characteristics of out-of-school youths interviewed in the survey. It provides basic information on their age characteristics, their marital status, living status, religious/ethnicity background and educational status. The information is useful in the interpretation of findings later presented in the report.

Socio-Demographic Characteristics

A description of the demographic characteristics of the respondents is presented in Table 5.1. More than half of the respondents (54.7 percent) are 20-24 years of age. Not much variation is noticed in age characteristics of the respondents in rural and urban settings; the median age of the respondents in rural as well as in urban locations is 20 years. The respondents consist of 50.7 percent female and 49.3 percent male respondents. About 31 percent of the respondents are married; this includes 26.7 percent of the respondents in the urban sector and a slightly higher proportion (34.6 percent) in the rural sector. A considerably higher proportion of female respondents compared to male respondents are married in urban as well as rural sectors (Fig. 5.1).



Most of the respondents got married at quite a young age as 63.6 percent of the married youths had been married for the first time at 19 years of age or earlier. Female out-of-school youths especially in rural areas are likely to get married at a young age compared to their male counterparts (Annex 3).

Living Status

The majority of the out-of-school youths usually live with their parents (77 percent) while 15.6 percent live with their families. There are a few respondents who usually live alone or with friends (2.5 percent).

In the context of analyzing the sexual behavior of the study population, it is important to know about their current living-in partner. Twenty-three percent of the respondents are living with their spouse and children while 58.3 percent are living at their parental house. A few respondents have been living independently or with friends. A significantly higher proportion of the respondents in the urban sector have been living with relatives (13.8 percent urban and 7.1 percent rural), with friends (6.8 percent urban 0.5 percent rural) or independently ((5.5 percent urban and 1.7 percent rural) compared to those in the rural sector. Additionally, 32 percent of the respondents have been living this way since one to five years of age while 48.5 percent of them have been living like this since birth. Among those respondents who are living with friends or independently, the proportion of out-of-school males in the urban sector is slightly higher than others (Annex 3).

Most of the out-of-school youths (72.8 percent) have not stayed away from home in the last 12 months. However, 27.1 percent of them have left their homes for more than one month at least once in the past year (Table 5.1).

Table 5.1: Percent Distribution of the Respondents by their Demographic Characteristics

Demographic Characteristics	Urban	Rural	Total
Age	**N=600**	**N=602**	**N=1202**
15 -19	44.7	45.8	45.3
20-24	55.2	54.2	54.7
Missing/No Response	0.2	0.0	0.1
Median age	**20 Years**	**20 Years**	**20 Years**
Sex of the Respondents			
Male	47.8	50.7	49.3
Female	52.2	49.3	50.7
Marital status			
Single	71.7	64.0	67.8*
Married	26.7	34.6	30.6
Divorced/Permanently Separated	1.5	1.5	1.5
Widow/Widower	0.2	0.0	0.1
Age at first marriage	**n= 170**	**n=217**	**n=387**
< =19 years	63.5	63.6	63.6
20-24 years	36.5	36.4	36.4
Median age	**19 Years**	**19 Years**	**19 Years**
Usually live with	**N=600**	**N=602**	**N=1202**
Parents	75.2	78.7	77.0
Own family	15.3	15.8	15.6
With relative	6.3	3.5	4.9
Alone (independently)	1.7	1.0	1.3
Others	1.2	1.0	1.2
No Response	0.3	0.0	0.2
Currently living with			
Parental house	50.8	65.8*	58.3
With Own family (spouse/children)	22.3	23.8	23.0
With relative	13.8*	7.1	10.5
With friends in rented house	6.8*	0.5	3.7
Alone (independently)	5.5*	1.7	3.6
Others	0.5	1.2	0.9
No Response	0.2	0.0	0.1
Duration of stay			
Less than 1 year	8.0	6.3	7.1
1 – 5 years	38.7*	25.4	32.0
6 and above years	14.7*	9.5	12.1
Since birth	38.5*	58.5	48.5
No Response	0.2	0.3	0.3
Stayed away from home for more than one months in the last 12 months			
Yes	29.3	24.9	27.1
No	70.7	74.9	72.8
No Response	0.0	0.2	0.1

*The difference is statistically significant at 0.05 level.

Educational, Ethnicity and Religious Background

It appears from the educational characteristics of the respondents that urban respondents are more educated than rural respondents. The data presented in Table 5.2 elucidates this finding. Overall, 22.5 percent of the out-of-school youths are illiterate; this includes a significantly high proportion of respondents (26.9 percent) in the rural sector than in the urban sector (18 percent). A little over one-third (35.6 percent) have completed 7-10 grade; this includes 26.2 percent of the rural respondents and 45 percent of the urban respondents. There are some others (14.6 percent) who can read and write but do not have formal schooling. Additionally, female respondents are likely to be less educated than males as more female respondents are illiterate than male respondents while on the contrary, more male respondents than female respondents have completed 7-10 grades in the urban as well as rural areas (Annex 4).

Table 5.2: Percent Distribution of the Respondents by their Social Characteristics

Social Characteristics	Urban	Rural	Total
Education	**N=600**	**N=602**	**N = 1202**
Illiterate	18.0	26.9*	22.5
Literate/no formal education	8.5	20.6*	14.6
1-6 grade	28.5	25.9	27.2
7-10 grade	45.0*	26.2	35.6
No Response	0.0	0.3	0.2
Ethnicity			
Scharchop (Tsangla)	31.7	31.6	31.6
Ngalop	24.8	25.1	25.0
Lhotsampa	21.2	18.4	19.8
Khengpa	6.7	12.8	9.7
Kurtep	8.7	5.8	7.2
Bumthap	6.0	6.0	6.0
Others	1.0	0.3	0.7
Religion			
Buddhism	80.3	82.9	81.6
Hinduism	18.5	16.6	17.6
Christian	1.2	0.5	0.8

*The difference is statistically significant at 0.05 level.

The study population represents major ethnic groups and religions of Bhutan. Around 32 percent of them belong to the Scharchop (Tsangla) ethnic group while 25 percent are from the Ngalop and 19.8 percent represent the Lhotsampa community. A relatively smaller proportion of the respondents belong to other ethnic groups like Khengpa (9.7 percent), Kurtep (7.2 percent) and Bumthap (6 percent).

A majority of the respondents (81.6 percent) follow Buddhism while 17.6 percent of them are Hindus. A few respondents (0.8 percent) practice Christianity.

Exposure to Media

Table 5.3 presents findings on exposure of the study population to electronic as well as print media by their background characteristics. Around seven in 10 respondents both males and females belonging to <=19 years as well as 20-24 years listen to the radio and watch television at least once a week. While radio listening is significantly high among respondents from rural areas (76.6 percent) than urban areas (68.8 percent), television is watched at least once a week by a relatively higher proportion of the respondents in urban areas (93.2 percent) than in rural areas (50.7 percent).

Newspaper reading is relatively less prevalent as only three in 10 respondents belonging to <=19 years as well as 20-24 years read a newspaper at least once in the past week. However, a significantly higher proportion of male respondents than females (40.4 percent and 22.8 percent), respondents settled in urban areas than those in rural areas (41.3 percent and 21.6

percent) and those with a relatively higher educational background (7-10 grade) than those who are less educated (65 percent and 38.1 percent) read newspapers at least once a week.

As seen in Table 5.3, around eight to nine in every 10 respondents access at least one media at least once a week. However, except for 41.4 percent of the respondents with a relatively better educational background (7-10 grade), very few others are exposed to all of the three media sources at least once a week.

Table 5.3: Out of School Youth who are Exposed to Three Specific Mass Media At least Once a Week by Their Background Characteristics

Characteristics	N	Listen to radio daily/almost daily or at least once a week	Watches television daily/almost daily or at least once a week	Reads news paper daily/almost daily or at least once a week	All three media daily/almost daily or at least once a week	At least one media daily/almost daily or at least once a week
Age group						
< = 19 Yrs	544	70.0	73.7	32.2	20.2	91.5
20-24	657	74.9	70.3	30.7	19.9	93.6
Sex						
Male	592	72.1	71.6	40.4*	24.8*	93.4
Female	610	73.3	72.1	22.8	15.6	92.0
Location						
Urban	600	68.8	93.2*	41.3*	27.2*	97.3*
Rural	602	76.6*	50.7	21.6	13.1	88.0
Education						
Illiterate#	270	69.6	55.6	2.2	1.9	87.8
Literate/No schooling only	175	79.4	56.6	15.4	8.6	88.6
1-6 grade	327	75.8	72.8	20.5	13.8	93.0
7-10 grade	428	69.6	87.9	65.0	41.4	97.4*
Total	**1208**	**72.7**	**71.9**	**31.4**	**20.1**	**92.7**

*The difference is statistically significant at 0.05 level. # Only can read in their own language.

5.2 HIV/AIDS Related Knowledge and Attitude

This section explains the awareness level of the respondents regarding HIV/AIDS. Information on the level of awareness of the target population on modes of HIV transmission is a very important indicator for program designing and implementation. This chapter, therefore, analyses comprehensive knowledge about HIV transmission among study groups and also examines their perception of HIV/AIDS.

HIV/AIDS Awareness

A majority of the study population (94.7 percent) have heard about HIV/AIDS; a significantly higher proportion of the respondents in urban areas (96 percent) than in rural areas (93.4 percent) have heard about HIV/AIDS. However, a few of them (6.8 percent) know someone living with HIV/AIDS or who has died due to AIDS. Although 72.7 percent of the respondents do not share any kind of relationship with people living with HIV or with those who have died due to AIDS, 23.4 percent of the respondents (16.7 percent in rural and 31.4 percent in urban areas) had them as their friends.

The out-of-school youths were also asked about their perceptions of how a person is affected by HIV/AIDS. A considerable proportion of them think that people living with HIV/AIDS tend to get weaker each day (42.6 percent), lose weight (31.9 percent), have fever (25.7 percent) and have prolonged sickness (20.6 percent). Some also think that they would suffer from diarrhea (18.4 percent) and look pale (12.7 percent). However, 24.3 percent of the respondents which consist of 16.8 percent urban youths and almost double the proportion (32 percent) of them in rural areas are unaware of any such effect of HIV/AIDS (Table 5.4).

Table 5.4: Knowledge of HIV/AIDS

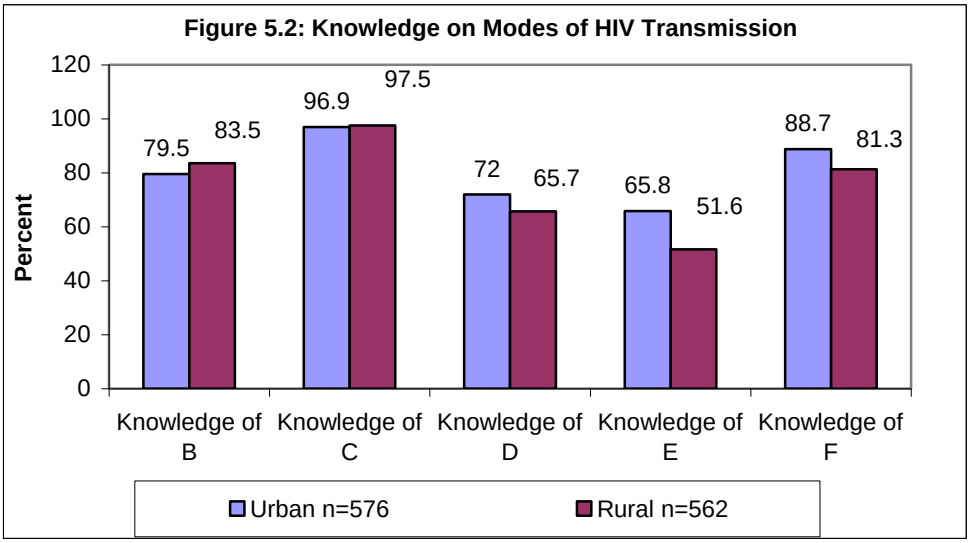
Ever heard of HIV/AIDS	**Urban N=600**	**Rural N=602**	**Total N=1202**
Yes	96.0*	93.4	94.7
No	4.0	6.6	5.3
Know anyone living with HIV/AIDS or died due to AIDS	**n=576**	**n=562**	**n=1138**
Yes	6.1	7.5	6.8
No	93.8	92.5	93.1
No Response	0.2	0.0	0.1
Nature of relationship with the deceased	**n=35**	**n=42**	**n=77**
Relative	2.9	2.4	2.6
Friend	31.4	16.7	23.4
None	65.7	78.6	72.7
No Response	0.0	2.4	1.3
Perceived effect on HIV/AIDS positive people**	**n=576**	**n=562**	**N=1138**
Get weaker	48.6*	36.5	42.6
Loose weight	35.4*	28.3	31.9
Get fever	28.8*	22.4	25.7
Suffer from prolonged sickness	24.8*	16.2	20.6
Suffer from diarrhea	21.7*	15.1	18.4
Look pale	15.3*	10.0	12.7
Get headache	0.5	3.6*	2.0
Vomiting	0.7	2.8	1.8
Others	3.5	3.2	3.3
Don't Know	16.8	32.0	24.3

* The difference is statistically significant at 0.05 level
** Total percent may exceed 100 due to multiple responses.

Comprehensive Knowledge of HIV Transmission

HIV/AIDS prevention programs focus their messages and efforts on some important aspects of behavior: Being faithful to one partner (B), and consistent condom use (C). Besides, the comprehensive knowledge indicator also includes awareness of some major misconceptions regarding HIV/AIDS which are: a healthy looking person may be infected with HIV (D) sharing meals with an HIV infected person does not transmit HIV (F) and a person cannot get HIV virus from mosquito bites (E). The survey collected the respondents' knowledge on these indicators with the help of certain probing questions and the proportion of respondents who correctly answered the questions and identified the misconceptions have been presented in Figure 5.2.

Figure 5.2: Knowledge on Modes of HIV Transmission



A majority of the respondents are aware that consistent use of condoms in each sexual contact (C) (96.9 percent urban and 97.5 percent rural) and being faithful to one sexual partner (B) (79.5 percent urban and 83.5 percent rural) can prevent HIV. Not much variation is noticed in the awareness level of male and female respondents in this regard. However, there are some respondents who believe in certain misconceptions related with HIV/AIDS as evident from Figure 5.2. Although eight in 10 respondents know that sharing a meal with an HIV infected person does not transmit HIV virus (F), a relatively low proportion of them are aware that a person cannot get HIV virus from mosquito bites (E) (65.8 percent urban and 51.6 percent rural) and that a healthy looking person can also be infected with HIV (D) (72 percent urban and 65.7 percent rural).

Table 5.5 further presents the findings on HIV/AIDS awareness level of the respondents by their different background characteristics. A majority of the respondents irrespective of their different background characteristics listed in the table are aware that consistent condom use prevents HIV transmission. Most of them also know that sharing meals with HIV infected person does not transmit HIV and being faithful to one sexual partner cuts the risk of HIV transmission. Overall, a slightly lower proportion of out-of-school youths aged 19 years or younger, male respondents, those belonging to rural areas and those who are comparatively less educated are likely to have correct information about different modes of HIV transmission especially DE and F than their other counterparts. At the same time, knowledge of all the five indicators of HIV transmission is relatively low among the study population as only around one-third of the respondents belonging to different background characteristics as mentioned in Table 5.5 are aware of all the five indicators.

Table 5.5: Knowledge on Ways of HIV/AIDS Transmission by Background Characteristics of Respondents

Characteristics	N	Being faithful to one partner prevents from HIV (B)	Condom use during each sexual contact prevents from HIV (C)	A healthy looking person can be infected with HIV (D)	A person cannot get HIV from mosquito bite (E)	Sharing a meal with HIV infected person does not transmit HIV (F)	Know all five indicator
Age group							
< = 19 Yrs	501	79.6	96.8	66.5	58.1	84.2	32.1
20-24	636	83.0	97.5	70.8	59.3	85.7	33.8
Sex							
Male	546	81.5	97.8	66.5	56.2	85.0	32.1
Female	592	81.4	96.6	71.1	61.1	85.1	34.0
Location							
Urban	576	79.5	96.9	72.0*	65.8*	88.7*	35.1
Rural	562	83.5	97.5	65.7	51.6	81.3	31.0
Education							
Illiterate	237	86.5	94.5	68.4	49.8	76.8	30.0
Literate/No schooling only	170	85.3	99.4	55.9	50.0	80.0	22.9
1-6 grade	307	81.4	97.1	71.3	58.3	84.4	35.2
7-10 grade	423	77.3	97.9	72.6	67.8	92.2	37.4
Total	**1183**	**81.5**	**97.2**	**68.9**	**58.8**	**85.1**	**33.0**
Media exposure							
Read news paper almost daily or at least once a week	378	79.1	97.9	72.7	67.0	90.3	37.8
Listen radio almost daily or at leas once in a week	874	83.0	97.4	68.1	60.2	85.7	34.7
Watch television almost daily or at least once a week	864	81.5	97.7	72.8	65.6	89.2	39.2

*The difference is statistically significant at 0.05 level.

The respondents' HIV/AIDS awareness level was further tested with the help of some more questions related to HIV transmission. Around eight to nine in every 10 respondents in urban as well as rural areas are aware that abstaining from sexual relations prevents HIV transmission (82.3 percent), use of previously used needles increases the risk of HIV transmission (98.5 percent), a pregnant woman with HIV/AIDS may transmit the virus to her unborn child (96.2 percent), a woman with HIV/AIDS can transmit the virus to her new-born child through breastfeeding (81.1 percent), a person cannot get HIV by holding an HIV infected person's hand (90.2 percent) and that blood transfusion from an infected person to the other could transmit HIV (97.9 percent) (Table 5.6)

Table 5.6 Awareness of Ways of HIV/AIDS Transmission

Statements Related to HIV/AIDS	Urban n=576	Rural n=562	Total N=1138
A person can get HIV by using previously used needle by others	99.1	97.9	98.5
Blood transfusion from an infected person to the other transmit HIV	98.1	97.7	97.9
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	96.2	96.3	96.2
A person can not get HIV by holding an HIV infected person's hand	91.5	89	90.2
Abstaining from sex prevents HIV transmission	77.6	87.2	82.3
A woman with HIV/AIDS can transmit the virus to her new-born child through breastfeeding	79.7	82.6	81.1

In an effort to further explore the respondents' understanding of HIV/AIDS risk behavior, they were also asked to mention some measures by which one can avoid getting HIV/AIDS. Almost 90 percent of the respondents mentioned that consistent use of condoms protects people from HIV/AIDS. However, aboutz one-third of the respondents mentioned that one should avoid injections used by others (34.2 percent) and should abstain from sex (33.7 percent). A smaller proportion of the respondents mentioned other preventive measures like having fewer sex partners (16.6 percent), avoiding casual sex (10.3 percent) and having sexual contact with only one partner (11.9 percent) (Table 5.7).

Table 5.7: Knowledge on Ways of Avoiding Transmission of HIV/AIDS

Known ways for avoiding HIV/AIDS**	Urban n=576	Rural n=562	Total N=1138
Use a condom at every sex	89.4	89.9	89.6
Avoid injection with used needle	39.1	29.2	34.2
Abstain from sex	30.7	36.7	33.7
Have fewer partner	20.5	12.6	16.6
Both partners should not have other sex partner	13.4	10.3	11.9
No causal sex	11.3	9.3	10.3
Avoid sharing blade	1.7	1.4	1.6
Others	0.7	0.9	0.5
Don't know	0.2	0.7	0.4
**Total percent may exceed 100 because of multiple responses			

Knowledge about HIV Testing Facility

Awareness about HIV testing facilities is important not just to allow early detection of HIV but also to promote prevention activities. Forty-eight percent of the respondents mentioned that they do not have a confidential HIV testing facility in their communities; a relatively larger proportion of the respondents in rural areas (69.8 percent) than in urban areas (26.6 percent) said so. At the same time, 14.3 percent of the respondents (16.1 percent in urban and 12.5 percent in rural areas) are not aware whether or not a confidential HIV testing facility exist in their communities. In other words, and as also illustrated in Figure 5.3, a relatively higher proportion of urban out-of-school males (69.9 percent) are aware of the existence of a confidential HIV testing facility in their communities than female out-of-school youths in

urban areas (46.1 percent). Moreover, only 18.2 percent of male out-of-school youths and 16.7 percent of female out-of-school youths in rural areas are aware of the existence of such a facility (Table 5.8).

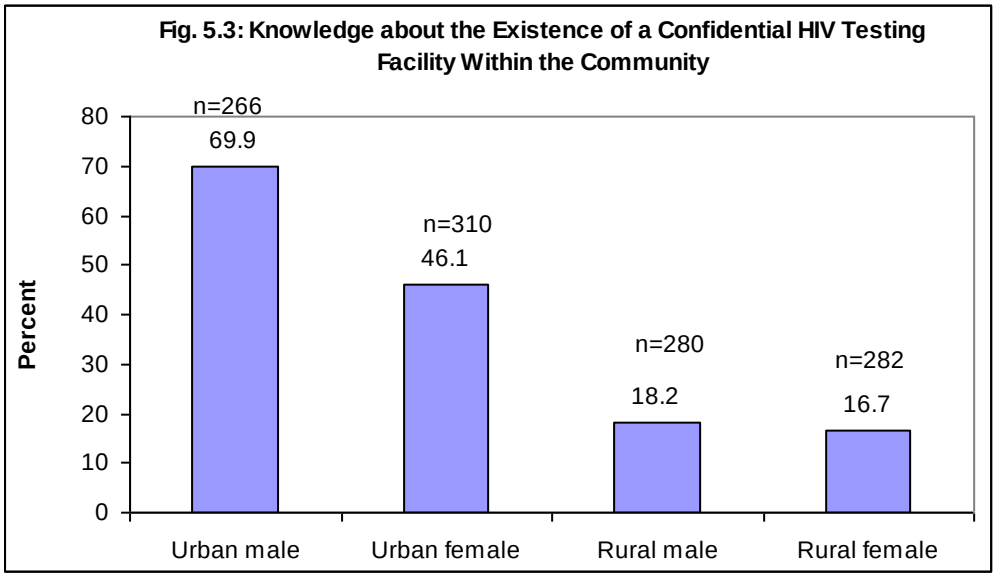


Table 5.8: Knowledge about HIV Testing Facilities and History of HIV Test

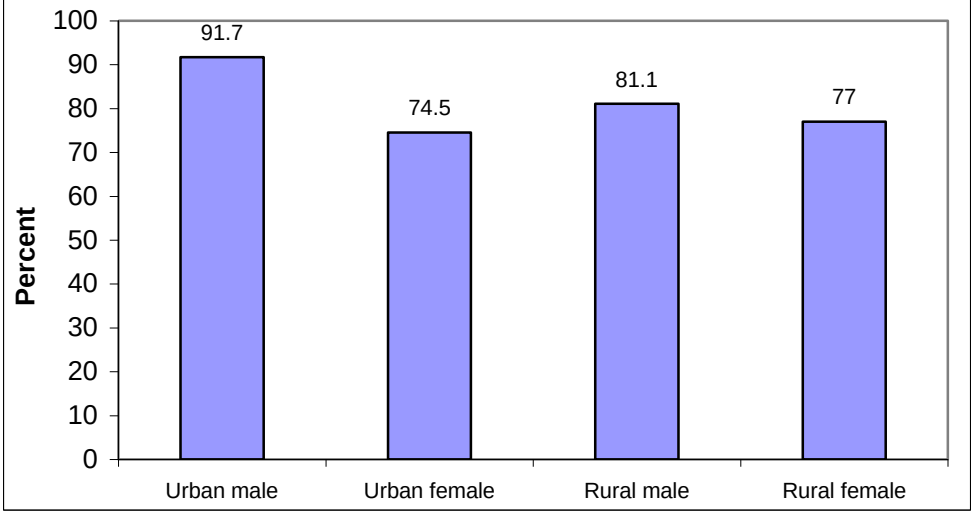
A confidential HIV testing facility is available in the community	Urban	Rural	Total
	n=576	**n=562**	**N=1138**
Yes	57.1*	17.4	37.5
No	26.6	69.8	47.9
Don't know	16.1	12.5	14.3
No Response	0.2	0.4	0.3
Know where to go for HIV test	**n=576**	**n=562**	**N=1138**
Yes	75.9	61.7	68.9
No	24.1	38.1*	31.0
No Response	0.0	0.2	0.1
Ever had an HIV test	**n=437**	**n=348**	**n=785**
Yes	17.2*	11.5	14.6
No	82.8	88.5	85.4
Timing of last HIV test	**n=75**	**n=40**	**n=115**
Within the past 12 months	62.7	65.0	63.5
Between 13-24 months	28.0	15.0	23.5
Between 25-48 months	4.0	15.0	7.8
More than 48 months ago	4.0	2.5	3.5
Don't Know/no response	1.3	2.5	1.8
Test result received	**n=75**	**n=40**	**n=115**
Yes	80.0	75.0	78.3
No	20.0	25.0	21.7
Share the test result with someone	**n=60**	**n=30**	**n=90**
Yes	85.0	73.3	81.1
No	15.0	26.7	18.9
If Shared, with whom **	**n=51**	**n=22**	**n=73**
Friends	76.5	86.4	79.4
Sex partner	39.2	36.4	38.4
Family member(s)	35.3	27.3	32.9
Health worker	2.0	4.5	2.7
Interested in getting an HIV test confidentially	**n=576**	**n=562**	**N=1138**
Yes	82.5	79.0	80.8
No	16.8	19.4	18.1
Don't know	0.7	1.4	1.1
No Response	0.0	0.2	0.1

*The difference is statistically significant at 0.05 level.
**Total percent may exceed 100 because of multiple responses.

HIV Testing

Overall, 68.9 percent of the out-of-school youths know about a place where they can go for HIV testing. Among them, 14.6 percent have ever taken the test; this includes a significantly larger proportion of urban out-of-school youths (17.2 percent) than rural out-of-school youths (11.5 percent). At the same time, more male respondents than female respondents (20.7 percent male and 13.8 percent female in urban areas, 15.8 percent male and 7 percent female in rural areas) have taken an HIV test (data not shown). While 63.5 percent have taken an HIV test within the past 12 months, 23.5 percent have done so one-two years before. However, not all of them have obtained the test result (78.3 percent). Eighty-one percent of those who got their HIV test results have shared the result with someone. While 79.4 percent of these respondents have shared the test results with their friends, 38.4 percent talked about it with their sex partners and 32.9 percent with their family members.

Fig. 5.4: Respondents Interested in Getting A Confidential HIV Test



Overall, a majority of the respondents (80.8 percent) are keen on taking a confidential HIV test. This include 79 percent of the respondents in rural and 82.5 percent in urban areas. Male respondents are comparatively more keen on getting a confidential HIV test than female respondents in urban as well as rural areas.

Perception on HIV/AIDS and Information Sources

The respondents are almost equally divided in their opinion on whether or not HIV and AIDS are different from each other. While 44.9 percent of the respondents perceive that there is a difference between HIV and AIDS, 42.5 percent of them feel that both HIV and AIDS have the same meaning. Location-wise, a significantly higher proportion of

Table 5.9: Perception on HIV/AIDS

There is difference between HIV/AIDS	**Urban**	**Rural**	**Total**
	n=576	**n=562**	**N=1138**
Yes	50.3 *	39.3	44.9
No	40.3	44.8	42.5
Don't Know	9.2	15.8	12.5
No response	0.2	0.0	0.1
It is not possible to cure AIDS	**n=576**	**n=562**	**N=1138**
Yes	87.3	89.9	88.6
No	9.0	7.3	8.2
Don't Know	3.6	2.7	3.2
No response	0.0	0.2	00.1

*The difference is statistically significant at 0.05 level.

respondents in urban areas (50.3 percent) than those in rural areas (39.3 percent) believe that HIV is different from AIDS.

Additionally, 8.2 percent of the respondents feel that AIDS can be cured while 88.6 percent of them feel that it is incurable. Another 3.2 percent are not aware if AIDS can be cured or not. The respondents' perception does not vary much across urban and rural locations (Table 5.9).

Sources of Information about HIV/AIDS

Most of the respondents have heard about HIV/AIDS from their friends/peers (87.5 percent), health worker/volunteer (86.1 percent) and radio (80.5 percent). Likewise, a large proportion of the respondents from urban areas (93.6 percent) named television as their information source; 63 percent of the respondents in rural areas reported so. Sixty to seventy percent of the respondents in urban areas became aware of HIV/AIDS through billboards (72.2 percent), pamphlets/posters (70.7 percent) and relatives. Comparatively a smaller proportion of the respondents in rural areas named these sources. Other sources cited by the respondents have been listed in Table 5.10.

Table 5.10: Sources of Knowledge about HIV/AIDS

Sources of knowledge of HIV/AIDS **	Urban n=576	Rural n=562	Total N=1138
Friends/Peers	91.7	83.3	87.5
Health workers/Volunteers	87.0	85.2	86.1
Radio	76.0	85.1	80.5
Television	93.6	63	78.5
Billboard/signboard	72.2	45.6	59.1
Pamphlets/Posters	70.7	45.6	58.3
Relatives	63.2	50.2	56.8
Workplace/school	54.3	43.6	49.0
Newspapers/Magazines	56.6	36.5	46.7
Teachers	46.5	36.3	41.5
Community events or training	39.2	31.3	35.3
Cinema hall	42.7	27.6	35.2
NGO	39.9	25.4	32.8
Others	0.3	0.5	0.4

**Total percent may exceed 100 because of multiple responses.

The sources of information on HIV have been further analyzed according to age, gender and educational backgrounds of the respondents in Annex 5. A significantly higher proportion of the younger respondents (<=19 years) than their older counterparts have accessed information about HIV from television and at the workplace. At the same time, a significantly higher proportion of male respondents have derived information about HIV from sources like pamphlets/posters (62.8 percent male and 54.1 percent female), workplace (56.1 percent male and 42.6 percent female), and billboard/signboard (67.7 percent male and 51.2 percent female). However, the proportion of female respondents who have heard about HIV from their relatives is significantly higher than males (61.7 percent female and 51.5 percent males). Education-wise, those respondents with a comparatively higher level of education (7-10 grades) have accessed information about HIV from different sources more than others with less or no education (Annex 6).

Risk Perception

The respondents were also asked whether or not they see themselves at the risk of getting HIV. Overall, 69.1 percent of the respondents do not consider themselves at any risk of getting HIV. However, 11.7 percent of them see themselves at small risk, 5.4 percent at moderate risk and 6.3 percent of them consider themselves at high risk of getting HIV. A slightly higher proportion of female than male respondents in rural as well as urban areas consider themselves at no risk of getting HIV (Annex 6).

Those respondents who consider themselves at high or moderate risk of getting HIV were further asked to mention the reasons for such perceptions. Around 62 percent of the respondents think so because of inconsistent use of condoms during sexual relations, 26.9 percent of them because they have many sex partners while 20.2 percent of the respondents think so because their sex partners have sexual contact with other partners too. Besides, 11.2 percent of the respondents have had sex with sex workers; a higher proportion of respondents from urban areas have had such sexual relations (16.3 percent) than those in rural areas (3.7 percent).

It needs to be mentioned here that a noticeably higher proportion of male respondents than female respondents in rural as well as urban areas consider themselves at some risk of HIV because they have multiple sex partners and also because they have had sexual contact with sex workers. At the same time, more of the female respondents consider themselves at such risk because their partners have sex with other sex partners (Annex 6). Such responses indicate that male respondents are more likely to have multiple sexual partners or engage in commercial sexual encounters than female respondents.

Likewise, those respondents who do not consider themselves at such risk pointed out that they think so because they never have had sexual contact (48.6 percent), they do not go to sex workers (24.1 percent), they trust their partners (21.3 percent), they always use condoms (18.9 percent) and because they do not use intravenous drugs (15.8 percent).

Additionally, over two-fifths of the respondents (47.5 percent) consider HIV a serious problem in the community. More respondents from urban areas (50.2 percent) than rural areas (44.8 percent) think so. On the other hand, 24.4 percent of the respondents (17.7 percent in urban and 31.3 percent of rural areas) do not see it as a problematic issue (Table 5.11).

Table 5.11: Risk of HIV Infection as Perceived by the Respondents

Risk perception of HIV/AIDS	**Urban**	**Rural**	**Total**
Perceived risk level of contracting HIV/AIDS	**n=576**	**n= 562**	**N=1138**
High	7.1	5.5	6.3
Moderate	6.8	4.1	5.4
Small	9.7	13.7	11.7
No risk	70.1	68.0	69.1
Don't know	6.1	8.7	7.4
No response	0.2	0.0	0.1
Reasons for perceiving self at high or moderate risk of contracting HIV/AIDS**	**n= 80**	**n=54**	**N=134**
Do not always use condoms	63.8	59.3	61.9
Have many sex partners	30.0	22.2	26.9
Sex partner has other sex partner	23.8	14.8	20.2
Have had sex with sex workers	16.3	3.7	11.2
Hair cut in saloon	1.3	3.7	2.2
Others	2.5	1.9	2.2
Don't know	0.0	3.7	1.5
Reasons for perceiving self at small or no risk of contracting HIV/AIDS**	**n=460**	**n=459**	**N=919**
Never had sex	53.7	43.6	48.6
Do not go to sex workers	24.6	23.5	24.1
Trust my partners	18.5	24.2	21.3
Always use condoms	19.1	18.7	18.9
Do not use intravenous drugs	14.6	17.0	15.8
Never share blade	2.4	3.1	2.7
Others	2.6	2.6	2.6
Don't know	0.4	0.2	0.3
Consider HIV as a serious problem in the community	**n=576**	**n=562**	**N=1138**
Serious problem	50.2	44.8	47.5
Not a problem	17.7	31.3	24.4
Somewhat of a problem	24.8	15.7	20.3
Don't Know	7.1	8.2	7.6
No response	0.2	0.0	0.1

**Total percent may exceed 100 because of multiple responses.

Perceptions on How an HIV Positive Person Can Take Care of Themselves and of Others

Respondents have different perceptions regarding how an HIV infected person can take care of themselves and others too. Over half of them think that they should use medicines (60.6 percent of urban and 49.6 percent of rural respondents), while around 44 percent each of them think that they should eat healthy food and should use condoms during each sexual contact. Some also feel that an HIV positive person should abstain from sex (31.7 percent) and should visit a doctor (31.6 percent) (Table 5.12).

Table 5.12: Respondents' Opinion on Ways in Which an HIV Positive Person Can Take Care of Themselves and of Others

Perceived ways in which an HIV positive person can take care of themselves and others**	Urban n= 576	Rural n= 562	Total N=1138
Use medicine	60.6	49.6	55.2
Eat healthy food	47.9	39.1	43.6
Use condom in each sex act	46.9	39.0	43.0
Abstain from sex	29.3	34.2	31.7
Visit doctor	31.8	31.3	31.6
Keep a positive attitude	22.6	16.9	19.8
Remain faithful to one partner	12.0	8.0	10.0
Not drink alcohol	10.6	9.4	10.0
Get normal exercise	9.0	5.2	7.1
Do not smoke	8.2	5.7	6.9
Do not share needle/blade	1.7	0.9	1.3
Do not donate blood	1.6	0.5	1.1
Others	3.1	1.6	2.4
Don't know	2.4	4.1	3.2

**Total percent may exceed 100 because of multiple responses.

5.3 Attitude, Belief and Practice

One of the main focuses of HIV/AIDS prevention programs is creating an enabling environment for people living with HIV/AIDS by bringing about a change in the negative attitude of people through awareness raising activities. This chapter assesses the respondents' attitude and behavior towards people living with HIV/AIDS. The respondents were asked several questions relating to their reaction to an HIV positive person or an HIV positive friend. It has also attempted to examine the responses provided by the respondents by their knowledge of major modes of HIV transmission, BCDEF as mentioned in the previous section. The responses have been analyzed by the age, gender and educational backgrounds of the respondents.

Attitude towards HIV/AIDS

Sixty-one percent of the out-of-school youths mentioned that they would react normally on meeting an HIV positive person, while 23.2 percent of them said that they would give them additional love and help. Fifteen percent would counsel them while 6 percent of them said they would either avoid them or isolate them. More respondents from rural areas (8.2 percent) than in urban areas (3.5 percent) would avoid them (Table 5.13).

Fifty-one percent of the respondents are also ready to give additional love and help to their friends if they found them to be HIV positive. Thirty-nine percent of them would behave normally with them while 30.4 percent would counsel them. However, some respondents said they would avoid or isolate them (2.4 percent), would not stay with them (1.1 percent), and would no longer remain their friends (1.1 percent). Comparatively more of the rural than urban respondents said so.

Table 5.13: Respondents Response to HIV Positive Person			
Reported ways in which respondents would react on meeting an HIV positive person**	**Urban n= 576**	**Rural n=562**	**Total N=1138**
Behave like a normal people	62.8	59.3	61.1
Give additional love and help	24.3	22.1	23.2
Provide counseling	17.4	12.1	14.8
Avoid /isolate	3.5	8.2	6.0
Others	3.5	3.7	3.9
Reported ways in which respondents would react if a friend was found to be HIV positive **			
Give additional love and help	51.6	51.1	51.3
Behave like a normal people	42.5	35.4	39.0
Provide counseling	36.3	24.4	30.4
Avoid/isolate	1.7	3.0	2.4
Not stay with	0.5	1.8	1.1
Break friendship	0.5	1.8	1.1
Would not have sex with them	1.0	0.5	0.8
Others	1.2	2.1	1.7
**Total percent may exceed 100 because of multiple responses			

Table 5.14: Responses to HIV Positive People			
Would readily take care of HIV positive male relative in the household	**Urban n= 576**	**Rural n= 562**	**Total N=1138**
Yes	90.3	82.2	86.3
No	9.5	16.9*	13.2
Don't know	0.2	0.9	0.5
Would readily take care of HIV positive female relative in the household			
Yes	90.5	80.1	85.3
No	9.2	18.9*	14.0
Don't know	0.3	1.1	0.7
Would prefer to keep a family member's HIV positive status a secret			
Yes	60.4	55.7	58.1
No	39.6	44.1	41.8
Don't know	0.0	0.2	0.1
Would readily buy food from HIV positive shopkeeper			
Yes	80.9	77.0	79.0
No	17.0	22.1*	19.5
Don't know	1.4	0.7	1.1
No response	0.7	0.2	0.4
Believe that HIV infected teacher/college should be allowed to continue working unless very sick			
Yes	67.0	54.8	61.0
No	29.3	41.1*	35.1
Don't know	2.8	3.4	3.1
No response	0.9	0.7	0.8
Believe that the health care needs of a HIV infected person is the same, more or less than those required by someone with other chronic disease			
Same	31.3	27.4	29.3
More	58.9	56.0	57.5
Less	6.6	10.5*	8.5
Don't know	2.6	5.5	4.0

No response	0.7	0.5	0.6
*The difference is statistically significant at 0.05 level.			

Although over 80 percent of the respondents said they would readily take care of an HIV positive male relative (86.3 percent) or a female relative (85.3 percent) in their household if such a need arose, 58.1 percent of them prefer not to talk about their HIV positive status with others. At the same time, 19.5 percent of the respondents would not buy food from HIV infected shopkeepers, 35 percent consider that HIV infected teachers should not be allowed to continue working. The respondents in rural settings are significantly more likely to respond negatively to HIV positive people than respondents in urban settings (Table 5.14).

Additionally, 57.5 percent of the respondents feel that the health care needs of an HIV infected person is more than those required by someone with other chronic disease, 29.3 percent believe that both need the same health care while 8.5 percent believe that HIV positive people need less health care than those suffering from other chronic disease.

Response to HIV Positive People by Awareness Level on HIV/AIDS

A person's awareness level on HIV/AIDS and its modes of transmission largely determines his/her attitude towards HIV/AIDS positive people. Lack of awareness and belief in misconceptions often result in negative responses like stigmatization and discrimination of people living with HIV/AIDS. In this regard, Table 5.15 and Table 5.16 further analyze the responses provided by the respondents who have comprehensive knowledge of HIV transmission, i.e., they are aware of the major indicators (BCDEF) on how they would react to an HIV positive person. Responses like they would react normally, give additional love/care, provide counseling have been coded as 'positive' reaction while responses like they would stay away from them, would isolate/avoid them and break their friendship with them have been coded as 'negative' reaction.

A majority of the respondents who are aware of all of BCDEF have positive attitude towards people living with HIV/AIDS as indicated by their responses on how they would react if they met an HIV positive person or came to know that a friend was HIV positive. However, despite their awareness of BCDEF there are some respondents who said they would avoid/isolate them and would break their friendship with an HIV positive person. A further analysis of the responses provided by the out-of-school youths by their background characteristics shows that such negative responses have been provided by more respondents belonging to =<19 years age group, those who are illiterate and female respondents (Table 5.15).

Table 5.15: Reported Ways in Which the Respondents with Comprehensive Knowledge of HIV Transmission Would Respond to an HIV Positive Person by Their Background Characteristics

Background Characteristics		Reaction on meeting an HIV positive Person		Reaction on knowing that a friend is HIV positive	
Age	**N**	**Would react positively**	**Would avoid/isolate them**	**Would react positively**	**Would avoid/isolate them**
<=19 years	161	96.3	3.7	98.8	1.2
20-24	215	98.6	1.4	99.1	0.9
Education					
Illiterate	71	94.4	5.6	97.2	2.8
Literate but no	39	100.0	0.0	100.0	0.0

schooling					
Completed 1-6 grade	108	99.1	0.9	100.0	0.0
Completed 7-10 grade	158	97.5	2.5	98.7	1.3
Sex of Respondents					
Male	175	98.9	1.1	100.0	0.0
Female	201	96.5	3.5	98.0	2.0
Total	**376**	**97.6**	**2.4**	**98.9**	**1.1**

Likewise, Table 5.16 examines the responses provided by the respondents with knowledge of BCDEF on whether or not they would readily take care of an HIV positive male/female relative in their household, would buy food from HIV infected shopkeepers, and whether or not they felt it right that an HIV infected teacher should be allowed to continue working unless very sick. In this regard, all positive responses have been coded as positive responses. The other question in which they were asked 'whether they would want to keep it a secret if a family member was found to be HIV positive' has also been included in this analysis, and for this question 'no' responses have been coded as positive responses.

As evident from Table 5.16, a majority of the respondents (70-80 percent) with knowledge of BCDEF would respond negatively in the given circumstances. Much variation does not exist with regard to their background characteristics. However, respondents belonging to the younger age group (<=19 years), those who are either illiterate or have not attended formal schooling, and female respondents are a little more likely to hold such negative opinions.

Table 5.16: Reported Responses of Respondents with Comprehensive Knowledge of HIV Transmission to an HIV Positive Person

Background Characteristics		Positive Response	Negative Response
Age	**N**	**%**	**%**
<=19 years	161	15.5	84.5
20-24	215	22.3	77.7
Education			
Illiterate	71	25.4	74.6
Literate but no schooling	39	28.2	71.8
Completed 1-6 grade	108	12.0	88.0
Completed 7-10 grade	158	19.6	80.4
Sex of Respondents			
Male	175	10.9	89.1
Female	201	26.9	73.1
Total	**376**	**19.4**	**80.6**

Participation in Discussion about HIV/AIDS

People often hesitate to talk freely about issues related to sexual practices and behaviors. In order to reach HIV/AIDS related information to the people, it is necessary to understand their comfort level in discussing these topics and the kind of people they feel comfortable talking to about them. The respondents were, therefore, further asked if they have discussed HIV/AIDS with anyone in the past month. A quarter of the respondents (25.3 percent) did so while a majority of them (74.6 percent) have not discussed HIV/AIDS with anyone in the past month. Most of those who discussed HIV/AIDS talked with their friends (70.5 percent). Some others talked with health workers (25.7 percent), with family members (19.4 percent) and with their sex partners (18.8 percent) (Table 5.17).

Table 5.17: Participation in discussion on HIV/AIDS

Discussed with anyone about HIV/AIDS in the past month	Urban n=576	Rural n=562	Total n=1138
Yes	27.3	23.3	25.3
No	72.7	76.5	74.6
No response	0.0	0.2	0.1
Discussed with about HIV/AIDS in the past	**n=157**	**n=131**	**n=288**

month*			
Friends	70.1	71.0	70.5
Health workers	24.2	27.5	25.7
Family members	23.6	14.5	19.4
Sex partner	21.0	16.0	18.8
Teachers	3.8	2.3	3.1
Others	1.3	2.3	1.7

5.4 Knowledge of Sexually Transmitted Infection

Sexually transmitted infection (STI) is an illness that has a significant probability of transmission between humans by means of human sexual behavior, including vaginal intercourse, oral sex, and anal sex. Along with HIV/AIDS awareness, knowledge about other STIs is also crucial to reduce the risk of HIV transmission. Timely detection of STI may facilitate timely treatment and it is necessary for everyone especially the sexually active population to be aware of different STIs and their symptoms. This section contains information on knowledge about STIs among the out-of-school youths. It also explains their understanding of male as well as female STI symptoms and their personal experience of STI, if any, and type of treatment sought to cure the problem.

Almost 39 percent of the respondents including a significantly higher proportion of them in rural areas (43.4 percent) than in urban areas (34.2 percent) have not heard about STIs. Those who have heard about them have mostly heard about gonorrhea (93.6 percent). Around 32 percent of the respondents have heard about syphilis while a few others (2.4 percent) have heard about genital herpes (Table 5.18).

Table 5.18: Knowledge about Sexually Transmitted Infections

STI Awareness	Urban	Rural	Total
Heard of STIs	**n= 600**	**n= 602**	**N=1202**
Yes	65.2	54.3	59.7
No	34.2	43.4*	38.8
Don't know	0.5	2.3	1.4
No response	0.2	0.0	0.1
Types of STI heard **	**n= 391**	**n= 327**	**n=718**
Gonorrhea	95.4	91.4	93.6
Syphilis	35.5	28.4	32.3
Genital Herpes	2.8	1.8	2.4
Others	0.5	0.0	0.3
Don't know	1.8	3.7	2.7

*The difference is statistically significant at 0.05 level.
**Total percent may exceed 100 because of multiple responses.

The table shows the symptoms of male as well as female STIs that the respondents are aware of. As seen in Table 5.19, a relatively higher proportion of the respondents in urban as well as rural areas are aware of male STI symptoms than female STI symptoms. Over one-half of the respondents in urban as well as rural locations recognize burning sensation during urination as one of the male STI symptoms while around 46 percent of them consider itching in the genital area as the other symptom of male STI. Genital discharge is the other common STI symptom among males as cited by 45 percent of he urban and 36.7 percent of the rural study population.

Table 5.19: Symptoms of Male and Female STIs as Reported by the Respondents

STI Symptoms **	Among females		Among males	
	Urban	Rural	Urban	Rural
	n= 391	n= 327	n= 391	N=327
Itching in genital area	45.5	34.6	45.5	45.6
Burning pain on urination	43.0	33.6	58.6	52.9
Genital discharge	39.6	23.5	45.0	36.7
Genital ulcer/sore	28.9	18.3	28.6	20.8

Blood in urine	11.8	11.9	10.7	19.3
Swelling in groin area	11.8	11.3	26.6	27.2
Abdominal/Lower abdominal pain	10.7	11.6	9.5	8.3
Foul-smelling	7.2	9.5	7.2	8.6
Weight loss	10.2	5.8	7.9	6.4
Others	1.3	1.5	1.8	1.5
Don't know	20.2	38.8	9.2	18
** Total percent may exceed 100 because of multiple responses.				

Likewise, itching in the genital area (45.5 percent urban and 34.6 percent rural), burning pain during urination (43 percent urban and 33.6 percent rural) and genital discharge (39.6 percent urban and 23.5 percent rural) are some of the common symptoms cited by the respondents as female STI symptoms. Other symptoms of STI as cited by the respondents have been listed in Table 5.19.

In general, women respondents are more aware of female STI symptoms while male respondents are more aware of male STI symptoms. However, genital discharge and genital ulcers among women are cited as female STI symptom by a higher proportion of urban based out-of-school males than female respondents (Annex 7).

STI Symptom Experienced and Treatment Sought

Ninety-five percent of the respondents who have heard of STIs have not experienced any symptoms of STI in the past year. On the other hand, 4.9 percent of them (4.6 percent in urban and 5.2 percent in rural areas) had at least one symptom of STI in the past year. Although 77.1 percent of them had sought treatment for the STI symptoms experienced, others (22.9 percent) had not done so. Comparatively, respondents from rural set-ups are more likely to avoid seeking treatment for STI symptoms than those living in urban areas as evident from the following table. At the same time, the respondents mostly go to government health facilities like hospitals and health posts in order to get treatment. All the respondents seeking medical attention in rural areas and 86.7 percent in urban areas had been to a government hospital/health post for treatment. Besides, 13.3 percent of them in urban areas had visited a pharmacy.

Table 5.20: STI Symptom/s Experienced and Treatment Sought

STI symptoms reported by	**Urban**	**Rural**	**Total**
Had an STI in the past year	**n= 391**	**n= 327**	**n=718**
Yes	4.6	5.2	4.9
No	95.1	94.5	94.8
Don't know	0.3	0.3	0.3
Seek treatment	**n= 18**	**n= 17**	**n= 35**
Yes	83.3	70.6	77.1
No	16.7	29.4	22.9
Source of treatment	**n= 15**	**n= 12**	**n= 27**
Government Hospital/Health Post	86.7	100.0	92.6
Pharmacy	13.3	0.0	7.4
Treatment obtained by sexual partner	**n= 15**	**n= 12**	**n= 27**
Yes	46.7	25.0	37.0
No	13.3	58.3*	33.3
Don't know	40.0	16.7	29.6
*The difference is statistically significant at 0.05 level.			

Treatment of sex partners is as important as treating the person experiencing symptoms of STI. In this regard, those respondents who reportedly had received treatment for STI were asked if their partners too received medical supervision and treatment. Thirty-seven percent of these respondents' partners have received treatment. However, one-third of the respondents' partners have not been treated; a significantly larger proportion of such respondents belong to rural areas (58.3 percent) than urban areas (13.3 percent).

5.5 Sexual Behavior and Condom Using Practice

HIV transmission is most often related with risky sexual behaviors. This chapter deals with the sexual behavior of out-of-school youths. It focuses particularly on risky sexual behavior, type and number of partners, as well as use of condoms.

Sexual Relations

Fifty-six percent of the respondents have had at least one sexual contact till the time of the survey. A significantly higher proportion of them in urban areas (47.2 percent) than in rural areas (40.9 percent) have not engaged in sexual relations so far. Among them, 31 percent consider themselves too young to have sex partners, while 28 percent each consider it wrong to have sexual contact before marriage and do not feel ready for sexual contact. At the same time, there are some others who are afraid that they would get pregnant (15.1 percent) and would get HIV/AIDS or STIs (13.4 percent) through sexual contact.

Most of the respondents were sexually active by 16-19 years (61.5 percent). However, 22 percent of the respondents have had their first sexual intercourse at quite a young age of less than 15 years. There are some others (16.1 percent) who have had their first sexual contact at the age of 20 or more years. Not much variation is noticed between respondents in rural and urban areas in this regard (Table 5.21). However, male respondents are likely to engage in sexual relations earlier than female respondents as 27.3 percent of the males compared to 12.5 percent of the females in urban areas and 31.3 percent of the males compared to 13.7 percent of the female in rural areas had their first sexual intercourse before they turned 15 years (data not shown in the table).

Table 5.21: Sexual Behavior

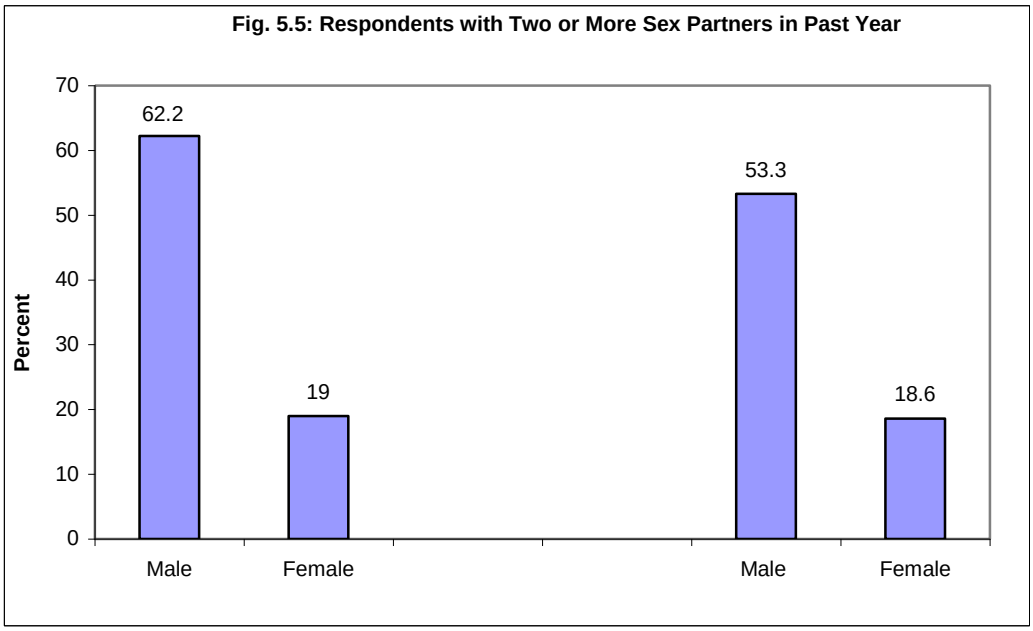
Sexual behavior	**Urban n=600**	**Rural n= 602**	**Total N=1202**
Ever had sexual intercourse	52.8	59.1*	56.0
Never had sexual intercourse	47.2*	40.9	44.0
Reason for not having sexual intercourse**	**n= 283**	**n= 246**	**n= 529**
I am/feel too young	29.3	32.9	31.0
Sex before marriage is wrong	31.4	24.0	28.0
Don't feel ready to have sex	31.1	24.0	27.8
Have not had the chance	18.0	24.8	21.2
Afraid of getting pregnant	17.0	13.0	15.1
Afraid of getting HIV/AIDS or STI	15.5	11.0	13.4
Not interested	3.5	5.3	4.3
Feel shy	0.4	1.6	1.0
Others	2.1	2.9	2.5
Age at first sexual intercourse	**n= 317**	**n= 356**	**n= 673**
Below 15 years	20.5	23.3	22.0
16-19years age	61.8	61.2	61.5
=>20 years age	17.0	15.2	16.1
Don't know/no response	0.6	0.3	0.4
Sexual intercourse in the past 12 months	**n= 317**	**n= 356**	**n= 673**
Yes	83.3	81.5	82.3
No	16.7	18.5	17.7
Numbers of different sexual partners in the past 12 months	**n= 264**	**n= 290**	**n= 554**
1 partner	60.2	63.4	61.9
2 or more partners	39.8	36.6	38.1

**Total percent may exceed 100 because of multiple responses.

Sexual Contact in the Past Month

Overall, 82.3 percent of the respondents were sexually active in the month preceding the survey. While 61.9 percent of them had one sexual partner, 38.1 percent of them had more than one sexual partner in the past month (Table 5.21).

Gender-wise, a relatively higher proportion of the male respondents than female respondents had two or more sex partners in the past 12 months. This trend is noticed in rural as well as urban settings as 62.2 percent of the male respondents compared to 19 percent of the female respondents in urban areas had sexual contact with two or more partners in the past year. Likewise, 53.3 percent of the male respondents as against 18.6 percent of the female respondents in rural areas had two or more sex partners in the past year (Fig. 5.5).



Sexual Contact in the Past Year

Four different types of sex partners of the respondents have been analyzed in this study. They are: i) Regular partner - A 'regular sex partner' is defined as the spouse or any sexual partner living together with the respondent, ii) Non-regular or casual partners - those with whom the respondents are not married or living together. However, non-regular sex partners are also defined as being distinct and separate from sex workers and iii) Sex workers - those sex partners who take payment in cash or kind for sexual relations. Besides, sexual contact between people belonging to the same gender or homosexual relationship is also an increasing trend in many countries. In this context, the male respondents were also asked if they have ever indulged in such sexual relations with male sex partners.

Table 5.22: Type of Sex Partners

Had sex with a regular partner during the past 12 months	**Urban n= 264**	**Rural n= 290**	**Total n= 554**
Yes	67.8	74.1	71.1
No	29.9	20.0	24.7
Unmarried or no live with partner	2.3	5.9	4.2
Had sex with non-regular sex partner during the past 12 months			
Yes	47.7	41.0	44.2
No	52.3	59.0	55.8
Had sex with sex worker during the past 12 months			
Yes	9.1	9.0	9.0
No	90.9	91.0	91.0
Ever had sex with male$	**n= 165**	**n= 195**	**n= 360**
Yes	6.1	3.6	4.7
No	93.9	95.9	95.0
No response	0.0	0.5	0.3
Had anal sex in the past 12 months	**n= 10**	**n= 7**	**n= 17**
Yes	10.0	14.3	11.8
No	90.0	85.7	88.2
Last sex partner	**n= 317**	**n= 356**	**n= 673**
Regular partner	54.9	63.8	59.6
Other female friend	33.1	25.8	29.3
Male friend	10.1	7.6	8.8
FSW/MSW	0.9	2.2	1.6
Don't know	0.3	0.3	0.3
No response	0.6	0.3	0.4

** Ask only to male respondents.

Seventy-one percent of those respondents who had been sexually active in the past year had sex with a regular partner, 44.2 percent of them had sex with non-regular partners while 9 percent of them had sex with sex workers in the past year. Among those male respondents who had sexual contact in the past year, 4.7 percent of them had at least one sexual contact with a male partner. Among them, 10 percent of rural males and 14.3 percent of urban males had such sexual contact even in the past year (Table 5.22).

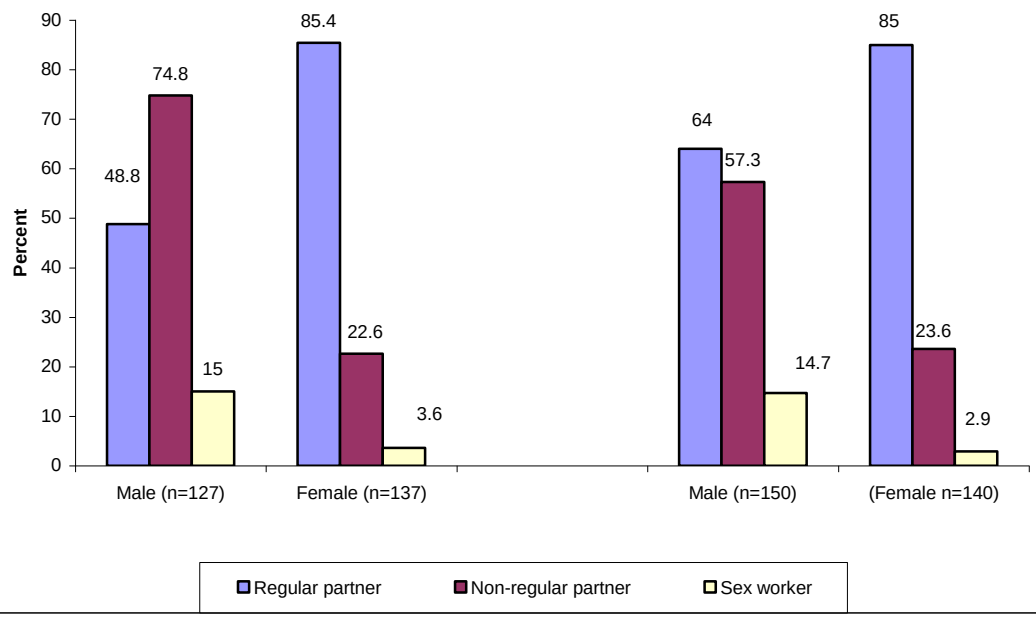
Last Sexual Contact

The respondents were also asked about the type of their last sexual partner. While 59.6 percent of them had their regular partners as their last sex partners, 29.3 percent of them had sexual contact with other female friends and 8.8 percent with other male friends. About 2 percent of the respondents had their last sexual contact with female/male sex workers.

Type of Sex Partners in the Past One Year

Figure 5.6 explains the type of sex partners the out-of-school youths had in the past year by respondents' gender. Female respondents in urban (85.4 percent) as well as rural locations (85 percent) mostly had sexual contact with their regular partners in the past year. On the other hand, a large proportion of males in urban (74.8 percent) areas had sexual contact with non-regular sex partners in the past year. A considerable proportion of the male respondents in rural areas (57.3 percent) also had such sexual encounters. Similarly, 15 percent of the out-of-school males in rural as well as urban settings had sex with sex workers in the past year. There were a few female respondents who had sexual contact with male sex workers.

Fig. 5.6: Type of Sex Partners in Past One Year



Knowledge About and Use of Condoms

Almost all of the respondents (99.5 percent) have heard about condoms. Most of them also know that condoms are used for preventing pregnancy (86.3 percent) and for preventing HIV/AIDS (82.2 percent). However, a relatively lower proportion of the respondents

mentioned that condoms could also prevent STIs (30.1 percent). At the same time, 85.5 percent of the respondents consider condoms to be a safe device while 8.9 percent of them consider it unsafe.

A majority of those who do not consider condoms to be safe enough added that they are unsafe because they break easily (93.5 percent). Another 2.8 percent also felt that condoms do not protect people from diseases (Table 5.23).

Knowledge about Availability of Condoms

Most of the respondents (98.2 percent) also know about a place/person from where they could obtain condoms. Hospitals are the most common source cited by the majority of the respondents (95.4 percent). Some of the other sources that they know are shops (30.3 percent), health workers (25.7 percent), pharmacies (18.1 percent), bars/guesthouses/hotels (14.5 percent) and friends (13.5 percent) (Table 5.24).

In an effort to determine the access of the respondents to free condoms, they were asked whether or not they had received free condoms in the past 12 months. Sixty-three percent of the respondents, including a significantly higher proportion of the respondents in rural areas (66.4 percent) than in urban areas (59.7 percent areas) have never received free condoms from any source so far in the past 12 months (Table 5.24).

Table 5.23: Knowledge about condoms

Knowledge about condoms			
Ever heard of condom	**Urban n= 600**	**Rural n = 602**	**Total n= 1202**
Yes	99.7	99.3	99.5
No	0.3	0.7	0.5
Condoms are used to**	**n= 598**	**n= 598**	**n= 1196**
Prevent pregnancy/Used as a contraception	88.0	84.6	86.3
Prevent HIV/AIDS	84.3	80.1	82.2
Prevent STI	32.6	27.6	30.1
Others	0.2	0.0	0.1
Don't know/no response	0.8	0.5	0.7
Think condoms are safe	**n= 598**	**n= 598**	**n= 1196**
Yes	86.5	84.4	85.5
No	8.5	9.4	8.9
Don't know	4.5	5.9	5.2
No response	0.5	0.3	0.4
Reasons for considering condoms as unsafe	**n= 51**	**n= 56**	**n= 107**
Break easily	94.1	92.9	93.5
Do not protect against diseases	2.0	3.6	2.8
Others	0.0	1.8	0.9
Don't know	2.0	0.0	0.9
No response	2.0	1.8	1.9

**Total percent may exceed 100 because of multiple responses.

Table 5.24: Known Places for Obtaining Condoms

Sources of condom	**Urban**	**Rural**	**Total**
Know the place/person from where condom can be obtained	**n= 598**	**n= 598**	**n= 1196**
Yes	98.5	97.8	98.2
No	1.5	2.2	1.8
Place/person from where condom can be obtained**	**n= 589**	**n= 585**	**n= 1174**
Hospital	97.6	93.2	95.4
Shop	36.8	23.8	30.3
Health worker	25.0	26.5	25.7
Pharmacy	26.5	9.6	18.1
Bar/Guest house/Hotel	21.4	7.5	14.5
Friend	12.2	14.9	13.5
Clinic	4.4	11.3	7.8
Family planning center	3.6	1.7	2.6
BHV	0.7	1.7	1.2
Others	1.7	2.7	3.4
Received condoms free of cost in the past 12 months	**n= 598**	**n= 598**	**n= 1196**
Yes	38.5	32.8	35.6
No	59.7	66.4*	63.0
No response	1.8	0.8	1.3

*The difference is statistically significant at 0.05 level
**Total percent may exceed 100 because of multiple responses.

Sources of Information about Condom

Friends/peers, followed by health workers/volunteers and radio are the most common sources of information about condoms among the study population as every eight to nine in 10 respondents had received some information about condoms from these sources.

A considerable proportion of the respondents have also heard about condoms from sources like television (77.1 percent), pamphlets/posters (61 percent), billboard/signboard (58 percent), relatives (55.6 percent), newspaper/magazine (45.7 percent), workplace (43.6 percent), teachers (38.5 percent), community event/training (37.7 percent), cinema hall (35.6 percent) and NGO people (31.7 percent). Radio is the common information giving source in rural areas compared to urban areas. All other sources are more commonly accessed or used in urban areas than in rural areas (Table 5.25).

Table 5.25: Sources of Information about Condoms

Information sources**	Urban n= 598	Rural n= 598	Total n=1196
Friends/peers	93.0	87.8	90.4
Health workers/volunteers	88.3	87.0	87.6
Radio	76.1	83.9	80.0
Television	92.3	61.9	77.1
Pamphlets/posters	73.7	48.2	61.0
Bill board/sign board	71.2	44.8	58.0
Relatives	62.2	49.0	55.6
Newspapers/Magazine	55.9	35.5	45.7
Work place	50.0	37.3	43.6
Teachers	44.0	33.1	38.5
Community event/training	41.0	34.4	37.7
Cinema hall	43.3	27.9	35.6
NGO people	41.8	21.6	31.7
Others	0.5	0.0	0.3

**Total percent may exceed 100 because of multiple responses.

The type of information sources accessed by respondents belonging to different background characteristics have been presented in Annex 8. A significantly higher proportion of the respondents belonging to the 20-24 years age group had heard about condoms from health workers/volunteers (91 percent) than <=19 years age group (83.5 percent). At the same time, a significantly higher proportion of female respondents than male respondents have been informed about condoms through radio (76.5 percent males and 83.4 percent females), and relatives (60.5 percent females and 50.6 percent males). While a significantly higher proportion of males than females have heard about condoms from pamphlets/posters (63.6 percent males and 58.4 percent females) and billboard/signboard (63.6 percent males and 52.6 percent females). Education-wise, respondents with a comparatively better educational status (7-10 grades) have accessed information about condoms from different sources of information (Annex 8).

Condom Use by Types of Partners

Condom Use with a Regular Partner

About 41 percent of the respondents had used a condom in the last sexual encounter with a regular partner. While 64.7 percent of the rural respondents had not used it, 53.1 percent of the urban respondents had not used a condom during the last sexual contact with a regular partner (statistically significant difference). When asked about the reasons for not using a condom, 32.5 percent mentioned that they have been using other contraceptives, while 24.4 percent did not think it necessary to use a condom with their regular partners. Seventeen percent of the respondents wished for a child. A significantly higher proportion of the respondents in rural areas than in urban areas (11.5 percent in rural and 2.1 percent in urban) said that they did not use a condom with their last regular sex partners because condoms were

not available. Around 7 percent of the respondents provided reasons like they do not like condoms and because they did not think of using one (6.4 percent). Around 4 percent of the respondents' partners had objected to the use of a condom.

Non-availability of condoms at the time of the last sex was reported by more of the rural respondents (11.5 percent) than urban based respondents (2.1 percent).

Likewise, 91.3 percent of the condom users during the last sex with regular partners mentioned that they used a condom as a contraceptive. Thirty-six percent of them had used it to avoid HIV/AIDS, while 20 percent had used a condom to protect themselves from STIs.

Although 11.4 percent of the respondents consistently used a condom with their regular sex partners in the past 12 months, others had used it less frequently. Besides, 38.3 percent of them had never used a condom with their regular partners in the past 12 months (Table 5.26).

Table 5.26: Use of Condoms with Regular Partner

Used condom with regular partner during last sexual intercourse	**Urban n= 179**	**Rural n= 215**	**Total n= 394**
Yes	46.9	35.3	40.6
No	53.1	64.7*	59.4
Reasons for not using condom with regular partners during last sexual intercourse	**n= 95**	**n= 139**	**n= 234**
Used other contraceptive	34.7	30.9	32.5
Didn't think it was necessary	20.0	27.3	24.4
Wish for a child	18.9	15.8	17.1
Not available	2.1	11.5*	7.7
Don't like them	10.5	4.3	6.8
Didn't think of it	6.3	6.5	6.4
Partner objected	5.3	2.9	3.8
Others	2.1	0.7	1.2
Reasons for using condom with regular partner during last sexual intercourse **	**n= 84**	**n= 76**	**n= 160**
Pregnancy prevention	94.0	88.2	91.3
HIV/AIDS prevention	36.9	35.5	36.3
STI prevention	22.6	17.1	20.0
Others	1.2	0.0	0.6
Used condom with regular sex partner in the past 12 months	**n= 179**	**n= 215**	**n= 394**
Every times	13.4	9.8	11.4
Almost every-times	17.9	12.1	14.7
Sometimes	33.5	36.7	35.3
Never used	35.2	40.9	38.3
No response	0.0	0.5	0.3

*The difference is statistically significant at 0.05 level.
**Total percent may exceed 100 because of multiple responses.

Condom Use with Sex Worker

Fifty respondents had sex with sex workers in the past 12 months. Twelve percent of them (n=6) had not used a condom in the last sexual contact with sex workers. These respondents had not used a condom mostly because they did not like it (66.7 percent).

Although 64 percent of the respondents had used condoms during each sexual contact with a sex worker in the past 12 months, the other respondents had used it less frequently (Table 5.27).

Table 5.27: Use of Condoms with Sex Worker			
Used condom with sex worker during last sexual intercourse	**Urban n= 24**	**Rural n= 26**	**Total n= 50**
Yes	87.5	88.5	88.0
No	12.5	11.5	12.0
Causes for not using condom with sex worker during last sexual intercourse	**n= 3**	**n= 3**	**n= 6**
Don't like them	66.7	66.7	66.7
Not available	0.0	33.3	16.7
Didn't think it was necessary	33.3	0.0	16.7
Used condom with sex worker in the past 12 months	**n= 24**	**n= 26**	**n= 50**
Every times	62.5	65.4	64.0
Almost every-times	29.2	15.4	22.0
Sometimes	0.0	15.4	8.0
Never used	8.3	3.8	6.0

Condom Use with Non-regular Partner

More respondents in rural areas (21.8 percent) than in urban areas (15.9 percent) had not used a condom in the last sexual encounter with non-regular partner. They did not use a condom mostly because they have been using other contraceptives (45 percent urban and 19.2 percent rural respondents). Some respondents (17.4 percent) also do not like condoms and do not consider them necessary (15.2 percent each) to use with non-regular partners. While 26.9 percent of the respondents in rural areas said that they did not use a condom with their last regular sex partner because condoms were not available. This reason was not cited by anyone in urban areas.

Table 5.28: Use of Condoms with Non-regular Partner			
	Urban	**Rural**	**Total**
Used condom with non-regular partner during last sexual intercourse	**n=126**	**n=119**	**n=245**
Yes	84.1	77.3	80.8
No	15.9	21.8	18.8
Don’t know	0.0	0.8	0.4
Causes for not using condom with non-regular partners during last sexual intercourse	**n=20**	**n=26**	**46**
Used other contraceptive	45.0	19.2	30.4
Don't like them	20.0	15.4	17.4
Not available	0.0	26.9*	15.2
Didn't think it was necessary	20.0	11.5	15.2
Partner objected	10.0	0.0	4.3
Didn't think of it	0.0	7.7	4.3
Do not get satisfactory	0.0	7.7	4.3
Don’t know	0.0	3.8	2.2
No response	5.0	7.7	6.5
Use of condom with non-regular sex partner in the past 12 months	**n= 126**	**n= 119**	**n=245**
Every times	47.6	47.1	47.3
Almost every-times	27.0	21.0	24.1
Sometimes	18.3	21.8	20.0
Never used	4.0	5.0	4.5
No response	3.2	5.0	4.1
*The difference is statistically significant at 0.05 level.			

Around 47 percent of the respondents used a condom during each sexual contact with non-regular sex partners in the past month. Twenty-four percent had used it ‘almost every time’ while others had not been so frequent users (Table 5.28).

Table 5.29 explains the use of condoms by the respondents during the last sexual contact. A relatively higher proportion of the respondents in urban areas (60.6 percent) than in rural areas (47.6 percent) used a condom in their last sexual contact that took place in the past 12 months. Likewise, the respondents who had at least one sexual contact so far were asked whether or not they had used a condom during the last sexual intercourse. Again, a significantly larger proportion of respondents from urban locations (62.8 percent) than rural locations (51.1 percent) had used a condom during the act.

Table 5.29: Use of Condoms in Last Sex

	Urban n= 264	Rural n= 290	Total n= 554
Used condom with sexual partner during last sexual intercourse in the past 12 months			
Yes	60.6*	47.6	53.8
No	39.4	52.4	46.2
Used condom with sexual partner during last sexual intercourse (until survey date)	**n= 317**	**n= 356**	**n= 673**
Yes	62.8*	51.1	56.6
No	37.2	48.6	43.2
No response	0.0	0.3	0.1

*The difference is statistically significant at 0.05 level.

Condom Use with Male Sex Partner

Two respondents had sex with male sex partners in the past month and one had used a condom in the last sex while the other had not used it. At the same time, one respondent used a condom during some of the sexual encounters in the past 12 months, while the other never used it (data not shown).

Condom Use by Selected Background Characteristics

Condom Use in Last Sex

Table 5.30 further examines condom use by the respondents in the last sex with different types of partners by their background characteristics. Condom use was lowest in the last sexual contact with regular partners and relatively high in the last sexual contact with sex workers. At the same time, seven to nine in every 10 respondents used a condom in the last sex with non-regular partners.

Table 5.30: Condom Using Practice in Last Sex with Different Partners by Background Characteristics of the Respondents

Characteristics	Condom used in the last sex with :					
	Regular partner		Sex worker		Non-regular partner	
Age group	**n**	**%**	**n**	**%**	**n**	**%**
< = 19 Yrs	41	41.5	13	100.0	70	78.6
20-24	352	40.3	37	83.8	174	81.6
Sex						
Male	158	46.2	41	87.8	181	81.2
Female	236	36.9	9	88.9	64	79.7
Education						
Illiterate	115	26.1	8	75.0	44	79.5
Literate/No formal schooling	73	46.6	3	100.0	19	94.7
1-6 grade	90	32.2	14	78.6	65	73.8
7-10 grade	115	58.3	24	95.8	116	82.8
Total	**394**	**11.4**	**50**	**88.0**	**245**	**80.8**

Although condom use during the last sex with

regular sex partners is relatively low among respondents of both age groups (<=19 years and 20-24 years), both gender and respondents with different educational backgrounds as given in Table 5.30, the proportion of respondents reporting so is the lowest among illiterate respondents (26.1 percent). At the same time, respondents belonging to older age groups (20-24 years) are more likely to have unsafe sexual contact with sex workers than their younger counterparts. Use of condoms in the last sex with sex workers was also comparatively low among illiterate respondents than others.

Consistent Condom Use

Table 5.31 further elucidates consistent condom use in the past year with different partners by background characteristics of the respondents. Very few respondents irrespective of their age group, gender or educational status have used condoms consistently with regular partners. Fifty to 70 percent of them have been consistent condom users with sex workers while 40 to 50 percent of them have used condoms consistently with casual partners in the past year.

Table 5.31: Consistent use of Condom with Different Partner in the Past Year by background Characteristics of Respondents

Background Characteristics	Consistently used condom with:					
	Regular partner		Male/female sex worker		Non-regular Partner	
Age group	**n**	**%**	**n**	**%**	**n**	**%**
< = 19 Yrs	41	14.6	13	76.9	70	45.7
20-24	352	10.8	37	59.5	174	48.3
Sex						
Male	158	17.1	41	65.9	181	47.0
Female	236	7.6	9	55.6	64	48.4
Education						
Illiterate	115	7.0	8	50.0	44	50.0
Literate/No schooling only	73	9.6	3	66.7	19	42.1
1-6 grade	90	13.3	14	57.1	65	44.6
7-10 grade	115	15.7	24	70.8	116	49.1
Total	**394**	**11.4**	**50**	**64**	**245**	**47.3**

A comparative analysis of the consistent condom use pattern by the background characteristics of the respondents indicates that female respondents, respondents who are illiterate and those belonging to 20-24 years age group are more likely to indulge in unsafe sexual contact with regular partners as well as with female/male sex workers. Not much variation is noticed in the consistent condom use pattern with casual partners in the past year among respondents belonging to different age, gender and educational backgrounds.

Condom Use by Respondents with Comprehensive Knowledge about HIV Transmission

Not all of the respondents with comprehensive knowledge about HIV/AIDS (BCDEF) have used condoms consistently with their sex partners. Very few of them used condoms consistently with regular partners. Consistent condom use was also lower among the older group of respondents (20-24 years of age), among male respondents and among respondents who are literate but have not attended formal schooling during sexual contacts with sex workers and casual partners (Table 5.32).

Table 5.32: Consistent Use of Condom with Different Partners in Past Year by Respondents Who know all of BCDEF						
Background Characteristics	**Consistently used condom with:**					
	Regular partner		**Sex worker**		**Non-regular**	
Age	**n**		**n**		**n**	
< = 19 Yrs	13	15.4	5	100.0	19	52.6
20-24	104	10.6	17	70.6	74	47.3
Sex						
Male	48	16.7	19	73.7	74	47.3
Female	69	7.2	3	100.0	19	52.6
Education						
Illiterate	27	3.7	4	75.0	11	54.5
Literate/No formal schooling	16	6.3	2	50.0	5	40.0
Literate with formal schooling	74	14.9	16	81.3	77	48.1
Total	**117**	**11.1**	**22**	**77.3**	**93**	**48.4**

Perception on Who Should Take Decision Regarding Condom Use

Respondents were also asked about their perception on who among the sex partners should make the decision regarding whether or not to use a condom. While 45.9 percent of the respondents (54.9 percent from urban areas and 37.9 percent from rural areas) thought that it should be a joint decision, more respondents from rural areas (43.5 percent) than urban areas (26.8 percent) thought that it should be a man's decision. Around 12 percent of the respondents in both rural as well as urban areas thought that a woman should make the decision regarding whether or not to use a condom (Table 5.33).

Table 5.33: Perception on Who Should Take Decision Regarding Condom Use			
Usually decision of condom use should be of man or women during sexual intercourse	**Urban**	**Rural**	**Total**
	n= 317	**n= 356**	**n=673**
Joint decision	54.9	37.9	45.9
Man's decision	26.8	43.5	35.7
Woman's decision	12.6	12.1	12.3
Don't know	5.4	6.2	5.8
No response	0.3	0.3	0.3

5.6 Drug Using Practices

Unsafe drug use and needle sharing habits put people at high risk of HIV transmission. This combined with risky sexual behavior contributes greatly towards HIV transmission. An understanding of the drug using practice among target groups helps to design effective intervention strategies. This chapter deals with the information collected on the drug use practices of the out-of-school youths.

Use of Drugs

Fifteen percent of the respondents have ever used drugs, while two of them (1.1 percent) have ever injected drugs. One respondent has shared injections with four other partners. However, none of these two respondents who have at least once injected drugs have done so in the past month.

Further, among these two respondents, one of them had sexual intercourse in the past month. This respondent did not use a condom during such sexual contact in the past month (Table 5.34).

Table 5.34: Drug Injecting Practice			
	Urban	**Rural**	**Total**
Ever used drugs	**n= 600**	**n= 602**	**N=1202**
Yes	17.7*	12.8	15.2
No	82.3	87.2	84.8
Ever injected drugs	**n= 106**	**n= 77**	**n= 183**
Yes	1.9	0.0	1.1
No	98.1	98.7	98.4
No response	0.0	1.3	0.5
Ever shared needles with any one	**n= 2**	**NA**	**n= 2**
Yes	50.0	NA	50.0
No	50.0	NA	50.0
Number of partners with whom needle was shared	**n= 1**	**NA**	
4 persons	100.0	NA	100.0
Injected drugs any time in the past months			
No	100.0	NA	100.0
Had sexual intercourse in the past month	**n= 2**		
Yes	50.0	NA	50.0
No	50.0	NA	50.0
Used condom during the intercourse in the past month	**n= 1**		
No	100.0	NA	100.0
*The difference is statistically significant at 0.05 level.			

5.7 Summary of Findings

More than half of the respondents (54.7 percent) are 20-24 years of age. Not much variation is noticed in age characteristics of the respondents in rural and urban settings. About 31 percent of the respondents are married. A considerably higher proportion of female respondents compared to male respondents are married in the urban as well as rural sectors. Female out-of-school youths especially in rural areas are likely to get married at a young age compared to their male counterparts.

A significantly higher proportion of the respondents in the urban sector have been living with relatives (13.8 percent urban and 7.1 percent rural), with friends (6.8 percent urban 0.5 percent rural) or independently (5.5 percent urban and 1.7 percent rural) compared to those in the rural sector.

The respondents in rural areas are significantly more exposed to radio (76.6 percent) than those in urban areas (68.8 percent) at least once in a week. On the other hand, television is watched at least once a week by a relatively higher proportion of the respondents in urban areas (93.2 percent) than in rural areas (50.7 percent). Newspaper reading is relatively less prevalent.

Almost 39 percent of the respondents including a significantly higher proportion of them in rural areas (43.4 percent) than in urban areas (34.2 percent) have not heard about STIs. Those who have heard about them have mostly heard about gonorrhea (93.6 percent).

Around 5 percent of those respondents who have heard of STIs have experienced at least one symptom of STI in the past year. Although 77.1 percent of them had sought treatment for the STI symptom experienced, others (22.9 percent) had not done so. Comparatively, the respondents from rural set-ups are more likely to avoid seeking treatment for STI symptoms

than those living in urban areas. At the same time, the respondents mostly go to government health facilities like hospital and health posts in order to get treatment.

A majority of the study population (94.7 percent) have heard about HIV/AIDS; a significantly higher proportion of respondents in urban areas (96 percent) than in rural areas (93.4 percent) have heard about HIV/AIDS. However, few of them (6.8 percent) know someone living with HIV/AIDS or who has died due to AIDS.

A majority of the respondents are aware that consistent use of a condom in each sexual contact (C) (96.9 percent urban and 97.5 percent rural) and being faithful to one sexual partner (B) (79.5 percent urban and 83.5 percent rural) can prevent HIV. Not much variation is noticed in the awareness level of male and female respondents in this regard. Although eight in 10 respondents know that sharing a meal with an HIV infected person does not transmit HIV virus (F), a relatively low proportion of them are aware that a person cannot get the HIV virus from mosquito bites (E) (65.8 percent urban and 51.6 percent rural) and that a healthy looking person can also be infected with HIV (D) (72 percent urban and 65.7 percent rural). However, only around one-third of the respondents have knowledge of all these five indicators of HIV transmission.

Forty-eight percent of the respondents mentioned that they do not have a confidential HIV testing facility in their communities; a relatively larger proportion of the respondents in rural areas (69.8 percent) than in urban areas (26.6 percent) said so. At the same time, 14.3 percent of the respondents (16.1 percent in urban and 12.5 percent in rural areas) are not aware whether or not a confidential HIV testing facility exists in their communities.

Overall, 68.9 percent of the out-of-school youths know about a place where they can go for HIV testing. Among them, 14.6 percent have ever taken the test; this includes a significantly larger proportion of urban out-of-school youths (17.2 percent) than rural out-of-school youths (11.5 percent).

A majority of the respondents (80.8 percent) are keen on taking a confidential HIV test. This includes 79 percent of the respondents in rural and 82.5 percent in urban areas. Male respondents are comparatively keener on getting a confidential HIV test than female respondents in urban as well as rural areas.

Most of the respondents have heard about HIV/AIDS from their friends/peers (87.5 percent), health worker/volunteer (86.1 percent) and radio (80.5 percent). Likewise, a large proportion of the respondents from urban areas (93.6 percent) named television as their information source; 63 percent of the respondents in rural areas reported so. A significantly higher proportion of younger respondents (<=19 years) than their older counterparts have accessed information about HIV from television and at the workplace.

Overall, 11.7 percent of the respondents see themselves at little risk, 5.4 percent at moderate risk and 6.3 percent of them consider themselves at high risk of getting HIV. A noticeably higher proportion of the male respondents than female respondents in rural as well as in urban areas consider themselves at some risk of HIV because they have multiple sex partners and also because they have had sexual contact with sex workers. At the same time, more female respondents considered themselves at such risk because their partners have sex with other sex partners.

Although over 80 percent of the respondents said they would readily take care of an HIV positive male relative (86.3 percent) or a female relative (85.3 percent) in their household if such a need arose, 58.1 percent of them prefer not to talk about their HIV positive status with others. At the same time, 19.5 percent of the respondents are not ready to buy food from HIV infected shopkeepers, 35 percent consider that HIV infected teachers should not be allowed to continue working. The respondents in rural settings are significantly more likely to respond negatively to HIV positive people than respondents in urban settings.

Fifty-six percent of the respondents have had at least one sexual contact till the time of the survey. A significantly higher proportion of them in urban areas (47.2 percent) than in rural areas (40.9 percent) have not engaged in sexual relations so far.

Most of the respondents were sexually active by 16-19 years of age (61.5 percent). However 22 percent of the respondents had their first sexual intercourse at quite a young age of less than 15 years. Not much variation is noticed between respondents in rural and urban areas in this regard. However, male respondents are likely to get engaged in sexual relations earlier than female respondents.

Overall, 82.3 percent of the respondents were sexually active even in the month preceding the survey. While 61.9 percent of them had one sexual partner, 38.1 percent of them had more than one sexual partner in the past month. Gender-wise, a relatively higher proportion of the male respondents than the female respondents had two or more sex partners in the past 12 months. This trend is noticed in rural as well as urban settings.

Seventy-one percent of those respondents who had been sexually active in the past year had sex with a regular partner, 44.2 percent of them had sex with non-regular partners while nine percent of them had sex with sex workers in the past 12 months.

Among those male respondents who had sexual contact in the past 12 months, 4.7 percent of them had at least one sexual contact with a male partner. Among them, 10 percent of rural males and 14.3 percent of urban males had such sexual contacts even in the past year.

Almost all the respondents (99.5 percent) have heard about condoms. Most of them also know that condoms are used for preventing pregnancy (86.3 percent) and for preventing HIV/AIDS (82.2 percent).

Most of the respondents (98.2 percent) also know about a place/person from where they could obtain condoms. Hospitals are the most common source cited by a majority of the respondents (95.4 percent).

Friends/peers, followed by health workers/volunteers and radio are the most common sources of information about condoms among the study population as every eight to nine in 10 respondents had received some information about condoms from these sources.

Very few respondents irrespective of their age group, gender or educational background have used condoms consistently with regular partners. Fifty to 70 percent of them have been consistent condom users with sex workers while 40 to 50 percent of them have used condoms consistently with casual partners in the past year.

A comparative analysis of the consistent condom using pattern by the background characteristics of the respondents, indicates that female respondents, respondents who are

illiterate and those belonging to 20-24 years age group are more likely to indulge in unsafe sexual contact with regular partners as well as with sex workers. Not much variation is noticed in the consistent condom using pattern with casual partners in the past year among respondents belonging to different age, gender and educational backgrounds.

The practice of injecting illicit drugs does not appear to be prevalent among out-of-school youths. Fifteen percent of the respondents have ever used drugs, while two of them (1.1 percent) have ever injected drugs. One respondent has shared injections with four other partners. However, none of these two respondents who have at least once injected drugs have done so in the past month.

Chapter 6.0: GENERAL RECOMMENDATIONS

Based on the findings of this study, a few specific recommendations have been made for all types of respondents included in the study. They are as follows:

The KAP study shows that a considerable proportion of both in-school and out-of-school youths and uniformed personnel have incomplete knowledge about HIV/AIDS. A large number of people are deprived of basic information about HIV/AIDS transmission and prevention and are not confident in their knowledge about HIV/AIDS. This is a clear indicator of the need for a proper and authentic information dissemination and development of educational program (formal and informal education) to meet the required needs.

Considering the limited knowledge about HIV transmission among the study population, school curricula and other materials for HIV/AIDS should not only list specific ways of HIV transmission, but also include information about specific misconceptions about the ways of HIV transmission (e.g., HIV is not transmitted through sharing food and other items with a person living with HIV, or by mosquito bites, etc.). This would help to reduce the stigma and social exclusion of people living with HIV/AIDS and also remove unnecessary fears.

For the school youths, curricula should be developed and incorporate as lessons aiming to develop teacher-student relationship in sharing HIV/AIDS related issues as well as to strengthen and expand life skills based education of young people within the education system.

The study populations have access to at least one of the three types of mass media, i.e., radio, television and newspapers. These sources of information are accessed by them at least once a week. While radio and television are popularly accessed by all, newspapers could target mostly the literate population. Audio-visual and pictorial messages, however, could attract all sections of the people.

Programs like depiction of case histories, dramas, debates and quizzes on HIV/AIDS with the participation of young people and health experts are a possible way to provide direct (participants) and indirect (viewers) involvement with access to accurate and reliable information.

A considerable proportion of the respondents have received information about HIV/AIDS from different sources like teachers, peers, health workers and cinema halls. These sources could be utilized further for wider dissemination of HIV/AIDS related information. Since most young people as well as uniformed personnel talk about HIV related issues with their friends, this fact emphasis the need to increase the role and position of their peers as a source of information about HIV/AIDS. Peer education programs including one-to-one education could be an effective strategy.

The study shows that the respondents often behave in contradiction to their knowledge and attitudes. The respondents who know and believe that condom use at every sexual intercourse protects against HIV/AIDS often engage in unprotected sexual intercourse. The reasons given to justify such behavior show that the existing inconsistency between opinions, knowledge and behavior could be reduced if condoms are easily accessed, proper information about condoms and its availability are disseminated, and people encouraged to insist on condom use as a sign of responsibility for their own and for their partner’s health.

Materials concerning HIV/AIDS (e.g., brochures, leaflets, posters, pamphlets, etc.) should be distributed or displayed in visible public places like schools, counseling centers, hospital and cinema halls. These materials should include contact addresses where more information could be accessed, if someone needs more help or information.

The knowledge of the respondents about STI is less than HIV/AIDS. So within the HIV/AIDS prevention and awareness activities, some attention should be give to STIs too. Results of this study show that not all of them had sought treatment of the STI symptoms, nor have they got their sex partners treated. Activities related to STIs should be planned in a way to stress that medical treatment of both early or developed symptoms of STIs is essential and that the partners' treatment is also necessary.

Considerable proportions of the respondents either do not have a confidential HIV testing facility in their communities or do not know about their existence. This is mostly so with rural based respondents. At the same time, a sizeable proportion of the respondents are keen on taking a confidential HIV test. Client-friendly and confidential HIV counseling and testing facilities should be opened and information should be disseminated widely to encourage people from all walks of life especially those who practice risky behaviors to use the service.

There is a need for stronger collaboration between organizations engaged in HIV and STI prevention/awareness activities and government bodies, especially the Ministry of Health in order to design and implement need-based and effective programs.

ANNEXES

Annex 1: List of Sampling Clusters

Sampled rural clusters for out of school youth survey

S.N.	Dzongkhas	Gewog Name	Chewog Name	Total HH Sample
1	Bumthang	Chumey	Nanga/Chungphel	39
2	Chukha	Sampheling	Ahaley	28
3	Dagana	Dorona	Banglachu	17
4	Gasa	Khatoe	Rimmi	13
5	Haa	Bjee	Jamtoe Goenpa	10
6	Lhunste	Ganjhur	Shawa	16
7	Lhunste	Jarey	Yabi	10
8	Monggar	Narang	Khalong	15
9	Monggar	Tsakaling	Dangling	11
10	Paro	Hungrel	Lungchuna	12
11	Paro	Shaba	Nyephu	29
12	Pema Gatsel	Nanong	Balangnang	37
13	Pema Gatsel	Shumar	Yalang	14
14	Punakha	Toep	Dali Goepa	10
15	Samrup J	Gomdar	Phremi	19
16	Samrup J	Lauri	Khasateng	10
17	Samtse	Charghary	Namsaling	10
18	Samtse	Chengmari	Tenterey	23
19	Samtse	Tading	Lower Panbari	18
20	Sarpang	Dekiling	Gawaithang	19
21	Thimpu	Dagala	Chamgang	77
22	Trashigang	Bidung	Saling	17
23	Trashigang	Phongmey	Phimsong Tey	16
24	Trashigang	Radhi	Khudumpang	16
25	Trashiyangtse	Ramjar	Pangthang	14
26	Tronga	Lanthel	Dangdung	27
27	Tsirang	Mandrelgang	Samshinggaden	10
28	Wangdue Ph	Daga	Tsara	11
29	Wangdue Ph	Bjena	Garshikha	18
30	Zemgang	Pankhar	Pantang	36
			Total	**602**

Sampled urban clusters for out of school youth survey

S.N.	Dzongkhas	Town Name	Block Name	Total Sample
1	Bumthang	Chamkhar	EBI1	24
2	Chukha	Phuentsholing	Vegetable Market Area	30
3	Chukha	Phuentsholing	Mig. Cineama Area	41
4	Chukha	Tsimalakha	Tsimalkha Res Col. East of Hospital	10
5	Chukha	Tsimasham	Trimasham Dzong and Dratshang Area	11
6	Dagana	Sunkosh	Sunkosh Commercial Area	10
7	Gasa	Gasa	Gasa	11
8	Haa	Haa	Dzonkhag Guest House, RBP and RBA	15
9	Lhunste	Tsengkhar	Autso Commercial Area abd School/Chabi	10
10	Monggar	Monggar	EB1(6EA)	26
11	Paro	Tsongdue	Municipal Office, RBP Center Box and POD	13
12	Pema Gatsel	Kherigompa	Commercial Area and Lhakhang/Bertseri	10
13	Pema Gatsel	Nganglam	EB4(1EA)	10
14	Punakha	Khuru	Khurthang Comm Area, Lower S. School	45
15	Samrup J	Samprup Jonkhar	Eastern Bhutan Sawmill, Druk Petroleum	17
16	Samrup J	Samrup Jonkhar	BPC and Druk SaTIR Office	27
17	Samtse	Gomtu	Lhakhang Area	10
18	Samtse	Samtse	Daragaon Residential Area	10
19	Sarpang	Gelephu	Oko Tshering Area, Vet Hospital	15
20	Sarpang	Sarpang	Hospital and esidential Area	13
21	Thimpu	Thimpu	Dechencholing RBG Colony	58
22	Thimpu	Thimpu	SARRC Area	21
23	Thimpu	Thimpu	Zulika Area	27
24	Thimpu	Thimpu	JDWNR Hospital	24
25	Trashigang	Khaling	Blind School and Lower School	10
26	Trashiyangtse	Yangtse	Part of Market, Lower SS, Baychen	19
27	Tronga	Trongsa	Dzongda's Residence, PWD Colony	12
38	Tsirang	Damphu	Hospital, Dzongda's Rsidence and Dratsang	21
29	Wangdue Ph	Wangdue Phondrang	Bajo School and Proposed Comm Area	40
30	Zemgang	Tingtibi	Existing Market Residential Area	10
			Total	**600**

Sampled school and college for in school survey

S.N.	Dzongkhag	School Name	Sample
1	Chukha	Phuentsholing	60
2	Chukha	Chukha	40
3	Chukha	Phuentsholing	40
4	Chukha	Gedu	40
5	Dagana	Daga	40
6	Mongar	Drametse	40
7	Paro	Shari	60
8	P/Gatshel	Nangkhor	40
9	Punakha	Ugyen Academy	40
10	Punakha	Punakha	40
11	Punakha	Khuruthang	40
12	Samtse	Samtse	50
13	Sarpang	Sarpang	40
14	Thimphu	Lungtenzampa	40
15	Thimphu	Motithang	40
16	T/Gang	Ranjung	40
17	Trongsa	Taktse	40
18	Tsirang	Damphu	40
19	Wangdue	Samtengang	40
20	Zhemgang	Yebilepcha	40
	Total		**850**
	Colleges		
1	College of Science and Technology	Rinchhending	32
2	Institute of Language and Culture Studies	Semtokha	60
3	Jigme Namgyel Polytechnic	Dewathang	32
4	Royal Institute of Health Sciences	Thimphu	64
5	Royal Institute of Management	Semtokha	100
6	Samtse College of Education	Samtse	9
8	Sherubtse College	Kanglung	54
	Total		**351**

Sampled uniformed personnel

Uniformed Personnel	Sample
Royal Bhutan Army	600
Royal Bhutan Guards at Thimpu	150
Royal Bhutan Police	453
Total	**1203**

Annex 2: Questionnaire

Royal Government of Bhutan
Ministry of Health

Development of Survey Design and Protocol and Data Analysis for KAP Survey on HIV in Bhutan – 2009

Questionnaire for in-school and out-of school youth aged 15-24, and uniformed personnel

INFORMED CONSENT FOR RESPONDENT

Hello! My name is…… and I am here from……. to collect baseline data for a study Knowledge, Attitude and Practice on HIV/STI in Bhutan being conducted for the **Ministry of Health, Royal Government of Bhutan.** I will ask you some personal questions that will be about sexual behavior, use of condoms, STI/HIV/AIDS and drugs. This information will help the government of Bhutan to make future strategy to stop the spread of HIV/AIDS/STI. The information given by you will be strictly treated as confidential. All the mentioned information will be used only for the study purpose. This survey will take about 40 to 60 minutes.

It depends on your wish to participate in this survey or not. Participation in the survey is completely voluntary. Your participation or non-participation will in no way affect in your service delivered by the Royal Government of Bhutan. You do not have to answer those questions that you do not want to answer, and you may end this interview at any time you want to. But I hope you will participate in this survey since your information is very important for the government to make future plans. We hope you will participate in the survey and make it a success by providing correct answers to all the questions.

Do you want to ask me anything about the survey?

Would you be willing to participate? 1. Yes - Continue 2. No - End

Signature of the interviewer: _____ Date:____/____/_____ Code ☐☐
Day/Month/Year

Signature of the witness: _____ Date:____/____/_____
Day/Month/Year

Name and code of Dzongkhag _____

Name and code of Gewog/Town _____

Name and code of chiwog/Block _____

Location (Urban=1; Rural=2)

_____ ☐☐

Name of the Village_____

Cluster ID Number _____ ☐

(Out of school/in School/Uniformed personnel) Sequential ID Number _____

Type of Respondents: **Uniformed Personnel**

Supervisor	Quality Control	Office Editor	Keyed by
Name_____ ☐☐	Name_____ ☐☐	☐☐	☐☐
Date_____	Date_____	Date_____	Date_____

001. Did the interviewee abandon the interview?

1. Yes (Precise the number of the last question completed: Q ____)
2. No

100 BACKGROUND CHARACTERISTICS

Q.N.	Questions	Coding Categories	Go to Q.N.
101	Record sex of the respondents **(Do not ask)**	Male ..... 1 Female 2	
102	Name and address of your residence? **(Write current place of residence: Village, Chiwog/Block, Gewog/Town, Dzongkhag etc.)**	Village_____ Chiwog/Block_____ ... ☐☐ Gewog/Town_____ .. ☐☐ Dzongkhag_____ .. ☐☐	
103	How long have you been living continuously at this location?	Year ..... ☐☐ Less than 1 year……0 Always (since birth)..... 95 Others (Specify)_____. 96	
104	How old are you?	Age ..... ☐☐ **(write the completed years)**	
105	What is your educational status?	Illiterate..... 0 Literate/No schooling ..... 19 Grade ..... ☐☐ **(write the completed grade)**	107 106 107
106	If literate/no schooling, have you attended other education?	Non-formal education..... 1 Monastic Institution..... 2 Self learned ……3 Others (Specify)_____. 96	
107	To Which of the following ethnic groups you consider yourself you belong to? **(Specify Ethnic Group/Caste)**	Ngalop ..... 1 Scharchop (Tsangla) ..... 2 Kurtep..... 3 Bumthap ..... 4 Lhotsampa ..... 5 Khengpa..... 6 Tibetan..... 7 Mangdep ……8 Trongsapa ……9 Others (Specify)_____. 96	
108	What is your religion?	Buddhism..... 1 Hinduism ..... 2 Christian ..... 3 Others (Specify)_____... 96	
109	What is your current marital status?	Single..... 1 Married ..... 2 Divorced/Permanently separated ..... 3 Widow/Widower……4 Other (Specify)_____ .. 96	111

Q.N.	Questions	Coding Categories	Go to Q.N.
110	How old were you when you first got married?	Age ..... ☐☐ **(write the completed years)**	
111	Usually, Who do you live with?	Own family (spouse/children) ..... 1 Parents ..... 2 With relative ..... 3 With friends ..... 4 On your own (Single) ..... 5 Employer ..... 6 Others (Specify)_____ .. 96 No response 99	
112	Currently, with whom/where are you living?	Parental house..... 1 With Own family (spouse/children) ..... 2 With friends in his house ..... 3 With friends in rented house..... 4 With relative ..... 5 In hostel ..... 6 In barrack..... 7 On your own (Single) ..... 8 Employer ..... 9 Others (Specify)_____ .. 96 No response 99	
113	How long have you been living continuously in this manner?	Less than a year ..... 0 Years _____ ..... ☐☐ **(Write the completed years)** Since birth ..... 95 Do not know ..... 98 No Response 99	
114	Are you employed?	Yes..... 1 No..... 2	 116
115	Are you currently working for? a. Government b. Private c. NGO d. Self employed e. Other (Specify) _____	Government ..... 1 Private..... 2 NGO ..... 3 Self employed..... 4 Others (Specify)_____ 96	117 117 117 117 117
116	Why are you not employed? Because you are.. a. Student b. Housewife c. Looking for work d. Do not want to work now e. Illiterate/not adequate education f. Have been receiving training g. Farmer h. Other (Specify) _____	Student..... 1 Housewife..... 2 Looking for work..... 3 Do not want to work now ..... 4 Illiterate/not adequate education …… 5 Have been receiving training ..... 6 Farmer ..... 7 Other (Specify) _____ 96	
117	How often, do you read the newspaper or magazine?	Everyday..... 1 Almost every day..... 2 Once a week ..... 3 Less than once a week ..... 4 Never 5	
118	How often, do you listen to the Radio?	Everyday..... 1 Almost every day..... 2 Once a week ..... 3 Less than once a week ..... 4 Never 5	
119	How often, do you watch television?	Everyday..... 1 Almost every day..... 2 Once a week ..... 3 Less than once a week ..... 4 Never 5	

Q.N.	Questions	Coding Categories	Go to Q.N.
120	In the last 12 months have you been away from your home/hostel/Barrack for more than one-month altogether?	Yes.....1 No.....2 Don't' know.....98 No response 99	
	Check respondents' code. **If code is 3 or 4 or 5, continue and if code is 1 or 2 go to Q 201**		
121	When did you join this service?	Year_____ . ☐☐☐☐ Month_____..... ☐☐	
122	What is your current status/rank?	_____	
123	How long have you been working in this office?	Less than 6 months .....1 6-11 months.....2 12 months and more 3	
124	At which wing/district were you working before coming to this Dzongkhag?	Dzongkhag_____ ☐☐ **(If same Dzongkhag code '00')**	
125	Have you ever gone abroad to participate in any training?	Yes.....1 No.....2 No response 99	

200 KNOWLEDGE ON HIV/AIDS

Read: Now I have some questions about HIV/AIDS.

Q.N.	Questions	Coding Categories	Go to Q.N.
201	Have you ever heard of HIV infection or the disease called AIDS?	Yes..... 1 No..... 2 No response 99	 401 401
202	What happens to those who are infected with HIV/AIDS? **(Write maximum four answers)**	They loose weight.....A They suffer from diarrhea.....B They get fever.....C They get weaker .....D They look pale ..... E They suffer from prolonged sickness.... F Vomiting . ……G Headache ……I Cold/cough ……..J Becomes black ……K Ulcer/Wounds/Sores ……..L Immune system decrease ……M Unable to eat ……N Others (Specify) _____.....X Don't know……Y No response..... Z	

Q.N.	Questions	Coding Categories		Go to Q.N.
203	Of the following sources of information, from which sources have you learned about HIV/AIDS? ***(Read the following list, multiple answers possible)***			
	Source of Information	**Yes**	**No**	
	1. Radio	1	2	
	2. Television	1	2	
	3. Newspapers/Magazines	1	2	
	4. Pamphlets/Posters	1	2	
	5. Teachers	1	2	
	6. Health Worker/Volunteer	1	2	
	7. Friends/Peers	1	2	
	8. Work Place/school	1	2	
	9. People from NGO	1	2	
	10. Relatives	1	2	
	11. Community Event/Training	1	2	
	12. Cinema Hall	1	2	
	13. Bill Board/Sign Board	1	2	
	96. Others (Specify) _____	1	2	
204	Is there a difference between HIV and AIDS?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99		
205	In the past month, have you discussed about HIV/AIDS with anyone?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99		 207 207 207
206	With whom have you discussed about HIV/AIDS during the past month? **(Multiple answer possible)** **Do not read possible answers**	Sex partner ..... A Friend(s) ..... B Family ..... C Health worker ..... D Teachers ..... E Relatives ..... F NGO ..... G Community ..... H Others (Specify) _____ ... X No response ..... Z		
207	Do you think that HIV/AIDS is a serious problem in your community?	Serious problem ..... 1 Somewhat of a problem ..... 2 Not a problem ..... 3 Don't Know ..... 98 No response 99		
208	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes ..... 1 No ..... 2 No response 99		 210 210
209	Do you have close relative or close friend who is infected with HIV or has died of AIDS?	Yes, a relative ..... 1 Yes, a friend ..... 2 Yes, a relative and a friend ..... 3 None ..... 4 No response 99		
210	How likely do you think it is that you yourself could contact HIV/AIDS? Would you say there is a high risk or a moderate risk or a small risk or no risk of getting HIV?	High risk ..... 1 Moderate risk ..... 2 Small risk ..... 3 No risk ..... 4 Don't know ..... 98 No response 99		 212 212 213 213

Q.N.	Questions	Coding Categories	Go to Q.N.
211	Why do you think you are at risk of contracting HIV? **(Multiple responses possible)** **Do not read possible answers**	Have many sex partners..... A Sex partner has other sex partner.....B Have had sex with sex workers .....C Do not always use condoms ..... D Have used intravenous drug.....E Have cut hair in salon ……F Others (Specify)_____.. X Don't know..... Y No response .....Z	213 213 213 213 213 213 213 213
212	Why do you think you are at little risk or no risk of contracting HIV? **(Multiple responses possible)** **Do not read possible answers**	Never had sex ..... A Trust my partners.....B Always use condoms. .....C Do not go to sex workers ..... D Do not use intravenous drugs .....E Never shared blade ……F Tested blood ……...G Have sex with non-regular partner ….H Others (Specify)_____.. X Don't know..... Y No response .....Z	
213	How can we avoid getting HIV/AIDS? **(Multiple responses possible)** **Do not read possible answers**	Abstain from sex..... A Use a condom at every sex .....B No causal sex.....C Have fewer partner ..... D Both partners have no other partners .E Avoid injection with used needles..... F Avoid sharing blade ……...G Avoid sex with sex worker ……H Avoid blood transfusion without test .I Avoid sex with infected person ……..J Others (Specify)_____..... X Do not know ..... Y No response .....Z	
214	Can a person protect himself/herself from HIV, the virus that causes AIDS, by using a condom correctly during each sexual act?	Yes..... 1 No ..... 2 Don't know ..... 98 No response 99	
215	Can a person get HIV, from mosquito bites?	Yes..... 1 No ..... 2 Don't know ..... 98 No response 99	
216	Can a person protect himself/herself from HIV, by having only one uninfected faithful sex partner?	Yes..... 1 No ..... 2 Don't know ..... 98 No response 99	
217	Can a person protect himself/herself from HIV, by abstaining from sexual intercourse?	Yes..... 1 No ..... 2 Don't know ..... 98 No response 99	
218	Can a person get HIV, by sharing a food with someone who is infected?	Yes..... 1 No ..... 2 Don't know ..... 98 No response 99	
219	Can a person get HIV, by getting injections with a needle that was already used by someone else?	Yes..... 1 No ..... 2 Don't know ..... 98 No response 99	

Q.N.	Questions	Coding Categories	Go to Q.N.
220	Can a pregnant woman infected with HIV transmit the virus to her unborn child?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	
221	Can women with HIV transmit the virus to her newborn child through breast-feeding?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	
222	Do you think a healthy-looking person can be infected with HIV?	Yes ..... 1 No ..... 2 Don't know 98	
223	Can a person get HIV by shaking hand with an infected person?	Yes ..... 1 No ..... 2 Don't know 98	
224	Can blood transfusion from an infected person to the other transmit HIV?	Yes ..... 1 No ..... 2 Don't know 98	
225	Is it possible in your community for someone to have a confidential HIV test? **(By confidential, I mean that no one will know the result if you don't want him or her to know it.)**	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	
226	Do you know where to go for HIV test?	Yes ..... 1 No 2	 232
227	I don't want to know the result, but have you ever had an HIV test?	Yes ..... 1 No ..... 2 No response 99	 232 232
228	When did you have your most recent HIV test?	Within the past 12 months ..... 1 Between 13-24 months ..... 2 Between 25-48 months ..... 3 More than 48 months ..... 4 Don't know ..... 98 No response 99	
229	Please do not tell me the result, but did you find out the result of your HIV test?	Yes ..... 1 No ..... 2 No response 99	 232 232
230	Did you tell anyone the results of the test?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	 232 232 232
231	Whom did you tell? **Do not read possible answers** **(Multiple responses possible)**	Sex partner ..... A Family member(s) ..... B Health worker ..... C Friends ..... D Don't know ..... Y No response ..... Z	
232	Would you be interested in getting an HIV test, if you could receive the result confidentially?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	
233	Is it possible to cure AIDS?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	

300. ATITUDES AND BELIEFS

Q.N.	Questions	Coding Categories	Go to Q.N.
301	What can people who have HIV/AIDS do to take care for themselves and others? **Do not read possible answers** **(Multiple responses possible)**	Eat healthy food..... A Get normal exercise. .....B Use condom in each sex act.....C Remain faithful to one partner..... D Abstain from sex.....E Not drink alcohol .....F Not smoke..... G Keep a positive attitude ..... H Medicine use.....I Visit doctor .....J Do not share needle/Blade ...……..K Do not donate blood ……...L Live separately/Isolate ……..M Provide counseling/Suggestions ……N Keep happy/Not to loose hope ……..O Others (Specify)_____.. X Don't know..... Y No response .....Z	
302	What will you do if you meet a HIV positive person? **Do not read possible answers** **(Multiple responses possible)**	Behave like a normal people..... A Give additional love and help.. .....B Provide counseling…….....C Avoid/Scare/Isolate ……..D Live separately ……E Not to Have sex ……F Not deal/Talk ……G Other (Specify)_____.. X	
303	What will you do if your friend is found HIV infected? **Do not read possible answers** **(Multiple responses possible)**	Behave like a normal people…..... A Give additional love and help.. .....B Provide counseling…….....C Avoid/Scare/Isolate ……..D Live separately ……E Not to Have sex ……F Break friendship ……G Other (Specify)_____ .X	
304	If a male relative of yours gets HIV, would you be willing to take care of him in your household?	Yes ..... 1 No ..... 2 Don't know..... 98	
305	If a female relative of yours gets HIV, would you be willing to take care of her in your household?	Yes ..... 1 No ..... 2 Don't know..... 98	
306	If a member of your family gets HIV, would you want to keep it a secret?	Yes ..... 1 No ..... 2 Don't know..... 98	
307	If you knew a shopkeeper or food seller had HIV, would you buy food from him/her?	Yes..... 1 No ..... 2 Don't know..... 98 No response 99	
308	Do you think a person with HIV should get the same, more or less health care than someone with any other chronic disease?	Same ..... 1 More ..... 2 Less ..... 3 Don't know..... 98 No response 99	
309	If one of your teacher/colleagues has HIV but he/she is not very sick, do you think he/she should be allowed to continue working?	Yes..... 1 No ..... 2 Don't know..... 98 No response 99	

400. Knowledge about STI and Condoms

Read: <u>Now I want to ask you about sexually transmitted infection and condoms</u>

Q.N.	Questions	Coding Categories	Go to Q.N.
401	Besides, HIV/AIDS have you ever heard of diseases that can be transmitted through sexual intercourse?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	 409 409 409
402	What STI's have you heard of? **(Multiple responses possible)**	Chlamydia ..... 1 Genital Herpes ..... 2 Gonorrhea ..... 3 Syphilis ..... 4 Others (Specify)_____ . 96 Don't know ..... 98 No response 99	
403	What are the sign and symptoms of sexually transmitted infection in a woman? **(Multiple responses possible)** **(Do not read possible answers)**	Lower abdominal pain ..... A Genital discharge .....B Foul smelling .....C Burning pain on urination ..... D Genital ulcers/sore .....E Swelling in groin area.....F Itching genital area ..... G Blood in urine ..... H Weight loss .....I Fever ……J Blister/Wound ……K Low appetite ……..L Weakness ……..M Other (Specify) _____ .. X Don't know ..... Y No response .....Z	
404	What are the sign and symptoms of sexually transmitted infection in a man? **(Multiple responses possible)** **(Do not read possible answers)**	Abdominal pain ..... A Genital discharge .....B Foul smelling .....C Burning pain on urination ..... D Genital ulcers/sore .....E Swelling in groin area.....F Itching genital area ..... G Blood in urine ..... H Weight loss .....I Fever ……J Blister/Wound ……K Low appetite ……..L Weakness ……..M Other (Specify) _____ . X Don't know ..... Y No response .....Z	
405	In the past 12 months do you think you have had an STI?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	 409 409 409
406	Last time when you had an STI, did you seek treatment?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	 409 409 409

Q.N.	Questions	Coding Categories	Go to Q.N.
407	Where did you obtain treatment?	Pharmacy ..... 1 Govt. hospital/clinic..... 2 Private hospital/clinic ..... 3 Traditional healer..... 4 Have not been treated ..... 5 Others (Specify)_____. 96 Don't know..... 98 No response 99	
408	Did your sexual partner (any of your partners) also obtained treatment?	Yes..... 1 No ..... 2 Don't know..... 98 No response 99	
409	Have you ever heard of male condoms?	Yes..... 1 No ..... 2 Don't know..... 98 No response 99	 501 501 501
410	Of the following sources of information, from which sources have you learned about condoms? ***(Read the following list, multiple answers possible)***		

Source of Information	Yes	No
1. Radio	1	2
2. Television	1	2
3. Newspapers/Magazines	1	2
4. Pamphlets/Posters	1	2
5. Teachers	1	2
6. Health Worker/Volunteer	1	2
7. Friends/Peers	1	2
8. Work Place	1	2
9. People from NGO	1	2
10. Relatives	1	2
11. Community Event/Training	1	2
12. Cinema Hall	1	2
13. Bill Board/Sign Board	1	2
96. Others (Specify) _____	1	2

411	In your opinion, why condoms are used? **(Multiple responses possible)** **(Do not read possible answers but probe)**	Prevent pregnancy/Used as a contraception .....A Prevent HIV/AIDS .....B Prevent STI.....C Others (Specify) _____.....X Don't know.....Y No response .....Z	
412	Do you know of any place or person from which you can obtain condom?	Yes..... 1 No ..... 2 No response …… 99	 414 414
413	**From which place or people, you can obtain condoms?** **(Multiple responses possible)** Do not read possible answers	Shop.....A Pharmacy .....B Clinic .....C Hospital .....D Family planning center .....E Bar/Guest house/Hotel .....F Health worker .....G Peer Educator/Outreach doctor.....H Friend .....I BHU ……J Office/Work place ……K Public place ……L Check post ……M Others (Specify) _____ .....X Don't know.....Y No response .....Z	

Q.N.	Questions	Coding Categories	Go to Q.N.
414	Do you think that condoms are safe?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	416
415	Why not?	Break easily ..... 1 Do not protect against diseases..... 2 Other (Specify)_____ 96 Do not know ..... 98 No response 99	
416	In the past 12 months, have you been given condoms free of cost?	Yes ..... 1 No ..... 2 No response 99	

500 SEXUAL AND CONDOM USING PRACTICE/BEHAVIOR

Read:- <u>I would like to ask you some personal questions. These questions are about sex and condom using practice/behavior in your life. I want to remind you that every answer you give will be kept confidential, because we do not record your name at all.</u>

Q.N.	Questions	Coding Categories	Go to Q.N.
501	Have you ever had sexual intercourse?	Yes..... 1 No ..... 2 No response 99	503
502	People may have different reasons for not having sexual intercourse. Can you please tell me your reason(s)? **(Multiple responses possible)** Do not read possible answers	I am/feel too young..... A Don't feel ready to have sex .....B Sex before marriage is wrong .....C Afraid of getting pregnant ..... D Afraid of getting HIV/Aids or STI ....E Have not had the chance..... F Not interested ……G Feel shy ……..H Because of Monk/Religious ……I Others (Specify)_____.... X Don't know..... Y No response .....Z	601 601 601 601 601 601 601 601 601
503	How old were you at your first sexual intercourse?	Years old ..... ☐☐ **(Write the completed years)** Don't know…..... 98 No response 99	
504	Have you had sexual intercourse in the last 12 months?	Yes..... 1 No ..... 2 No response 99	 520 520
505	In total, how many different male/female sexual partners have you had sex in the last 12 months?	Total Number..... ☐☐	
506	The last time you had sex, did you or your partner use a condom?	Yes ..... 1 No ..... 2 Don't Know ..... 98 No response 99	
507	Did you have sex with regular partner (Spouse or live in partner) during last 12 months?	Yes..... 1 No ..... 2 Unmarried or no live in partner……..3	 512 512
508	The last time you had sex with a regular partner did you and your partner use a condom?	Yes..... 1 No ..... 2 Don't know ..... 98 No response 99	510

Q.N.	Questions	Coding Categories	Go to Q.N.
509	Why did not you or your partner use a condom that time?	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 Don't like them ..... 4 Used other contraceptive ..... 5 Didn't think it was necessary ..... 6 Didn't think of it ..... 7 Wish for a child ..... 8 Trust to sex partner ……9 Sterilized ……..10 Other (Specify) _____ . 96 Don't know ..... 98 No response 99	511 511 511 511 511 511 511 511 511 511 511
510	What is the reason or reasons that you used a condom at that time? **(Multiple responses possible)** **(Do not read possible answers)**	Pregnancy prevention .....A STI prevention .....B HIV/AIDS prevention .....C Other (Specify) _____ .....X Don't know .....Y No response .....Z	
511	How often have you used a condom with male/female regular partners in the past year?	Every times .....1 Almost every-times .....2 Sometimes .....3 Never used .....4 Don't know .....98 No response 99	
512	Did you have a sexual intercourse with a male/female sex worker in last 12 months?	Yes ..... 1 No 2	 516
513	The last time you had sex with a male/female sex worker did you and your partner use a condom?	Yes .....1 No .....2 Don't know .....98 No response 99	515
514	Why did not you and your partner use a condom that time?	Not available .....1 Too expensive .....2 Partner objected .....3 Don't like them .....4 Used other contraceptive .....5 Didn't think it was necessary… .....6 Didn't think of it .....7 Other (Specify) _____ ...96 Don't know .....98 No response 99	
515	How often have you used a condom with male/female sex workers in the past year?	Every times ..... 1 Almost every-times..... 2 Sometimes ..... 3 Never used ..... 4 Don't know ..... 98 No response 99	
516	Did you have sexual intercourse with a non-regular sex partner during last 12 months?	Yes ..... 1 No 2	 520
517	The last time you had a sex with a non-regular partner did you and your partner use a condom?	Yes .....1 No .....2 Don't know .....98 No response 99	519

Q.N.	Questions	Coding Categories	Go to Q.N.
518	Why did not you and your partner use a condom that time?	Not available.....1 Too expensive.....2 Partner objected.....3 Don't like them .....4 Used other contraceptive .....5 Didn't think it was necessary .....6 Didn't think of it .....7 No satisfaction ……8 Other (Specify) _____ ...96 Don't know .....98 No response.....99	
519	How often have you used a condom with a non-regular partner in the past year?	Every times..... 1 Almost every-times..... 2 Sometimes ..... 3 Never used..... 4 Don't know ..... 98 No response 99	
	Check respondents' code. **If code of the respondent is 3 or 4 or 5 and answer in Q.125 is 'Yes', continue, and if "No" go to Q522**		
520	During your participation in the training or for other purpose in foreign country, did you have sexual relations?	Yes..... 1 No ..... 2 No response 99	522
521	Did you and your partner use a condom that time?	Yes..... 1 No ..... 2 No response 99	
	Check Q.N. '101' **If the answer of the respondent is '1', continue, and if "2" go to Q 526**		
522	We have just talked about your female sexual partners? Have you ever had any male sexual partners also?	Yes ..... 1 No ..... 2 No response 99	 526 526
523	If yes, have you had anal sex with any of your male sexual partners in the last 12 months?	Yes ..... 1 No ..... 2 No response 99	 526 526
524	The last time you had anal sex with a male sex partner did you and your partner use a condom?	Yes ..... 1 No ..... 2 Don't Know ..... 98 No response 99	
525	How often have you used a condom in an anal sex with male sex partner in the past 12 months	Every Times ..... 1 Almost Every Times ..... 2 Some Times ..... 3 Never Used ..... 4 Don't Know..... 98 No response 99	
526	When a man and women have sexual intercourse whose decision should it usually be to use condom?	The women's decision..... 1 The man's decision..... 2 A joint decision..... 3 Don't know..... 98 No response 99	
527	With whom did you have the last sexual intercourse?	FSW/MSW…… 1 Regular partner ……... 2 **(Spouse or live in sexual partner)** Other female friend ……..3 Male friend …… 4 Don't Know …… 98 No response …… 99	
528	Did you use condom in the last sexual intercourse	Yes ……..1 No ……... 2	

600. INJECTING BEHAVIOR

Read:- <u>I would like to ask you again some personnel questions. These questions are about drugs use and injecting behavior in your life. I want to remind you that every answer you give will be kept confidential, because we do not record your name at all.</u>

Q.N.	Questions	Coding Categories	Go to Q.N.
601	Have you ever used drugs?	Yes ..... 1 No ..... 2 No Response 99	 End End
602	Have you ever injected drugs?	Yes ..... 1 No ..... 2 No Response 99	 End End
603	How long have you been injecting drugs? **(Include self-injection or injection by another**)	Years ..... ☐☐ Months ..... ☐☐ No response 99	
604	Did you ever share needles and syringes with any one?	Yes……..1 No……...2	 606
605	With how many different injecting partners did you share needles or syringes?	Number of partners ..... ☐☐ Don't know ..... 98 No response 99	
606	Have you injected drugs at anytime in the last month?	Yes ..... 1 No ..... 2 No Response 99	
607	Have you had sexual intercourse in the last month?	Yes ..... 1 No ..... 2 No Response 99	 End End
608	Did you use a condom when you last had sexual intercourse?	Yes ..... 1 No ..... 2 No Response 99	

ଈ Now we have completed the interview. Thank you very much for your time and cooperation. ଌ

<u>Check that Responses to All questions have been marked.</u>

Annex 3: Respondents' Age at Marriage and Currently Living Status

	Urban		Rural	
	Male	**Female**	**Male**	**Female**
Age at first marriage	**n=54**	**n=116**	**n=88**	**n=129**
< =19 years	53.7	68.1	46.6	75.2
20-24 years	46.3	31.9	53.4	24.8
Currently living with	**n=287**	**n=313**	**n=305**	**n=297**
With parents at parental house	49.8	51.8	65.9	65.7
With Own family (spouse/children)	14.3	29.7	21.0	26.6
With relative	18.1	9.9	9.5	4.7
With friends in rented house	9.8	4.2	1.0	0.0
Independently	8.0	3.2	1.6	1.7
Others	0.0	1.0	1.0	1.3
Not reported	0.0	0.3	0.0	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**

Annex 4: Educational Background of the Respondents

Social Characteristics	Urban		Rural	
	Male n=287	**Female n=313**	**Male n=305**	**Female n=297**
Education				
Illiterate	15.7	20.1	21.6	32.3
Literate/No schooling only	4.5	12.1	18.4	22.9
1-6 grade	27.5	29.4	28.9	22.9
7-10 grade	52.3	38.3	30.5	21.9
No Response	0.0	0.0	0.7	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**

Annex 5: Sources of Information on HIV by Different Background Characteristics of the Respondents

Characteristics	**Radio**	**Television**	**Pamphlet / Posters**	**Health worker/Volunteer**	**Friends**	**Work place**	**Relative**	**Billboard /sign board**	**Others**	**N**
Age group										
< = 19 Yrs	78.6	81.6*	55.5	81.2	85.6	52.6*	55.3	59.1	73.2	544
20-24	81.9	75.9	60.4	89.9*	89.1	46.2	57.9	59.1	75.6	657
Sex										
Male	80.0	80.0	62.8*	85.3	88.5	56.1*	51.5	67.7*	76.9	592
Female	80.9	77.0	54.1	86.8	86.8	42.6	61.7*	51.2	72.3	610
Location										
Urban	76.0	93.6*	70.7*	87.0	91.8*	54.4*	63.2*	72.2*	81.0	600
Rural	85.1*	63.0	45.6	85.2	83.3	43.6	50.2	45.6	68.1	602
Education										
Illiterate	80.2	64.6	33.3	84.8	83.5	28.3	51.1	36.4	42.6	270
Literate/No schooling only	87.1	68.2	48.8	84.7	80.0	35.9	63.5	36.5	73.7	175
1-6 grade	80.1	77.9	60.6	84.4	90.2	50.8	52.8	62.9	75.2	327
7-10 grade	78.3	90.8	74.5	88.7	91.0	64.9	60.3	78.3	94.6	428
Total	**80.5**	**78.5**	**58.3**	**86.1**	**87.6**	**49.1**	**56.8**	**59.2**	**74.6**	**1200**

*The difference is statistically significant at 0.05 level.

Annex 6: Risk of HIV Infection as Perceived by the Respondents

Risk perception of HIV/AI	Urban		Rural	
Risk of contracting HIV/AIDS	**Male n=266**	**Female n=310**	**Male n=280**	**Female n=282**
High	9.0	5.5	5.0	6.0
Moderate	9.0	4.8	6.4	1.8
Small	11.3	8.4	17.1	10.3
No risk	66.2	73.5	62.5	73.4
Don't know	4.1	7.7	8.9	8.5
No response	0.4	0.0	0.0	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**
Causes for considering high or moderate risk of contracting HIV/AIDS *	**n=48**	**n=32**	**n=32**	**n=22**
Do not always use condoms	64.6	62.5	59.4	59.1
Have many sex partners	47.9	3.1	34.4	4.5
Sex partner has other sex partner	16.7	34.4	3.1	31.8
Have had sex with sex workers	22.9	6.3	6.3	0.0
Hair cut in saloon	2.1	0.0	6.3	0.0
Others	0.0	6.3	3.1	0.0
Don't know	0.0	0.0	0.0	9.1

* Total percent may exceed 100 due to multiple responses.

Annex 7: Understanding of STIs Among Respondents

STI symptoms	Female STIs				Male STIs			
	Urban		Rural		Urban		Rural	
	Male n=186	**Female n=205**	**Male n=173**	**Female n=154**	**Male n=186**	**Female n=205**	**Male n=173**	**Female n=154**
Itching in genital area	37.1	53.2	22.5	48.1	53.8	38.0	50.9	39.6
Burning pain on urination	39.8	45.9	18.5	50.6	62.9	54.6	63.0	41.6
Genital discharge	43.5	36.1	12.1	36.4	56.5	34.6	39.3	33.8
Genital ulcer/sore	39.2	19.5	13.9	23.4	37.6	20.5	24.3	16.9
Blood in urine	6.5	16.6	2.3	22.7	4.8	16.1	15.0	24.0
Swelling in groin area	9.7	13.7	6.4	16.9	23.1	29.8	34.7	18.8
Lower abdominal pain	8.1	13.2	4.6	19.5	8.1	10.7	4.6	12.3
Foul-smelling discharge	7.0	7.3	5.8	13.6	7.0	7.3	9.8	7.1
Weight loss	4.8	15.1	3.5	8.4	4.3	11.2	8.7	3.9
Others	1.1	1.0	1.2	1.3	2.7	1.0	2.3	0.6
Don't know	28.5	12.7	58.4	16.9	6.5	11.7	8.1	29.2
Total	*	*	*	*	*	*	*	*

* Total percent may exceed 100 due to multiple responses.

Annex 8: Sources of Information about Condoms by Different Background Characteristics of the Respondents

Characteristics	Radio	Television	Pamphlets/ Poster	Health worker/ Volunteer	Friends	Relatives	Billboard/sign board	Others	N
Age group									
< = 19 Yrs	77.8	77.6	60.6	83.5	89.6	53.2	59.1	80.7	544
20-24	81.8	76.6	61.2	91.0*	91.0	57.6	57.1	79.3	657
Sex									
Male	76.5	78.4	63.6	86.2	91.8	50.6	63.6*	83.4*	592
Female	83.4*	75.8	58.4	89.0	89.0	60.5*	52.6	76.6	610
Location									
Urban	76.1	92.3*	73.7*	88.3	93.0*	62.2*	71.2*	86.7*	600
Rural	83.9*	61.9	48.2	87.0	87.8	49.1	44.8	73.3	602
Education									
Illiterate	77.6	61.6	35.8	81.7	83.6	50.2	36.9	60.0	270
Literate/No schooling only	86.7	70.5	56.1	87.9	83.8	57.2	41.0	77.7	175
1-6 grade	78.8	76.7	61.7	86.5	92.9	51.2	61.7	78.6	327
7-10 grade	79.6	89.9	78.2	92.0	95.3	61.8	75.2	94.4	428
Total	**80.0**	**77.1**	**61.0**	**87.6**	**90.4**	**55.7**	**58.0**	**79.9**	**1200**

*The difference is statistically significant at 0.05 level.

ANNEX 9: List of Participants

Knowledge, Attitude, Practice and Behavior Study on HIV/AIDS/STI Among Uniformed Personnel, In School and Out of School Youth in Bhutan - 2009

Draft report dissemination workshop –April 16, 2010

1. Nado Dukpa, Officiting Director, Department of Public Health
2. Romak Karki, Program Officer(PO), Department of Public Health (DoPH)
3. Karma Doma, Program Officer (PO), DoPH
4. Sonam Chhophel, PO, DoPH
5. Karma Chogyel, Local consultant, Digital Shangri-La
6. Mani Pradhan, Local consultant, Digital Shangri-La
7. Sonam Yangden, Royal Bhutan Police
8. Sonam Peldon, PO, DoPH
9. Karma Dechen, Program Officer, Ministry of Education
10. Ugyen Tshomo, Program Officer, Ministry of Education
11. Ugyen Zangmo, Program Officer, DoPH
12. Maj. Tenzin Dorji, Royal Bhutan Army
13. Chhador Wangdi, Chief Program Officer, Bhutan Narcotic Control Agency
14. Pemba Yangchen, PO, DoPH
15. Juthamomee Somboonsut, Volunteer, Ministry of Health
16. Tandin Dorji, Chief Program Officer, DoPH
17. Dr.Gampo Dorji, Dy.Chief, DoPH
18. Dr.Lungten Zangmo, Head, Research Unit, Ministry of Health
19. Sonam Wangdi, Po, DoPH