Knowledge, Attitude, Practice and Behavior Study

on

HIV/AIDS/STI

(AmongUniform Personnel, In-School & Out-School Youth and Construction Workers in Bhutan – 2012)

May 2013

TABLE OF CONTENT

LIST OF TABLES AND FIGURES

Acknowledgements

Survey Team (CMDN, Nepal)

Sameer Mani Dixit, PhD
Dr. Hemant Ojha, MD, MBBS
Rajesh Man Rajbhandari, MA, MBA
Prabhu Raj Poudyal, MPH, MSc
Ganesh Sharma, MBS
Sanjeev Dhungel, MA

Kyingkhor team

Ms. Tshering Yangchen
Mr. K.B Basnet
Ms. Pema Cheizom

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BHU	Basic Health Unit
CSPro	Census and Survey Processing
CMDN	Center For Molecular Dynamics- Nepal
GDC	Gewog Development Committee
HIV	Human Immunodeficiency Virus
IMR	Infant Mortality Rate
KABP	Knowledge, Attitude, Behavior 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 Guard
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

The trend of HIV in Bhutan shows two characteristics: a) a diffused form of epidemic and b) an epidemic largely concentrated in reproductive age groups. As of 2012, less than 1000 people (estimated) are living with HIV/ AIDS, most of whom were unaware of their infection status.Despite of its low HIV prevalence, the Kingdom faces up to several risk factors and vulnerabilities that can exacerbate the present " low prevalence " to a larger widespread epidemic by easily spilling transmissions to the general population. Certain indicators such as practice of multi sexual partners, hidden practice of Men-who-have-sex-with- Men (MSM), youth enriched demography and mobility in the country as well as increasing evidence of drug use, unsafe injection and risk-prone behaviors among youth of the country make it necessary to identify early intervention strategies to mitigate spread of HIV/AIDS/STI in Bhutan. This survey was set out with the primary objective to assess current knowledge, attitude, practices and behavior among epidemiologically "vulnerable" groups of population (Armed Forces, In and out of school youths and construction workers). Further, this survey aimed to determine the sexual risk and un-protective behaviors of the target population that may lead to the transmission of HIV/AIDS; Identify problems and impediments these young people, adults, uniformed encounter and construction workers to access information on HIV/AIDS and STI; and to build upon core indicators for United Nations General Assembly Special Session on HIV/AIDS (UNGASS).

This cross-sectional and co-relational study was conducted by recruiting nationally representative sample size to assess KABP among four different types of population- namely, out of school youths with age in between 15-24, in school youths from grade 7 to 10, uniformed personnel and construction workers throughout the country. Quantitative research approach using structured questionnaire was deployed to assess knowledge, attitude, practice and behavior for risk of HIV and STI in the target population.Ethical approval was obtained from the national ethical body, External review Board of Royal Government of Bhutan prior to commencement of the study.

The respondent uniformed personnel belonged to the age group of 18 to 60. More than half of the respondents were above 30 years (60.7%) followed by those between 25-29 years (24.6%) and 20-24 years (14.4%).All of the respondents (100%) reported to have previously heard about HIV/AIDs. Out of those, less than one-fourth (22.6%) reported to have known people living with HIV/AIDS or those that had died due to AIDS. Overall, knowledge of HIV/AIDS and its transmission in this population was very good among majority of the respondents. However, 67.5 percent do not know about the symptoms of female STI as against 32.4 percent who didn't know about symptoms of male STI. Thus, compared to good HIV/AIDS knowledge that of STI was found to be low in this population.

The median age of the in-school youths was 19 years with a low percentage of those being married. Close to 90% did not have any type of relation with known HIV infected individuals. Only 30% had comprehensive knowledge about HIV transmission, but majority reported using condoms every time during sexual intercourse. Knowledge of HIV infection and transmission was very high in this population. However, knowledge of STI infection was low (less than 60%) among the in school youth. Stigma and Discrimination based feelings towards HIV infected individuals was low amongst this group. Drug use was also very low. Sexual intercourse was not practiced by majority, but among males that did indulge in this, a high percentage (80%) had used condoms during last sexual act. Condom use during sexual intercourse with sex workers was 100%.

Out of School youths were mostly married (over 65%) and majority were married young, before the age of 20 years. Knowledge of HIV/AIDs was high amongst respondents in the group, but very low

percentage had comprehensive knowledge of HIV transmission. A low percentage of the population felt that they were at risk of contracting HIV. Use of condom during sexual intercourse, and consistence sex with one faithful partner was high in this population. HIV testing was high in this group (over 70% having tested for HIV, and received results). Knowledge of STI in this population was also very low, as with other groups (34%). Majority of the females did not know about symptoms of STI (59%). About half of the respondents have not had sex, but among those that did, age of first sexual intercourse was less than20 years in half the population. A high percentage (39%) had more than one sexual partner, and almost 48% of the respondents did not use condoms during last sex. Injecting drug use was not present in this population.

Construction workers were 28 years old on average and majority of those (98%) were males. Among these, 66% were migrant workers from India. Majority of the respondents were married, and out those most respondents were married before the age of 25. Indian workers were more likely to be unmarried (53%) compared to their Bhutanese counterparts. Knowledge of HIV was low in this population, with11 % of the respondents being able to identify major indicators (Bhutanese, 13%; Indian 10%). Majority of respondents were having sexual intercourse (74%). However, there was a clear difference between Bhutanese (85%) and Indian (74%) population. More Bhutanese construction workers (59%) were engaging in sexual activity with multiple partners than their Indian counterparts (46%). Condom use was high but 54% of the population engaging in multiple sex had not used it during last sex with sex partner (Bhutanese 60%, Indians, 47%).Alarmingly, 30% did not use condoms during last sex with sex worker, and Bhutanese workers were far more likely not to use condoms (60%) than Indians (73%). Only 25% of this population has ever been tested at a recognized facility for HIV. There appeared to be a sense of Stigma and Discrimination towards HIV infected in this population as only 60% felt that behavior towards those should be same as towards any uninfected person in the community. Knowledge of STIs was also quite low in this population. Intravenous drug use was not reportedin this population.

This study has shown that there is a high level of general HIV Knowledge among three out of four populations studied. Use of Intravenous drugs appears to be very low, and this was observed for all population studied. Of particular interest is the results obtained as part of this study showing between 1-13% reported IDU users in a study carried out in 2009 which is different to that found in this study. Whether that is truly the case or not will be evident in future studies and possible youth focused KABP studies. The in school youth and construction workers appear to be lacking in comprehensive HIV knowledge based on key indicators of HIV knowledge. The percentage of respondents in all groups besides construction workers consistently showed general knowledge of HIV and transmission patterns and testing facilities. It would appear that respondents are aware of where to go for testing. It is a very good sign that Stigma and Discrimination is not observed at high percentage among the three groups including uniformed personnel. However, construction worker population appears to have low knowledge on HIV as well as low motivation on getting tested. There appears to be difference among HIV Knowledge, Attitude, Practice and Behavior indicators between the Bhutanese and India construction workers, and this is an area where further assessment, and serological surveys may be important to carry out.

One of the major issues appears to be that of stigma and discrimination towards HIV infected in the Construction Worker population. Clearly, behavior change communication intervention either has not reached this population, or is not as effective as it should be. Further, condom use in this population is alarmingly low for last sexual encounter- while this population appears to use condom at high frequency, the fact that only 70% used condom during last sex is a cause of concern.

Another major issue that has shown up in the course of this study is that regarding knowledge of Sexually Transmitted Infections in all populations. There is no doubt that HIV knowledge is overall

higher than that of STIs, but STIs are the emerging risk factors for HIV community at the global scale and as such, should be focused on in Bhutan. School children especially MUST be made knowledgeable on STI and associated risk factors as those are linked to HIV. STI symptoms, specifically among female population must be taught at both school settings and also to those out of school.

The recommendations among others are to initiate immediate Behavior Change Communication amongst Construction workers, and to increase STI knowledge amongst ALL groups studied in this survey.

Chapter 1

Introduction

1.1 Country Profile

The Kingdom of Bhutan is a landlocked nation in South Asia, with an estimated population of 738,276 living in scattered rural settlements along a characteristically rugged terrain[1]. Bhutan is located along the eastern end of the Himalaya Mountains. To the south, east, and west the country borders the Republic of India, and to the north it borders China.

Bhutan's per capita gross national income (GNI) is one of the highest in South Asia, and has consistently risen from US$730 in 2000 to US$ 2070 in 2013[2]. Accordingly, the country's Tenth Five Year Plan (2008- 2013) has adopted poverty reduction as its overarching theme and primary goal. The Kingdom has embarked upon a distinct approach underpinning the principle of Gross National Happiness (GNH) to guide its development. The principle of Gross National Happiness (GNH) entails four pillars: the promotion of equitable and sustainable socio-economic development, the preservation and promotion of cultural values, the conservation of the natural environment, and the establishment of good governance. The principle emphasizes the need to find an appropriate balance between material, spiritual, emotional and cultural well-being.

The country is administratively divided into three regions (Western, Central and Eastern) and 20 Dzongkhags (districts) that are further divided into 205 Gewogs (blocks). The totals of 205 Gewogs are further divided into some 1906 Chiwogs.

The two major ethnic groups in the country are: a) the Ngalong people living in the western region and; b) the Sharchop people living in the eastern region. 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.

1.2 Health Care System of Bhutan

Bhutan embarked on its journey to setting up a modern health care development with the establishment of the Department of Public Health in the 1960's. The declaration of Alma Ata in 1978 adopting a primary healthcare approach to achieve 'Health for All' has also served to expand health care delivery services with the entailment of basic minimum health care to the benefits of the nation's scattered population. Within a span of four decades the nation's health system has made remarkable progress. The government has maintained a system of complete free healthcare for not only the Bhutanese citizens but also all those who reside in the country. As of now, 90 percent of the population has access to basic health care services delivered through a network of 29 hospitals, 184 Basic Health Units (BHUs) and 514 Outreach Clinics (ORCs).

[1] The World Bank 2011
[2] The World Bank 2012

The health care delivery system is modeled around a three-tier system. At the highest level of the tier are: the central referral hospital at Thimphu, along with two regional referral hospitals one at Gelephu in the Southern Region and other at Mongar in the Eastern region. The district hospitals located in the district headquarters represent the middle level and Basic Health Units (BHUs) being linked to these hospitals operated at the lowest level. In addition to all these tiers, Out Reach Clinics (ORCs) work as an extended arm of BHUs and hospitals and reach out to rural communities with regularly scheduled mobile clinics.

Alongside the development of health infrastructures, health outcomes have improved markedly, especially during the last 10 years. National surveys conducted in 1984, 1994, and 2000 showed a tremendous improvement on enhancing the access to safe drinking water and dramatic decrease in mortality and morbidity. The population growth rate has fallen down from 3.1 percent in 1994 to 2.5 percent in 2000. If taken in light of the utter nonexistent of private medical practice in Bhutan, the progresses made by the government's sole efforts will assume even greater significance.

1.3 Situation of HIV and AIDS in Bhutan

With the total estimated 500 individuals living with HIV[6], and of number of 297 detected HIV cases[5], the HIV prevalence in Bhutan remains still below 0.1 percent (although the UNAIDS report shows the number to be 270 as of June 2012[6]). The low level epidemic has so far not evolved to manifest any known risk groups with prevalence rates of more than 5 percent. The epidemiological trend of HIV in the Kingdom, however, basically entails two salient characteristics: a) a diffused form of epidemic and b) an epidemic largely concentrated in reproductive age groups. The diffused form of epidemic is clearly evident as 19 out of 20 Dzongkhags have reported one or more HIV positive cases[3]. A serious case for concern is the jump in HIV cases from 24 to 53 in 2011[6] .Current evidence shows that the most predominant route of HIV transmission is heterosexual intercourse (90 percent), followed by mother-to-child transmission (MTCT) (8.1 percent) and less than 2 per cent of the transmission is through blood transfusion and injection drug use. In this context, it must be noted that little is known about the types of sexual transmission among MSM as strong social and cultural taboos stigmatize such relations. These factors make it difficult to determine the extent of HIV transmission due to homosexual and bi-sexual encounters.

It is estimated that about less than 998 people could have been living with HIV/ AIDS as of the year 2012, most of whom were unaware of their infection statuses[4],[5]. Though it is important to identify existing cases and bring them into the bracket of treatment and care; it, however, is not likely that significant pockets of existing cases will be identified in the near future. Moreover, the number of annual cases identified has leveled off, with the peak in 2007.

Risk factors and Vulnerabilities

Despite of its low HIV prevalence, the Kingdom faces up to several risk factors and vulnerabilities that can exacerbate the present " low prevalence " to a larger widespread epidemic by easily spilling

[3] National HIV /AIDS Status Update June 2012, National HIV/AIDS & STIs Control Programme

[4]National STI and HIV/AIDS Control Program (2012).National Strategic Plan-II for Prevention and Control of STIs, HIV and AIDS in Bhutan 2012-16 (NSP-II) Thimphu, Ministry of Health of Bhutan.

[5] Godwin, J. (2012). Sex Work and the Law in Asia and the Pacific:Laws, HIV and human rights in the context of sex work. Bangkok, UNDP Asia-Pacific Regional Centre and UNFPA Asia Pacific Regional Office.

[6] Global AIDS response progress reporting 2012: Bhutan, UNAIDS

transmissions to the general population. Some notable risk factors and vulnerabilities are mentioned below.

Practice of multi sexual partners

The social construct of Bhutan, as it relates to sexual behaviors, pointedly indicates to the relatively common practice of multiple sexual partners. A Rapid Assessment on Sexual Behavior conducted in urban settings during the year 2010 came up with the findings that sexual behaviors as they relates to multiple sexual partners and condom use among clientele of restaurants, bars, karaoke and discos etc., are risk-prone in the perspective of HIV transmission. This is substantiated by the finding that depicted overall 36 percent of respondents had more than two sexual partners in the preceding six months of the assessment. This situation would worsen further if this period were to extend to the preceding one year as 55 percent of the respondents had multiple sexual partners during this period. Similarly, brining relatively high prevalence rates of STI among high-risk populations to the fore, the same assessment highlighted, overall 20 percent of the male and 29 percent of the female respondents had reported having experienced any of the specific symptoms of STIs such as ulcers or sores in genital area, vaginal/genital discharge, lower abdominal pain/ burning pain while urinating in the preceding 12 months. Risk behavior especially connected to (no) condom use also found its place prominently in its findings as 14 percent of the male respondents did not use condom in the last sex when their last sexual partner was a sex worker or a stranger.

It is contextual to mention here that general population survey conducted in 2006 in Bhutan (Policy and Planning Division 2008) found about 5 to 9 percent of men and 3 to 7 percent of women are suffering from STI symptoms.

Hidden practice of Men-who-have-sex-with- Men (MSM)

In the same context, the estimated figure of 4000 men-who- have –sex with-men (MSM) do not have environment supportive for their access to HIV related services. The prevailing legal environment creating barriers to HIV related services for the estimated 4000 men-who-have- sex-with- men (MSM) may be worsening their vulnerability to HIV.

Youth enriched demography and mobility

Demographically, 60 per cent of the country's population is aged below 25 years. This youth-enriched demography coupled with their high-level cross-border mobility to the areas of neighboring north-eastern India, Nepal, and Bangladesh have brought about an arduous challenge of ensuring that these youths consistently adhere to safe behaviors both at home and during their trips abroad. Failing to meet this demanding challenge obviously makes the youth population more vulnerable to HIV especially in the context of several neighboring states in India face "concentrated" HIV epidemic along with the mounting evidence of high-risk practices in Bhutan.

Growing evidence of drug use, unsafe injection and risk-prone behaviors

The growing evidence of unsafe injection of drugs reported in the recent times is of a worrying concern to Bhutan. The National Baseline Assessment of Drug and Controlled Substance Use -2009, conducted in 14 Dzongkhags had showed that injecting drug use was prevalent in 11 Dzongkhags. The proportions of injecting drug users out of the total of all types of drug user respondents of the assessment varied among Dzongkhagas from 13 percent to 1 percent; Samste Dzongkhag being the highest with 13 percent. The same survey also showed 19 percent of the respondents who had ever injected drug within the preceding one month of the assessment reported using the needles and syringes that had been previously used by someone else. Among these (19 percent), 67 percent had reported sharing needles and syringes during the last injecting episode.The assessment also revealed that practices of sharing needles and syringes in groups of 2 or 3 persons. The assessment study also

revealed that only 74 percent of the respondents who had ever injected drug in the preceding one month of the assessment reported having used condoms during their last sexual acts.

The National Baseline Assessment of Drug and Controlled Substance Use also revealed that among all drugs users i.e., inhalers, smokers, oral takers etc., eighty-six percent of the drug users reported having experience of sexual intercourse, the mean and median age at first sexual intercourse among them being 17 years. Condom use during the first sexual intercourse was only 38 percent. Similarly, brining relatively high prevalence of STIs among the drug users to the fore, the same assessment highlighted up to 88 percent of male drug users and 33 percent of female drug users, who had sex in the preceding year of the assessment had reported having experienced any of the specific symptoms of STIs such as ulcers or sores in genital area, vaginal/genital discharge, lower abdominal pain/ burning pain while urinating in the preceding 12 months.

1.4 Context of the KABP survey

Responding to the need of halting the spread of HIV transmission among youth and other vulnerable population groups, the National HIV/AIDS and STIs Control Program with the cost sharing inputs from the first phase of Round 6 of Global Fund started a project in 2008. The Global Fund supported project reaches out to the formal education and non-formal setting as well as the military service aiming at enhancing their knowledge, skills and services to safeguard them from both STI and HIV. To this end, a total of 140 schools have adopted life skills-based education for all students of grade 7 and above. Similarly with the support from the project, a curriculum on HIV/AIDS for non-formal-learners has been developed and implemented. Likewise, a curriculum for the vocational institutes also has been prepared. In the same line, three military training institutes of the Kingdom of Bhutan are mainstreaming STI/HIV/AIDS education into curricula for the fresh recruits.

With the intent of tracking the progress brought about by the Global Fund supported project, it has adhered to a well-structured mechanism of periodic monitoring. Pursuant to this mechanism, a baseline KABP survey among the youth – both in-school and out-of-school and the armed forces was conducted in 2009 to provide a basis to monitor the progress made through the project. In sequel to the baseline KABP 2009, the present KABP survey among the youth – both- in-school and out-of-school, the uniformed person and construction laborers has been conducted in 2012 with the objective of measuring the changes made through the project intervention.

1.5 Study Objectives

The primary objective of the proposed survey is to assess current knowledge, attitude, practices and behavior among epidemiologically vulnerable groups of population (Armed Forces, In and out of school youths and construction workers). In addition the study aims:

i. To determine the sexual risk and un-protective behaviors of the target population that may lead to the transmission of HIV/AIDS;
ii. To identify problems and impediments these young people, adults, uniformed encounter and construction workers to access information on HIV/AIDS and STI;
iii. Build upon core indicators for United Nations General Assembly Special Session on HIV/AIDS (UNGASS)

Moreover, this survey data will allow in comparing the findings from previous survey to provide policy level feedback for the national program. It will also serve to build on other projects related to HIV/AIDS prevention and awareness.

Chapter 2

Survey Methodology

2.1 Study design

A cross-sectional descriptive study was conducted by recruiting nationally representative sample size to assess KABP among most at risk population group. The study is descriptive and exploratory. A quantitative approach with structured questionnaire was utilized to gather information from the population. The study was principally based on primary data. To some extent, secondary data was utilized during literature review and validating findings. The data were collected using face-to-face interview with respondents moderated up by trained enumerator/investigators.

2.2 Survey Population

The survey covered four different types of population namely out of school youths aged between 15-24, in school youths from grade 7 to 10, uniformed personnel and construction workers throughout the country. The population type including eligibility criteria for inclusion at the time of survey in the sample are as follows:

i. School youths:

"*Thoseyouthsaged15-24, who wereattending7-12gradesinschoolorare at college"*

ii. Out-of schools youth:

"Thoseyouthsaged15-24,who have not enrolled at all in the formal education system or currently youth of school (<=10grade) or enrolled in non-formal education"

iii. Uniformed Personnel:

"The armed forces included Royal Bhutanese Army (RBA), the Royal Bhutanese Police (RBP) and the Royal Body Guards (RBGs). Only those personnel currently working in aforementioned profession since last three months after completing basic training were eligible for the survey.

iv. Construction workers:

Those personnel currently working in construction industry continuously for least last three months were included in the survey. The workers were engaged in four working categories namely; building, traditional painting, road and bridge, power and communication.

2.3Sampling Design and Sample Size

Two stage cluster sampling technique was utilized to recruit participants for the study except for uniformed personnel. All Dzongkhags were included in the sampling. A total of 30 primary sampling units were selected from each strata alias district.. That sampling strategy was maintained in line with demographic data.

In School Youth

A list of all lower, middle and higher secondary schools offering education from grade 7 to grade 12 was archived as per the order maintained by Ministry of Education, Bhutan. Besides that, records of

10 colleges were also obtained. Due to variability both in terms of grade and number of students, some other criterion were developed while selecting the schools. Those criterions were inevitable as some schools running only two grades either below 10 or above. To sort out the things, those schools currently running at least 4 grades from 7 to 12 were included in the sampling frame. Six students (3 boys and 3 girls) were selected from each grade randomly for equal representation.
Altogether 21 schools and 9 colleges were selected. For colleges, 120 male and 120 female students were selected randomly from each of 9 colleges. Number of students selected from each college was determined by the population size. Out of the total sample of 800, 560 youths belonged from selected schools as against 240 from colleges. Alternatively, 400 male and equal numbers of females were selected randomly.

Out of school Youth
For the survey, the sample of out of school youth aged 15-24 enclosed 30 clusters each in urban and rural areas of districts. A total sample of 800 of out-of-school youths were drawn; equally divided for urban and rural strata.

All districts as per the order maintained by concerned authority served as frame. Thirty primary sampling units were selected from each stratum. The number of clustered allocated for each district was equal population size of respective district. After feeding data in excel, clusters were randomly selected.

Required sample of 400 was allocated in each cluster among 30 selected clusters while taking account to the proportion the cluster size. While doing so, only those clusters in urban setting were selected which had minimum 8 sample and it was 4 in rural setting. To adjust this, additional samples were allotted to other cluster in equal proportion.

In each selected cluster, at least three to five strategic points were listed and a random walk was performed from a randomly selected point. Only random side (either left or right) side of the households was enumerated for the interview. In the event of household having more than one eligible youth, only one among/between those was selected randomly.

Uniformed Personnel
Likewise, the study collected information from uniformed personnel from different barrack/wings. Under this category, 540 samples from RBA (Royal Bhutanese Army) , 201 from RBP(Royal Bhutanese Police) and 67 from RBG(Royal Bhutanese Guards) were recruited in proportion to their population size. The list of uniformed personnel were collected from the respective headquarter, barrack or wings separately. From each sample frame, a number of units under each category was selected. For each category, Respondents were selected randomly from 14 different units or clusters after developing sampling frame.

Construction Workers
Similarly, list of construction sites were archived from database of Ministry of Labor and Human Resources /Royal Government of Bhutan and Construction Association of Bhutan. Similarly, number of potential respondents in each construction sites was prepared. Altogether 30 clusters were selected randomly based on population proportionate to size. In addition, sample sizes for small clusters were increased to the minimum of 4. That was adjusted by recruiting additional samples from other selected sites as per the size of the cluster.
After visiting the selected clusters, respondents were chosen randomly for enumeration. Altogether 800 respondents interviewed

Sample size of different study population and their sub-population

SN	Study population	Sub-population	Sample size	Total sample
1	Uniformed personnel	Royal Bhutan Army (RBA)	536	800
		Royal Bhutan Police (RBP)	198	
		Royal Body Guard (RBG)	66	
2	In-school youth	Male	400	800
		Female	400	
3	Out of school youth	Urban	400	800
		Rural	400	
4	Construction worker		800	800
Total Sample:				**3200**

2.4 Study Instrument and Administrations of Tools

Quantitative research approach using structured questionnaire was deployed to assess knowledge, attitude, practice and behavior for risk of HIV and STI in the target population."The questionnaires were prepared in reference to the existing questionnaire used in similar international studies. Besides that, being a sequel study all questionnaires used in previous one was included. Strict confidentiality was maintained throughout the study period.

Prior to carrying out interview with selected candidates, identity of each candidate was verified to ensure that they meet the eligibility criterion. Confidentiality of each candidate was maintained thorough out the study. Unique identifications number (ID) for each survey participants was generated for the survey. To meet that, even the names of study participants were not recorded anywhere.

2. 5 Data Collections

The data was collected by 28 surveyors and 7 field supervisors followed by 2 quality control and senior supervisors from End of January 2013 to Mid of March2013.

2.6 Study Management plan

National HIV/AIDS and STD Control Program (NACP) under the Ministry of Health, Royal Government of Bhutan provided the leadership to carry out the study. At the outset, the Ministry of Health reviewed the study protocols and instruments to give the approval for the study.

The two organizations namely: Center for Molecular Dynamics (CMDN) from Nepal and National counterpart Kyingkhor from Bhutan were involved in the study under guidance of the National HIV/AIDS & STIs Control Programme. CMDN was involved, in designing the whole research, but not limited to, Methods and Methodology, Sampling and selection of clusters, instrumentation including questionnaire, SOP, Training to enumerators/coder/data entry persons, data entry application development, data cleansing, analysis and report writing.

Whereas Kyingkhor was responsible for developing local plan of action, managing field work, translation of data collection instruments, recruitment of field staffs/coders/data entry personnel, developing monitoring and supervision mechanism for the field and supervising the data entry process.

2.7 Pretesting of Survey Instruments

At the outset, CMDN designed/developed the outline of survey instruments. Questionnaire from previous similar study that took place in 2009 served as a benchmark. Translation and back-translation of consent form of survey instruments from English to Dzongkhas and vice versa was performed. Then after, they were forwarded to the Ministry of Health for review.

Before deploying questionnaires for interview for data collection, CMDN in collaboration with Kyingkhor carried out pre-testing in a Thimphu that closely resembles the field settings. Thirty samples of In-School Youth, Out-school Youths and Construction Worker from non-sampled area in Thimphu were recruited for interview; 10 sample from each category.

Findings from pre-testing were analyzed in terms of simplicity, specificity, acceptability and sequencing. Comments were submitted to concerned stakeholders along with incorporating those feedbacks in the questionnaire.

2.8 Training

Training and coaching to the study team was organized in Thimphu lasting 5 days. For that purpose, Core study team members from CMDN central office visited Thimphu. That training was intended to familiarize the personnel about study objectives, methodology and brief orientation about HIV/STI. The training packages consisted of following modules/components.

- Background of HIV/STI in Bhutan/Global context
- Understanding about HIV/AIDS and STI
- Objective of the study
- Eligibility criterion for different types of respondents
- Selection of sample respondent
- Interviewing/Rapport building
- Tools and techniques of interviewing
- The purpose of every questions included in questionnaire/checklist
- Data recording in forms
- Roles, responsibilities and accountabilities of every survey team member

Training sessions covered power-point presentation, classroom instructions, role plays and questionnaire mock-ups. First two days were devoted for presentation and instructions. Whereas remaining 2 days were consumed for role-plays and questionnaire mock-ups. In later session, trainer went through every questionnaire, explaining the purpose and facilitating the discussion in different languages. Team members also observed mock-up interviews between and among trainees in the training hall. In total, 35 personnel of the study team attended the whole session. Besides that, post-test among them was carried out using questionnaire revolving around training sessions. Score from test served later as an indicator for group formation including choosing group leaders. The sessions were conducted both in English and local language.

On the 5th day, each group accompanied by a core member visited Thimphu for pre-testing. The pre-testing was carried out in Dzongkha, English and Lhotsam language using questionnaire in English and Dzongkha languages. Non-sample pockets within the Thimphu city were visited and all members of study team were present during this exercise. Filled up questionnaire were thoroughly reviewed by concerned team members. Based on the comments, questionnaires were updated and finalized. In addition, Sop (Standard Operating Procedures) project manual was tuned in line with the final version of questionnaire.

2.9 Ethical Issues

In order to ensure adherence to ethical aspects of the study, ethical approval was obtained from the national ethical body, External review Board of Royal Government of Bhutan prior to commencement of the study. The participants' rights to information, volunteerism, privacy and confidentiality and adherence to the compliance of both the ethical and human rights standards were maintained throughout the study, including during the fieldwork and data entry. Moreover, verbal informed consent was obtained from all the participants prior to the interview in the presence of a witness.. The verbal consent form used in the Survey is included in Annex. No personal identifiers were collected only with the ID number provided to the Survey participant.

2.10 Respondent Consent

Before administering the questionnaire, an oral consent was obtained from each of study participant and oral consents was obtained from parent in case of minor Moreover, every one of them was verbally informed that their participant in the study was voluntary. To further respect their view, a choice not to answer some questions in case if they do not like to do so. All respondents were, informed about the nature of study, its purpose including details. Notes worthily, no name was noted down in any question or list to keep the participants anonymous.

2.11 Study Organization/Team/Personnel

Two research organizations CMDN (Center for Molecular Dynamics) from Nepal and Kyingkhor from Bhutan were involved in completing this survey having separate roles and responsibilities. Former provided technical support and guidance in the areas of HIV, Sampling, Data programming and management and Statistician, and lead the study. Latter managed the field work and necessary logistics besides providing program management personnel to oversee the activities at local level and data entry personnel.

2.12 Quality Control, Data Processing and Analysis

At first, enumerators checked the completeness of the questionnaire at the field. Following that, supervisors undertook further round of verification to check completeness and consistency of filled forms in the field. That was intended to enable speedy correction of data from the field, if any.

Upon arrival of the filled forms to the national counterpart, Kyingkhor Office, editing/coding was performed to find inconsistencies and errors. An application in CS pro was developed to enable the system to handle/control any data entry error(s). Thereafter, data was entered into a standardized data entry template developed in CS-pro. In addition, double entry was performed to find mismatches, if any, and corrected immediately. Double entry checking was performed to identify and handle errors.

Data was then exported to SPSS from CS-pro for further analysis. Exploratory data analysis was done in SPSS to identify and code missing and non-missing responses besides handling errors.

Uni-variate analysis was done after data cleansing had taken place. Frequency and Percentage for categorical data and range, mean/median for numerical data were used for the analysis. Along with those, comparison between demographic variables (eg.,Gender) and Resident Type was performed as applicable. Charts and graphs were generated in SPSS and exported to word for interpretation and write-up. Bi-variate analyses, namely chi-square and T-test were also carried out to test the hypothesis.

Coding for open ended questionnaire and responses that included "Other" category was carried out.

Furthermore, eleven forms include FOM (Field Operation Manual) were provided to the field staffs to identify sample clusters, eligible respondents, interview execution, data recording mechanism, to bring quality and consistency throughout the study.

Backup data were created in re-writable media and compact disc to ensure data safety and security. All data and information thus generated were highly secured and were made available to relevant authority only.

2.13 Limitations

This type of study is subject to several limitations that are mainly related to sensitivity of the issues raised. The first limitation was unwillingness of potential respondents to participate in the survey resulting in a somewhat lower response rate compared to surveys on less sensitive issues.

This survey did not go along with the time-scheduled agreed earlier because of a number reasons. These reasons included delay in getting the approval from the Ethical Review Board (ERB) and delay in late approval to conduct the study in few target population. Thereby, caused delay in field data collection. The delay affected a couple of key issues of the survey. Firstly it squeezed the allocated time for the management process. Secondly, but more importantly it shortened the report writing period.

.

Chapter 3

Uniformed Personal

3.1 Socio-demographic Characteristics of In-school Youth

This chapter presents the demographic and social characteristics of 800 uniformed personnel belonging from RBA, RBG and RBP. They were selected from barracks/platoon/units located in different Dzongkhags.

Socio-demographic Characteristics

The distribution of respondents by age, gender, enrolled place, marital status and age at first marriage is shown in *Table 3.1*. The sampled uniformed personnel were between the age range of 18 to 60. More than half of respondents were above 30 years (60.7 percent) followed by those between 25-29(24.6 percent) and 20-24(14.4 percent). The median age of respondent was 32.

In terms of gender, overwhelming proportion of respondents (95.8) were male against female (4.3 percent). With regard to the location of enrollment, 93.4 percent of them were from the urban area. As far as marital status is concerned, majority (78.0percent) of population were married, followed by single individuals (20.8 percent) and the rest 2.1percent were divorced/permanently separated or widow/widower. Among those who were married, nearly half (49.2 percent) of those marriage took place between age 20-24. The median/mean ages of the first marriage were 32/ 31 respectively*(Table 3.1)*.

Living Status

Almost two-thirds(64.6 percent) of the uniformed personnel pointed out that they were usually living with their spouse/children whereas little less than one-fourth(23.8 percent) had been residing with their parents. Out of remaining respondents, 5 percent reported living alone followed by those inhabiting with friends (3.3 percent) and employers (1.1 percent).

More than two-thirds(72.6 percent) were currently living with their spouse/children followed by approximately one-tenth(8.9 percent) living in barracks, in hostels(6.1 percent) and on their own(6 percent). Likewise, insignificant low number was found to be residing in the parental house (2.3 percent) or with friends in his/her house(1 percent). Respondents living with their friends in rented house or relatives or employers or others constituted less than 1 percent each. More than half(60.1 percent) of respondents had been living for 6 years or more as against 32.4 percent for 5 or less than 5 years in these settings.

Table3. 1 Percent Distribution of the Respondent by their Demographic Characteristics

	N=800	%
Age group		
18-19 years	3	.4
20 - 24 years	115	14.4

25 - 29 years	197	24.6
30 - 34 years	172	21.5
35 - 39 years	127	15.9
40 – 60 years *	186	23.3
Median	**32**	
Mean/Std. Dev	**33.10/8.04**	
Sex of respondent		
Male	766	95.8
Female	34	4.3
Respondent enrolled from		
Urban	749	93.6
Rural	51	6.4
Marital status		
Single	166	20.8
Married	624	78.0
Divorced/Permanently separated	9	1.1
Widow/Widower	1	.1
Age at first marriage		
	N=634	**%**
10-19 years	144	22.7
20 - 24 years	312	49.2
25 years and above	178	28.1
Usually live with		
	N=800	**%**
Own family(spouse/children)	517	64.6
Parents	190	23.8
On your own (Single)	40	5.0
With friends	26	3.3
Wing/Barrack	9	1.1
No response	8	1.0
Others	6	.8
With relative	4	.5
Currently living with		
With Own family(spouse/children)	581	72.6
In barrack	71	8.9
In hostel	49	6.1
On your own (Single)	48	6.0
Parental house	18	2.3
With friends in his house	8	1.0
No response	7	.9
With friends in rented house	6	.8
Others	6	.8
With relative	3	.4
Employer	3	.4
Duration of stay		
Less than a year	34	4.3
1 - 5 years	259	32.4
6 years and above	481	60.1
Don't know	13	1.6
No response	13	1.6
Median	**7**	
Mean/Std. Deviation	**9.35/7.68**	

**After retirement age of 58, there is a provision of extension up to 62 years of age, in a contract basis.*

Respondents were asked about their current location (Dzongkhag) along with their duration of stay-Majority (70.9 percent) were placed at Thimphu, followed by Paro(7.9 percent), Samdrup Jongkhar, Samste, Sarpang 4 percetn in each and; in remaining 7 Dzongkhags(9.2 percent). More than half(55.1 percent) cited their stay more than 6 years , followed by 1-5 years(36.1 percent); and less than a year(8.6 percent)*(Table 3.2)*.

Table 3. 2 Currently working Dzongkhags of the Respondents

	N=800	%
Currently working Dzongkhag		
Thimphu	567	70.9
Paro	63	7.9
Samdrup Jongkhar	32	4.0
Samtse	32	4.0
Sarpang	32	4.0
Chukka	31	3.9
Bhumthang	12	1.5
Wangduephodrang	11	1.4
Punakaha	9	1.1
Trashigang	9	1.1
Lhuntse	1	.1
Mongar	1	.1
Duration of the stay in currently working Dzongkhag		
Less than one year	69	8.6
1 - 5 years	289	36.1
6 years and above	441	55.1
Always (since birth)	1	.1

Education, Ethnic group (based on language) and Religious Background

In terms of educational qualification, more than one-third (34.9 percent) were illiterate, followed by those who were literate but had no schooling at all(6.4 percent). Less than one-fifth (16.5 percent) of those had attended primary education, followed by secondary education(40.4 percent) and the remaining 1.9 percent had Higher Secondary education or above. Among literates but without formal schooling, less than one-fifth (17.6 percent) cited their educational body to be as monastic institutions, followed by self-learned(15.7 percent); and non-formal education(7.8 percent)*(Table 3.3)*.

Uniformed personnel belonging to nine different language speaking ethnicities were traced in this survey. Almost less than a half (41.6 percent) belonged to Sharchop (Tsangla), whereas Ngalop constituted little more than one-fourth(28.4 percent), followed by 12.1 percent Khengpa, 6.4 percent Kurtep, 3.9 percent Lhotsampa; and 2.9 percent Bumthap and Trongsap each. Similarly, namely: Mangdep and Tibetan represented less than 1 percent including unidentified ones*(Table 3.3)*.

Insomuch as to faiths of respondent uniformed personnel are concerned, an high proportion (97.4 percent) reported to have been practicing Buddhism, followed by those pursuing Hinduism(1.9 percent); and Christian(0.3 percent) . Mobility patterns of personnel within last twelve months before the survey were also investigated. Many (41.9 percent) reported to have been away from their homes/barracks for more than a month*(Table 3.3)*.

Table 3. 3 Percent Distribution of Respondents by their Social Characteristics

Education		
	N=800	**%**
Illiterate	279	34.9

Primary	132	16.5
Secondary	323	40.4
Higher secondary and above	15	1.9
Literate/No schooling	51	6.4
Literate from		
	N=51	**%**
Non-formal education	4	7.8
Monastic Institution	9	17.6
Self learned	8	15.7
Others	30	58.8
Ethnicity (Language)		
	N=800	**%**
Ngalop	228	28.5
Scharchop (Tsangla)	333	41.6
Kurtep	51	6.4
Bumthap	23	2.9
Lhotsampa	31	3.9
Khengpa	97	12.1
Mangdep	7	.9
Trongsap	23	2.9
Others	7	.9
Religion		
Buddhism	779	97.4
Hinduism	15	1.9
Christian	2	.3
Others	4	.5
Away from home/barrack for more than one month in the last 12 months		
Yes	335	41.9
No	434	54.3
No response	31	3.9

Employment History

More than three-fourths (76.9 percent) of respondents mentioned to have been working as uniformed personnel for the last five years or more, and followed by those with similar work history of 1-5 years(21.5 percent). Only few(1.6 percent) reported having joined this profession within the period of one year before the survey*(Table 3.4)*.

More than two-thirds (69.3 percent) of respondents cited their previous working Dzongkhags was the same as of the period of survey, followed by those mentioning their previous working Dzongkhag was Thimphu(8.4 percent), Samdrup Jonkhar and Saprang 4 percent each, Trashigang(2.3 percent), Samste and Wangduephodrang 2 percent each, 8.2 percent in the remaining 11 Dzongkhags and from any other country(0.3 percent). About four of ten(37.9 percent) had participated in training that took place abroad*(Table 3.4)*.

Table 3. 4 Employment History

	N=800	**%**
Years of joining the service		
Less than one year	13	1.6

1 - 5 years	172	21.5
5 years and more	615	76.9
Current rank		
Not mentioned	800	100.0
Previous working Dzongkhag		
No where (same Dzongkhag)	554	69.3
Thimphu	67	8.4
Samdrup Jongkhar	32	4.0
Sarpang	32	4.0
Trashigang	18	2.3
Samtse	16	2.0
Wangduephodrang	16	2.0
Paro	12	1.5
Chukka	11	1.4
Dagana	8	1.0
Bhumthang	6	.8
Pema Gatshel	6	.8
Punakaha	6	.8
Mongar	5	.6
Lhuntse	3	.4
Trongsa	2	.3
Tsirang	2	.3
Zhemgang	2	.3
From another country	2	.3
Ever participated in training abroad		
Yes	303	37.9
No	484	60.5
No response	13	1.6

Exposure of Mass Media

The study also keeps tracks of different kinds of mass media that are accessed by the target respondent population.

Television (98.6 percent) was cited by study participants as a major source of information compared with Radio (40.5 percent) and Newspapers (35.6 percent). Interestingly, all of them (99.4 percent) reported to have access to, at least, one media daily/almost daily or, at least, once a week. Also, access to television and access to at least one media daily or once a week was almost the same among respondents regardless of education qualification. However a notable difference was found amongst respondents with primary education or literate with no schooling in newspaper reading habit and those having secondary level education or more. The radio was found more popular among those literate personnel without formal schooling (58.8 percent)*(Table 3.5)*.

The chance of exposure to the different sources of media is higher among the younger age group (18 - 24) compared to the population of the older age group (above 24). It could, however, be assumed from the study findings that television and radio were appropriate sources to reach the target population irrespective of their background characteristics. Among the five age groups mentioned in

Table 3.5, no notable differences were observed in television viewership, small differences in radio listenership but high differences in newspaper readership across these groups*(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 and age groups

	Watches TV 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 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	Total
	%	%	%	%	%	N=800
Age group						
18-19 years	100.0	33.3	66.7	100.0	33.3	3
20 - 24 years	99.1	45.2	55.7	99.1	30.4	115
25 - 29 years	98.5	40.6	48.7	99.5	23.4	197
30 - 34 years	98.3	39.0	31.4	100.0	15.1	172
35 - 39 years	99.2	39.4	29.1	99.2	11.8	127
40 years and above	98.4	39.8	17.2	98.9	10.2	186
Education						
Illiterate	98.9	33.0		99.3		279
Primary	98.5	43.9	36.4	99.2	22.0	132
Secondary	98.5	42.7	64.7	99.7	29.4	323
Higher secondary and above	100.0	40.0	66.7	100.0	20.0	15
Literate/No schooling	98.0	58.8	35.3	98.0	29.4	51
Total:	**98.6**	**40.5**	**35.6**	**99.4**	**17.8**	**800**

3.2Knowledge about HIV/AIDS and Attitude

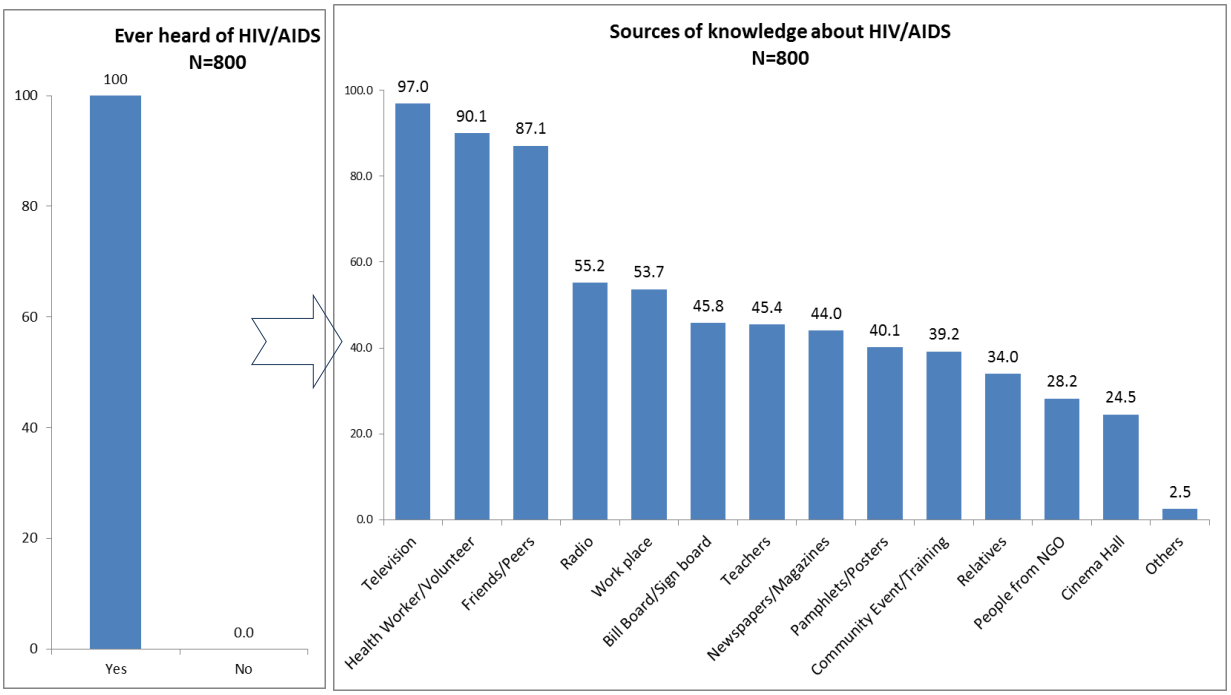
Assessing knowledge about HIV/AIDs is one of the important determinants in understanding the different modes of HIV transmission. To comply with right knowledge, it used comprehensive knowledge model used in analyzing similar surveys elsewhere. It also recorded perception and attitudes towards HIV/AIDS to search for links between these three domains.

HIV/AIDS Awareness and Information Source of HIV/AIDS

All of the respondents(100 percent) reported to have heard about HIV/AIDs before.Data pertaining to sources of knowledge about HIV/AIDS will assist in knowing the programmatic requirements and provide feedback to tailor the plan. Different categories of sources that disseminate information about HIV/AIDS were explored in the multiple response questionnaires. A high proportion (97.0 percent) quoted television as source of information followed by health workers /volunteer (90.1 percent), friends/peers (87.1 percent) and Radio (55.2 percent). Other common sources mentioned were workplace/school (53.7 percent), bill board/sign-board (45.8 percent), teachers (45.4 percent), newspaper/magazines (44.0 percent) and pamphlets/posters (40.1 percent) and community events/ training (39.2 percent). Moreover, relatives (34.0 percent), people from NGO (28.2 percent) and audio

visual medium in cinema halls (24.5 percent) also contributed as sources of information as cited by participants*(Figure 3.2)*.

Figure 3.1: Ever heard of HIV/AIDS and Source of Knowledge about HIV/AIDS



Of total respondents, less than one-fourth(22.6 percent) reported to have known people living with HIV/AIDS or died due to AIDS. When further interrogated about the kind of relationship they had shared with relationship living/deceased one, 81.2 percent had not shared any relation with the infected population, and followed by respondents who had friendships with them(13.8 percent).When asked about symptoms in persons infected with HIV/AIDS, approximately one-third(35.3 percent) reported to have believed that the person becomes weaker, followed by those who thought weight loss(26.5 percent) to be the symptom. Similarly, about one-fifth(21.0 percent) mentioned that the infected person becomes black while 14.4 percent believed that the infected gets fever, followed by those who felt that infected suffers from diarrhea(10.6 percent) and 8.3 percent understood headache to be a symptom. Respondents understood an infected person to suffer from prolonged sickness, have pale look and have vomiting episodes, as mentioned by 7.8 percent, 7.6 percent and 7.5 percent of respondents respectively. Immune system weakness, inability to eat and presence of ulcers/wounds/sores were also reported by some participants*(Table 3.6)*.

Table 3.6: Knowledge of HIV/AIDS

	Yes	
Know anyone living with HIV/AIDS or died due to AIDS		
Yes	181	22.6
No	602	75.3
No response	17	2.1
Relationship with the deceased		
	N=181	**%**

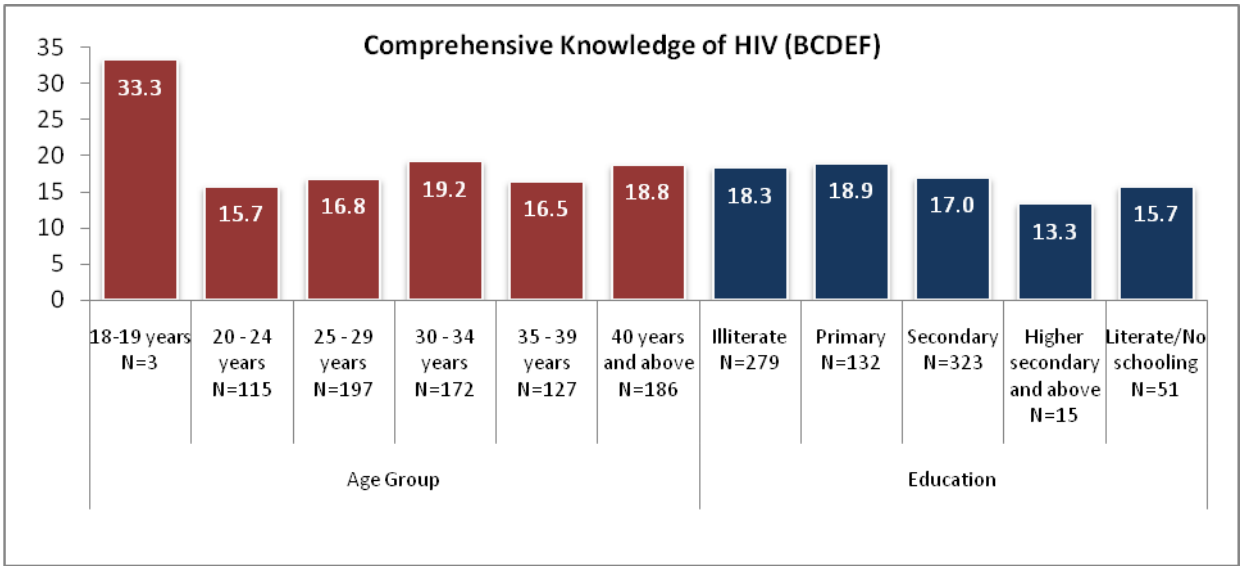
Friend	25	13.8
No relation	147	81.2
No response	9	5.0
Perceived effect of HIV/AIDS on positive person *		
	N=800	**%**
They get weaker	282	35.3
They loose weight	212	26.5
Becomes black	168	21.0
They get fever	115	14.4
They suffer from diarrhea	85	10.6
Cold/cough	72	9.0
Headache	66	8.3
They suffer from prolonged sickness	62	7.8
They look pale	61	7.6
Vomiting	60	7.5
Immune system decrease	51	6.4
Unable to eat	34	4.3
Ulcer/Wounds/Sores	12	1.5
Others	35	4.4
Don't know	331	41.4
No Response	12	1.5

Comprehensive Knowledge of HIV Transmission

Central to the assessment of comprehensive knowledge of HIV transmission is one that measures the percentage of respondents who both correctly identify ways of preventing sexual transmission of HIV along with those who reject major misconception about HIV transmission. Comprehensive knowledge assesses the respondent's understanding of the five main HIV/AIDS prevention measures assessing correct ways of preventing HIV/AIDS and major misconceptions about HIV transmission. Comprehensive knowledge, in this context, is meant to assess whether the person can correctly identify the two major methods of preventing the sexual transmission of HIV; namely: limiting sex to one faithful uninfected partner (B) and using condoms(C). Additionally it also assesses whether the person is able to reject the two most common misconceptions about HIV transmission and whether he/ she knows that a healthy looking individual could have HIV (D). Further, sharing a meal with an HIV infected person does not transmit HIV (E) and a person could not get infected with HIV virus from a mosquito bite (F) are probing queries to assess comprehensive Knowledge. Altogether, these five indicators sum up to contribute for the BCDE&F cumulative indicator*(Figure 3.2)*.

This survey revealed that a little higher than one-third (33.3 percent) of respondent belonging to age group 18 to 19 had correct knowledge followed by age group of 30 to 34 (19.2 percent). The age group of 20 to 24 was found to have the least comprehensive knowledge of HIV amongst all age groups. In terms of knowledge level, there was not much different between the groups as regards comprehensive knowledge.*(Figure 3.2)*

Figure: 3.2: **Know all five indicators of HIV transmission (BCDEF)**



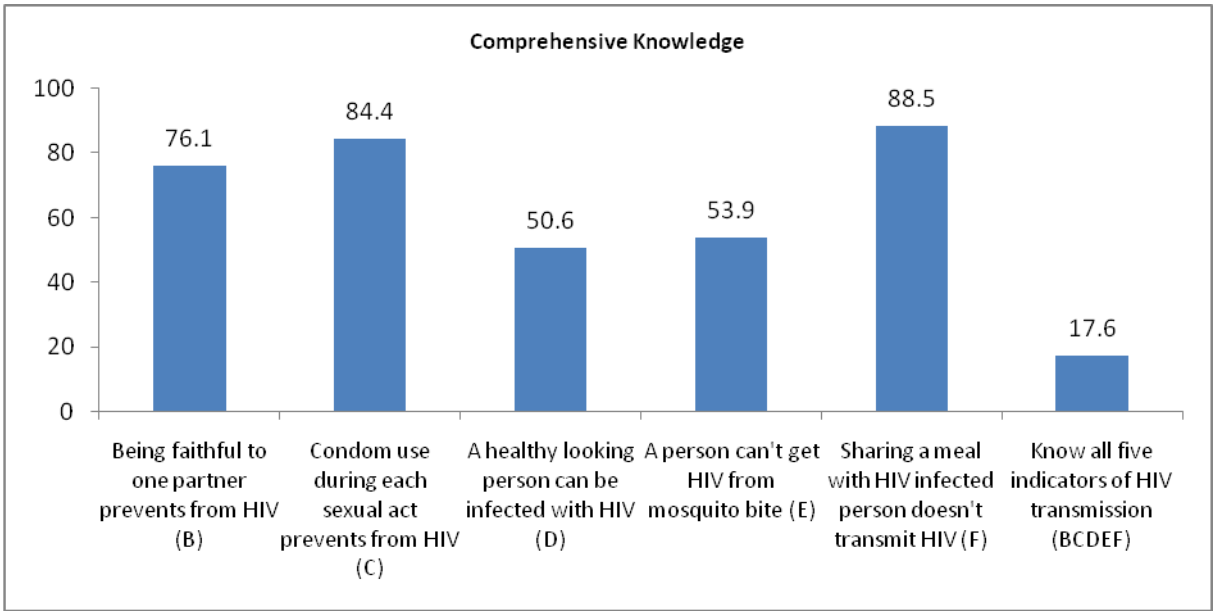
A majority of respondents (88.5 percent) agreed that "sharing a meal with an HIV infected person does not transmit HIV". Likewise, a high percentage of respondents (84.4 percent) were aware about using condoms during each sexual act and being faithful to one sexual partner (76.1 percent) regarding the preventive methods of HIV. Overall, less than one-fifth of the total respondents (17.6 percent) were knowledgeable about all five major indicators (BCDEF)*(Figure 3.3/ Table 3.7)*.

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

	Being faithful to one partner prevents from HIV (B)	Condom use during each sexual act prevents from HIV (C)	A healthy looking person can be infected with HIV (D)	A person can't get HIV from mosquito bite (E)	Sharing a meal with HIV infected person doesn't transmit HIV (F)	Know all five indicators of HIV transmission (BCDEF)	Total
	%	%	%	%	%	%	N
Age group							
18-19 years	33.3	66.7	66.7	66.7	100.0	33.3	3
20 - 24 years	69.6	79.1	48.7	55.7	86.1	15.7	115
25 - 29 years	75.6	81.2	48.7	54.8	88.8	16.8	197
30 - 34 years	73.3	85.5	55.8	50.6	89.0	19.2	172
35 - 39 years	74.8	85.0	47.2	54.3	86.6	16.5	127

40 years and above	84.9	89.8	51.1	54.3	90.3	18.8	186
Education							
Illiterate	79.9	87.1	47.0	50.5	89.2	18.3	279
Primary	78.8	83.3	54.5	54.5	82.6	18.9	132
Secondary	74.3	82.7	47.7	59.4	90.4	17.0	323
Higher secondary and above	53.3	66.7	60.0	33.3	80.0	13.3	15
Literate/No schooling	66.7	88.2	76.5	41.2	90.2	15.7	51
Listen to radio daily/almost daily or at least once a week							
Yes	74.7	82.1	50.0	47.8	85.8	13.0	324
No	77.1	85.9	51.1	58.0	90.3	20.8	476
Watches TV daily/almost daily or at least once a week							
Yes	76.6	84.4	50.7	54.2	88.6	17.6	789
No	45.5	81.8	45.5	27.3	81.8	18.2	11
Reads newspaper daily/almost daily or at least once a week							
Yes	75.1	83.5	46.0	60.4	89.1	15.1	285
No	76.7	84.9	53.2	50.3	88.2	19.0	515
Total:							**800**

Figure 3.3: Knowledge on ways of HIV/AIDS transmission

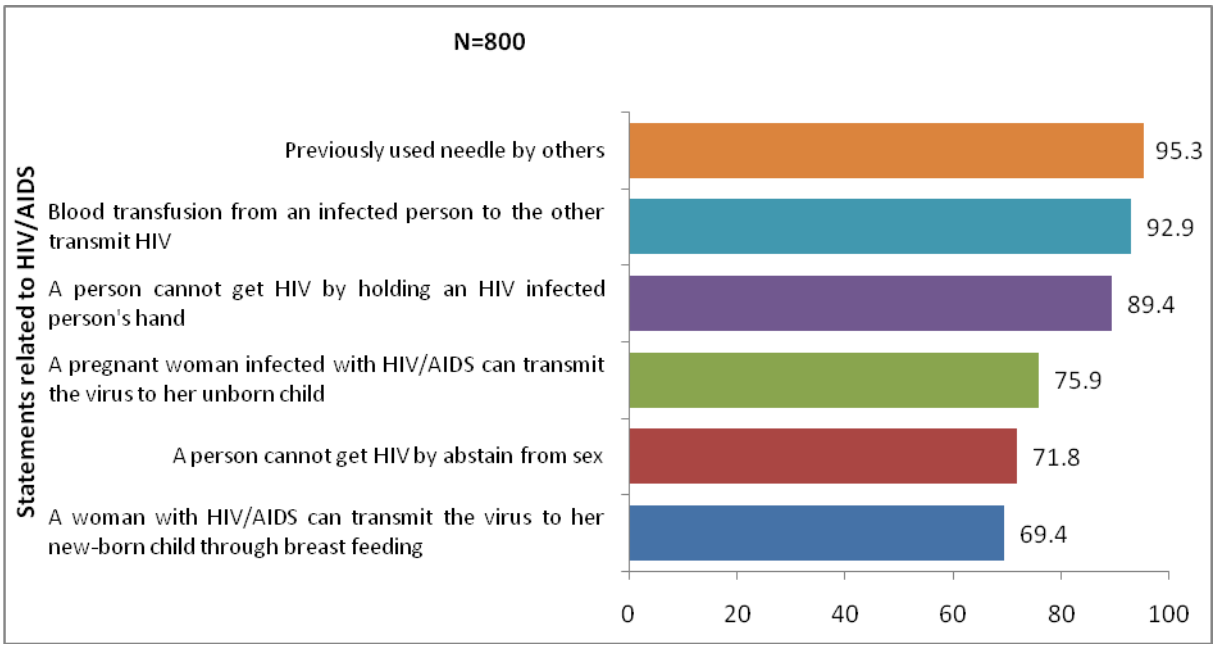


Awareness of ways of HIV/AIDS HIV/Transmission

To investigated the understanding levels of HIV/AIDS and its different modes of transmission amongst the uniformed personnel, they were further asked with a few probing questions Overall, high proportion (95.3 percent) of the respondents were aware that a person could get HIV by using needles previously used by others. Likewise, 92.9 percent of those believed that blood transfusion from an infected person could transmit HIV to other. Furthermore, 75.9 percent respondents said a pregnant woman infected with HIV/AIDS could transmit the virus to her unborn child. A high

proportion (89.4 percent) uniformed personnel were aware that holding an infected person's hand could not transmit HIV. In addition, nearly more than two-thirds (69.4 percent) were aware that a woman with HIV/AIDS could transmit the virus to her new-born child through breast feeding. Overall, more than two-thirds (71.8 percent) agreed thata person could not get HIV by abstaining from sex *(Figure 3.4)*.

Figure 3.4: Awareness of ways of HIV Transmission



Awareness of ways of avoiding HIV/AIDS HIV/Transmission

Moreover, probing questions were utilized to investigate about different modes of transmission of HIV/AIDS among uniformed personnel. Certain questionnaires related with preventive measures were also asked. This was done with an intention to gain understanding about practices that should be followed to limit the ways of HIV/AIDS transmission. A higher proportion (92.6 percent) cited condom use in every sexual act as a safe way to avoid the transmission and abstaining from sex was another safe measure reported by 28.6 percent. A little more than one-fourth(27.3 percent) thought that not having casual sex was another way to prevent from HIV, and followed by those (23.4 percent) who believed in avoiding injection with needles used by others and sharing blades(23.1 percent). Also, not having untested blood transfused was mentioned by 9.9 percent, followed by those that understood that fewer sexual partners(8.3 percent), Ensuring both partners have no other partner (5.8 percent) and avoiding sex with infected person(2.4 percent) *(Table 3.8)*.

Table 3.8: Knowledge on ways of avoiding HIV/AIDS Transmission.

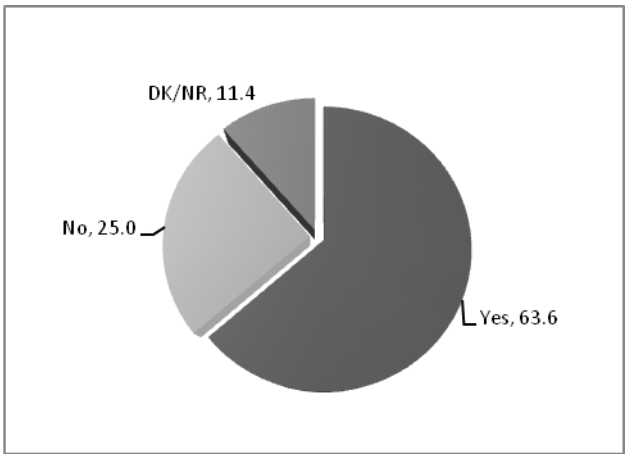
	N	%
Known ways of avoiding HIV/AIDS Transmission *		
Use a condom at every sex	741	92.6
Abstain from sex	229	28.6
No casual sex	218	27.3
Avoid injection with used needles	187	23.4

Avoid sharing blade	185	23.1
Avoid sex with sex	165	20.6
Avoid blood transfusion without test	79	9.9
Have fewer partner	66	8.3
Both partners have no other partner	46	5.8
Avoid sex with infected person	19	2.4
Don't know	17	2.1
No response	11	1.4
Others	2	.3

Knowledge about HIV Testing Facility

HIV testing facility coupled with confidentiality in services allows people to receive test without disclosing their identity. More than a half (63.6 percent) of uniformed personnel reported to have known the existence of such facility in their communities as against one-fourth (25.0 percent) quoting non- existence of such place meeting the standard (criteria) and the rest(9.5 percent) were not aware at all. But, about eight out of ten (83.8 percent) knew where they could go for HIV test*(Figure 3.5)*.

Figure 3.5: A confidential HIV testing facility in the community



HIV Testing

Data revealed that more than one-third (38.2 percent) of the respondents had undertaken HIV testing. Categorizing the response set in a chronological order, more than a half(57.2 percent) found to have taken the test within last 12 months whereas, 23 percent tested between the period of past 13 to 24 months, and followed by those tested between last 25 to 48 months(8.9 percent). In terms of receiving the test result, less than three- fourths (72.4 percent) received the test result. Likewise, more than two-thirds(68.8 percent) shared the result with near or dear ones - friends(68.8 percent sexual partners(39.8 percent), family members(35.2 percent) and health workers(15.6 percent)*(Table 3.9)*.

Perception on HIV/AIDS and information sources of HIV/AIDS

Total of 83.3 percent or respondents showed their willingness in getting a confidential HIV test at the survey period. More than a half (53.8 percent) of respondents reported to have the belief that AIDS is incurable disease as against 36.8 percent citing the AIDS as curable one *(Table 3.9)*.

Table 3. 9: Knowledge about HIV testing facilities and history of HIV test

	N=800	%
A confidential HIV testing facility is available in the community		
Yes	509	63.6
No	200	25.0
Don't know	76	9.5
No response	15	1.9
Know where to go for HIV test		
Yes	670	83.8
No	130	16.3
Ever had an HIV test		
	N=670	**%**
Yes	257	38.4
No	408	60.9
No response	5	.7
Timing of last HIV test		
	N=257	**%**
Within the past12months	147	57.2
Between 13-24 months	59	23.0
Between 25-48 months	23	8.9
More than 48 months	14	5.4
Don't know/remember	9	3.5
No response	5	1.9
Test result received		
Yes	186	72.4
No	68	26.5
No response	3	1.2
Shared the result with someone		
	N=186	**%**
Yes	128	68.8
No	55	29.6
Don't know	2	1.1
No response	1	.5
Test result shared with *		
	N=128	**%**
Sex partner	51	39.8
Family member	45	35.2
Health worker	20	15.6
Friends	88	68.8

Interested in getting a confidential HIV test		
	N=800	**%**
Yes	666	83.3
No	104	13.0
Don't know	9	1.1
No response	21	2.6
Believe that it is not possible to cure AIDS		
Yes	294	36.8
No	430	53.8
Don't know	62	7.8
No response	14	1.8

Risk Perception

Respondents were asked questions related to perceptual understanding of oneself in terms of risk of contracting HIV. The most common reason for putting themselves at a high or moderate risk of contracting HIV/AIDs was due to having many sexual partners(60.3 percent),whereas others mentioned of not always using condoms every time they have sex(57.1 percent). Likewise, some reported to have found themselves in that risk levels because they had sex with sex workers(27.6 percent), their sex partner had other sex partner(15.8 percent), had their haircut in saloon(14.7 percent). A few of them (7.9 percent) put at this risk level as they had used intravenous drug*(Table 3.10)*.

Alternatively, little less than a half(48.5 percent) reported to be at a small or no risk level due to their trustworthiness of their partners whereas about four out of ten (41.2 percent) had never gone to sex worker, and had the practice of always using condoms(21.4 percent). Similarly, 12.2 percent of them never shared blades, followed by those tested for HIV(11.9 percent) and not used any intravenous drugs(6.8 percent). Similarly only 1.9 percent of them reported to have sex with non-regular partners*(Table 3.10*.

In addition, less than a half (45.5 percent) of those believed that HIV/AIDS is the serious problem for the community as against 30.4 percent who considered this not to be a risk. Similarly, 16.1 percent held the belief that HIV/AIDs as "somewhat of a problem" in the community; *(Table 3.10)*.

Table 3.10: Perceived risk of HIV infection

Reason for perceiving self at high or moderate risk of contracting HIV/AIDS *		
	N=380	**%**
Have many sex partners	229	60.3
Do not always use condom	217	57.1
Have had sex with sex worker	105	27.6
Sex partner has other sex partner	60	15.8
Have cut hair in salon	56	14.7
Have used intravenous drug	30	7.9
Don't know	16	4.2
Others	8	2.1
No response	3	.8
Reasons for perceiving self at small or no risk of contracting HIV/AIDS *		

	N=369	%
Trust my partner	179	48.5
Do not go to sex worker	152	41.2
Always use condom	79	21.4
Never shared blade	45	12.2
Tested blood	44	11.9
Never had sex	30	8.1
Have sex with non-regular partner	7	1.9
Do not use intravenous drug	25	6.8
Others	15	4.1
Don't know	8	2.2
No response	4	1.1
Consider HIV is a serious problem in the community		
	N=800	**%**
Serious problem	364	45.5
Somewhat of a problem	129	16.1
Not a problem	243	30.4
Don't know	58	7.3
No response	6	.8

Perceptions on how an HIV positive person can take care of themselves and of others

More than a half (51.55 percent) respondents thought that person living with HIV should eat healthy food, whereas 50.5 percent suggested for medicine use and 37.4 percent recommended to pay visits to doctor. Likewise, one-third (33.0 percent), one-fourth (25.3 percent) and 16.5 percent advised to keep positive attitude, to use condoms in each sexual act and engaged in normal exercise respectively. Respondents also considered that people living who are infected with HIV (PLHIV) should abstain from sex (13.1 percent), avoid smoking (12.5 percent) and remain faithful to one partner (9.6 percent) *(Table 3.11)*.

Other notable responses were keeping oneself happy, not sharing needle and blade, not donating blood and living separately all reported by less than 9 percent in each individual category.

Table 3.8 Respondents opinion on ways in which an HIV positive person can take care of themselves and of others

What can people who have HIV/AIDS do to take care of themselves and others *		
	N	**%**
Eat healthy food	412	51.5
Medicine use	404	50.5
Visit doctor	299	37.4
Keep a positive attitude	264	33.0
Use condom in each sex act	202	25.3
Get normal exercise	132	16.5
Provide counseling/Suggestions	112	14.0
Abstain from sex	105	13.1
Not smoke	100	12.5
Not drink alcohol	98	12.3
Remain faithful to one partner	77	9.6

Keep happy/Not to lose hope	69	8.6
Do not share needle/Blade	45	5.6
Do not donate blood	41	5.1
Live separately/Isolate	15	1.9
Others	1	.1
Don't know	112	14.0
No response	12	1.5

* Percentage total may exceed to 100 due to multiple responses

3.3 Attitude, Belief and Practice

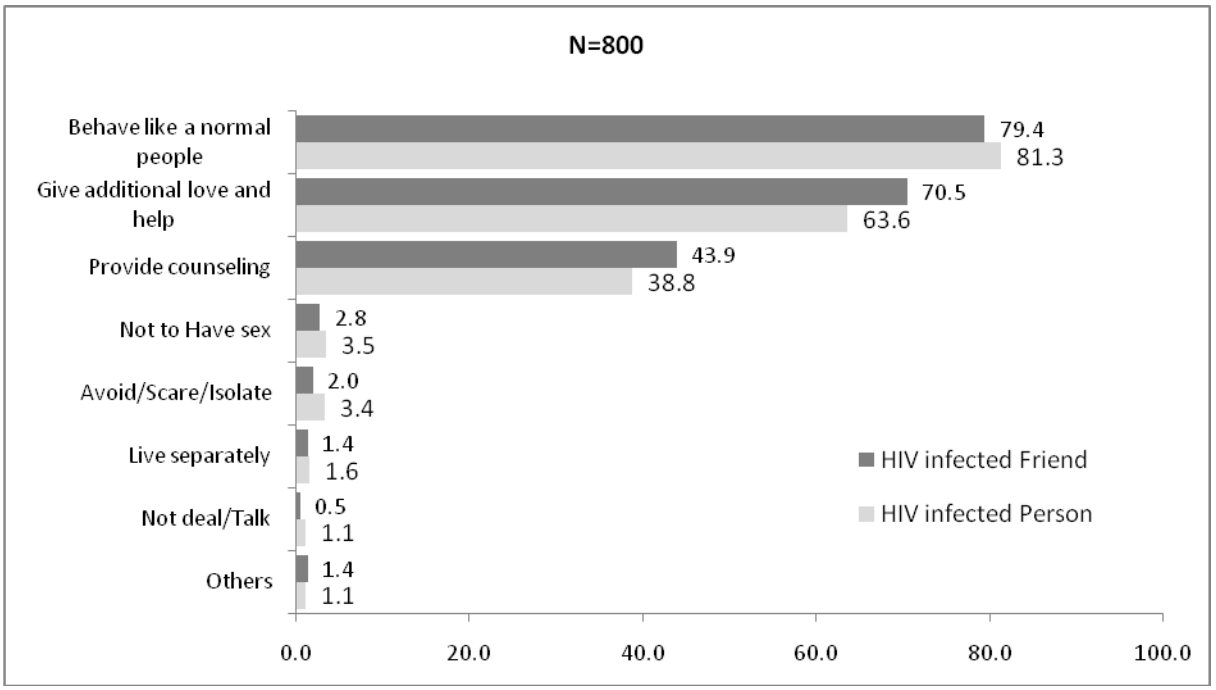
The perception of uniformed personnel towards HIV-Infected people and the stigma associated with the disease was assessed with the help of series of questions. Henceforth, this chapter is devoted for presenting results explaining perceptions and beliefs regarding HIV/AIDS and attitudes towards PLWHA.

Attitude towards HIV/AIDS Positive People

When queried about their response in case they met a person living with HIV, about 8 out of 10(81.3 percent) mentioned that they would behave in normal manner and followed by those who said they would give additional love and help(63.6 percent), and 38.6 percent would provide counseling to them. However, the remaining respondents making up to 11 percent came up responses such as not to have sex, isolate or scale or avoid, and live separately, and would not talk if they are confronted with such persons*(Figure 3.6)*.

Similarly while asked about their response in case they met a friend living with HIV, about 8 out of 10(79.4 percent) mentioned that they would behave in normal manner and followed by those who said they would give additional love and help(70.5 percent), and 43.9 percent would provide counseling to them. However, the remaining respondents (making up to 8.1 percent) came up responses such as not having sex with the person, isolating or avoiding the person, and living separately from the person, and not talking to the person if they are confronted with such friend *(Figure 3.6)*.

Figure 3.6: **Respondents Response to HIV Positive Person/Friend**



A substantial proportion of them (95.1 percent) expressed their readiness in taking care of an HIV-positive male relative in the household or HIV-positive female relative (95 percent) in case of a need. Nevertheless, 38 percent of them reported to maintain the HIV-positive status confidential if any of family members became with that virus*(Table 3.12)*.

A significant proportion of respondents (83.6 percent) mentioned having no problem buying food from the vendor infected with HIV. Similarly, more than one-fourth (78.8 percent) of them also held the belief that HIV infected teacher/colleagues should be allowed to continue working unless they got very sick *(Table 3.12)*.

When inquired about health care needs of an HIV infected person, more than a half (53.8 percent) pointed out that they should be provided with the same care and treatment that were necessary for someone having other chronic disease. Whereas 38.4 percent cited the need to give more care than others having a chronic disease and followed by those (4.4 percent) saying less than of those with a chronic disease*(Table 3.12)*.

Table 3. 9 Attitude towards an HIV Positive Person

	N=800	**%**
Would readily take care of HIV positive male relative in the household		
Yes	761	95.1
No	30	3.8
Don't know	9	1.1
Would readily take care of HIV positive female relative in the household		
Yes	760	95.0
No	32	4.0

Don't know	8	1.0
Would prefer not to talk about a family member being HIV positive		
Yes	307	38.4
No	453	56.6
Don't know	39	4.9
No response	1	.1
Would be ready to buy food from HIV infected shopkeeper		
Yes	669	83.6
No	105	13.1
Don't know	11	1.4
No response	15	1.9
Believe that HIV infected teacher/colleagues should be allowed to continue working unless very sick		
Yes	630	78.8
No	106	13.3
Don't know	46	5.8
No response	18	2.3
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	430	53.8
More	307	38.4
Less	35	4.4
Don't know	19	2.4
No response	9	1.1

Response to HIV positive people by HIV/AIDS awareness level

Respondents having comprehensive knowledge were further analyzed to find their responses towards HIV positive person/friends. Comprehensive knowledge is here measured using the five core indicators (BCDEF) related to HIV transmission; entailing both factual information and misconception.

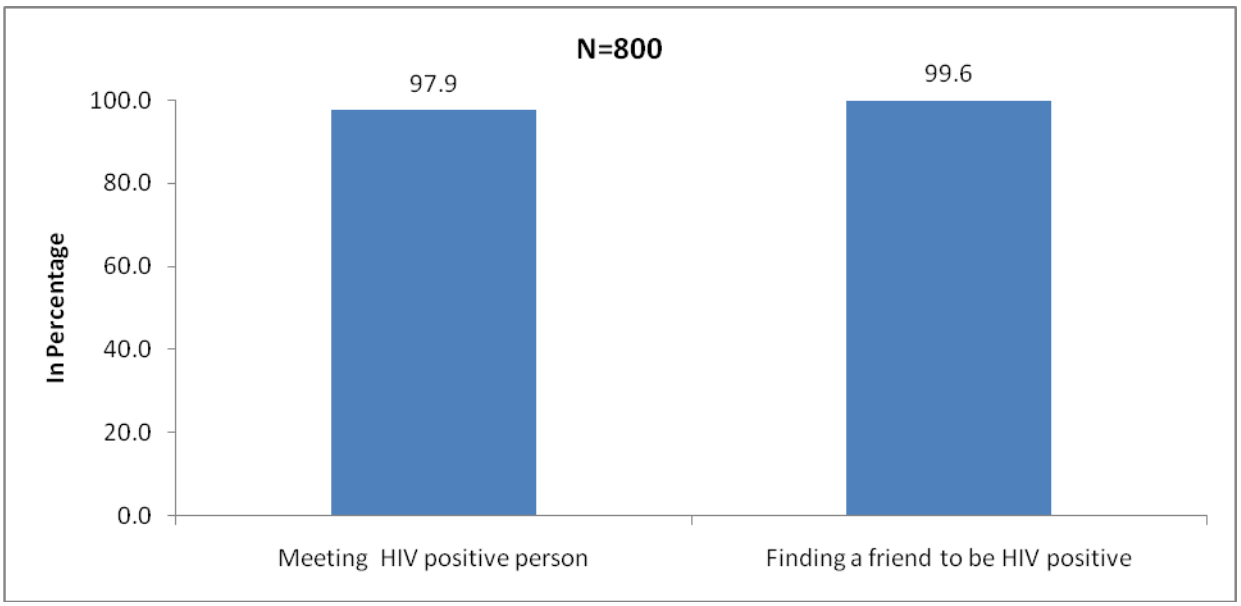
An overwhelmingly high portion (97.9 percent) of uniformed personnel reported to have behaved HIV infected persons like a normal person when meeting such a person. While cross-tabulating comprehensive knowledge with different age group and education level, 100 percent of respondents belonging to the age groups of 40 years, 18 to 19 years and 25-29 years of age each would have behaved in a normal way . Slightly lesser magnitudes, of other groups such as, 35-39 age group (97.3 percent) , 20-24 age group(97.1 percent) and 30-34 age group(94.9 percent) also would have behaved normally . Alternatively, no notable variation was observed between different age groups*(Table 3.13)*.

Similarly, it was quite encouraging to see that almost 100 percent of the respondents showed positive behavior whether it be a friend infected with HIV or any other person. Further, there was no variation of such attitude when compared with gender and education qualification*(Table 3.13)*.

Table 3.10: Reported ways in which respondents with comprehensive knowledge of HIV transmission react to an HIV positive person/friend

	Reaction on meeting on HIV positive person	Reaction on finding a friend to be HIV positive	N
	%	%	
Age group			
18-19 years	100.0	100.0	1
20 - 24 years	97.1	100.0	18
25 - 29 years	100.0	100.0	33
30 - 34 years	94.9	98.4	33
35 - 39 years	97.3	100.0	21
40 years and above	100.0	100.0	35
Education			
Illiterate	97.7	100.0	51
Primary	100.0	100.0	25
Secondary	99.0	99.0	55
Higher secondary and above	100.0	100.0	2
Literate/No schooling	86.7	100.0	8
Total:	**97.9**	**99.6**	**141**

Figure 3.7: Reported Attitudes towards HIV positive



Similarly, attitude of the respondents with comprehensive knowledge composing all major five indicators were further analyzed to gain further insights towards HIV infected persons. For this purpose, a composite scale consisting of four parameters; namely: a)taking care of an HIV positive

male/female relative at home, b) talk about family member being HIV positive with others) buy food from HIV positive vendors including; and d) whether an HIV positive person should be allowed to continue the job, were included.

Less than a half (39.0 percent) of respondents with comprehensive knowledge reported that they would have treated the HIV positive person in positive way and obvious as against 61.0 percent(not shown in table) not treating positively. There was a little fluctuation in responses among the respondents from different education backgrounds in comparison to the age groups *(Table 3.14)*.

Table 3.11: Reported responses of respondents with comprehensive knowledge of HIV transmission to an HIV positive person

	Attitude towards HIV positive person	**TOTAL**
	%	**N**
Age group		
18-19 years		1
20 - 24 years	38.9	18
25 - 29 years	42.4	33
30 - 34 years	30.3	33
35 - 39 years	42.9	21
40 years and above	42.9	35
Education		
Illiterate	33.3	51
Primary	36.0	25
Secondary	43.6	55
Higher secondary and above	50.0	2
Literate/No schooling	50.0	8
Total:	39.0	141

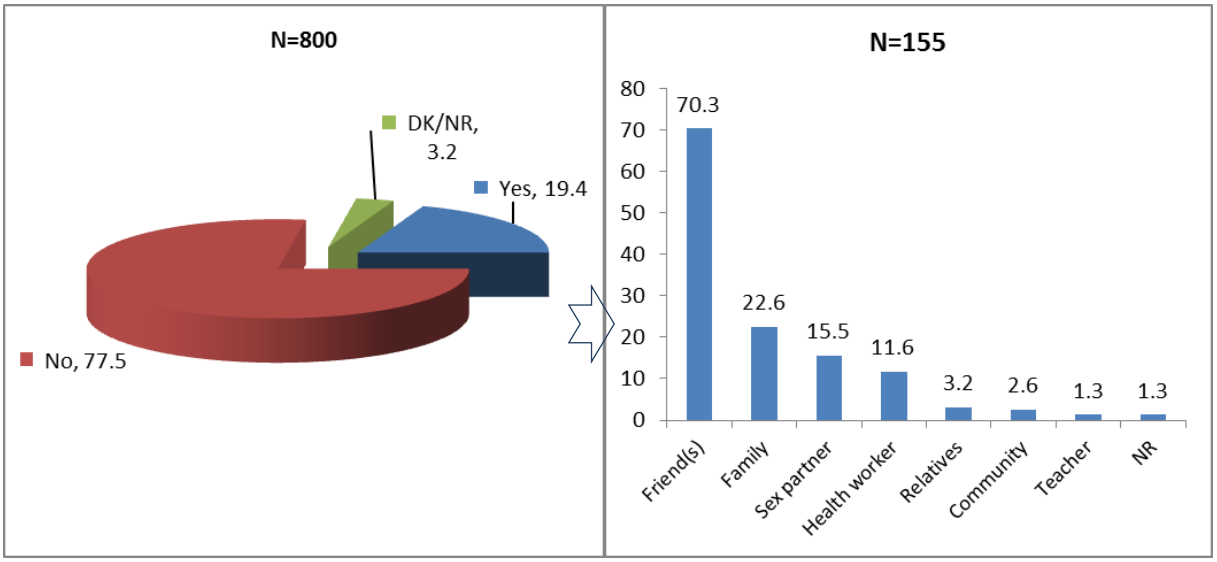
[Logic: if Q304=1 and Q305=1 and Q306=2 and Q307=1 and Q309=1 >> Positive response]

Participation in Discussion about HIV/AIDS

Sharing information among different persons enhances self-knowledge as people can acquire more understanding on the subject they discuss either through listening or probing. Hence the respondents were asked whether or not they had discussed HIV/AIDs in the past month.

A little less than one-fifth (19.4 percent) of the respondents had discussed about HIV/AIDS in the past month. Among them, nearly three-fourths (70.3 percent) of the respondent had discussed with their friends, about one-fourth (22.6 percent) of them talked about with their family .Furthermore, 15.5 percent told to discuss about this with sex partners whereas others had a discussion with health workers (17.6 percent) about the issue*(Figure 3.8)*.

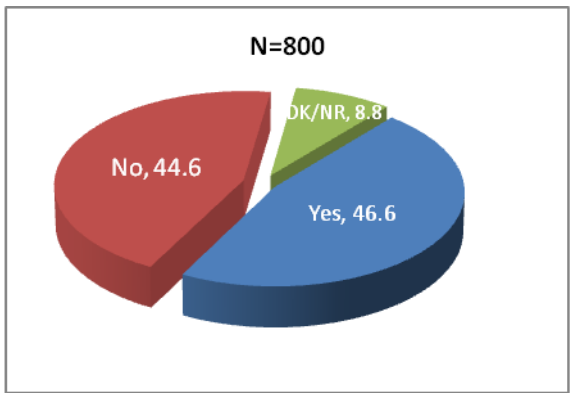
Figure 3.8: Discussed about HIV/AIDS in the past month



3.4 Sexually Transmitted Infection

A questionnaire containing symptoms associated with STI was also administered among uniformed personnel. This section presents the knowledge amongst out-of school youths regarding STIs. Respondents' awareness of male and female STI has been assessed in this section. Furthermore, this section also includes the information about respondents' personal experience of STI symptoms in the past year as well as whether they had sought treatment or not.

Figure 3.9: Ever heard of STIs



Knowledge of Sexually Transmitted Infection

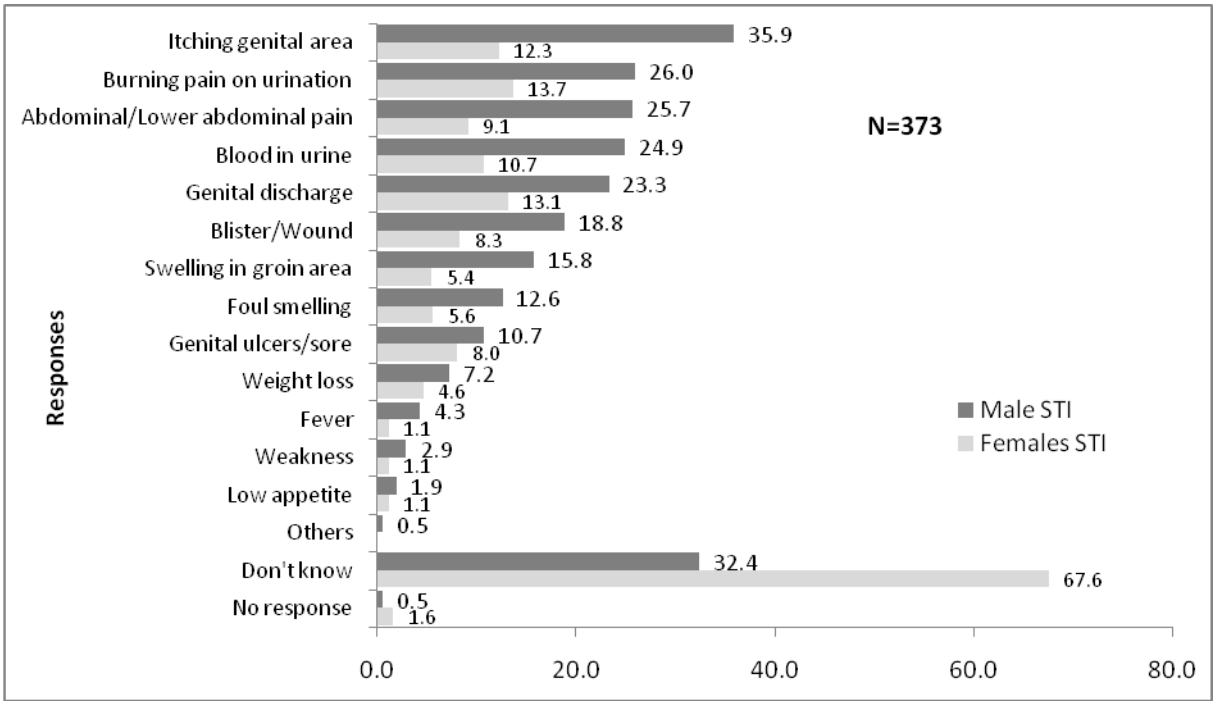
Overall, close to half (46.6 percent) of the respondents reported that they had heard of STIs. Of the respondents who had heard of STIs, majority of them were aware of Gonorrhea (85.8 percent) followed by Syphilis (49.6 percent). However, around one out of ten(11.8 percent) of the respondents did not know about any of the symptoms of STI *(Figure 3.9).*

Table 3.15 Knowledge about Sexually Transmitted Infection

	N	%
Types of STIs heard*		
Gonorrhea	320	85.8
Syphilis	185	49.6
Genital Herpes	38	10.2
Chlamydia	13	3.5
Others	2	.5
Don't know	44	11.8
No response	2	.5
Total:	**373**	**100.0**

The most common symptoms cited from , in an ascending order, were burning pain on urination(26.0 percent in male and 13.7 percent in female), Itching in the genital area(35.9 percent in male and 12.3 percent in female), abdominal pain(25.7 percent in male and 9.1 percent in female), blood in urine(24.9 percent in male and 10.7 percent in female), genital discharge(23.3 percent in male and 13.1 percent in female) and Blister/Wound(18.8 percent in male and 8.3 percent in female). Besides it, respondents also mentioned welling in groin area (15.8 percent in male and 5.4 percent in female), foul smelling (12.6 percent in male and 5.6 percent in female), genital ulcer/sore(10.7 percent in male and 8 percent in female) and Weight loss(7.2 percent in male and 4.6 percent in female). Likewise, fever, weakness and low appetite were others symptoms mentioned by less than 2 percent of them *(Figure 3.10)*. More than two-thirds (67.6 percent) of female respondents do not found to have any knowledge about symptoms associated with STI *(Figure 3.10)*.

Figure 3.10: Symptoms of Male/Female STI as understood by the respondent



STI Symptoms Experienced and Treatment Sought

Shedding light on experiences regarding STI symptoms, the study also acquired information about whether they themselves had experienced STI symptoms in the past year. Only 7.2 percent had experienced at least one of symptoms associated with STIs, whereas ample proportion (85.8 percent) mentioned not experiencing any; and the rest 4.3 percent were not aware about these symptoms at all*(Table 3.16)*.

Among those persons experiencing STI symptoms, more than one-fourth (77.8 percent) reported to seek medical service to cure them. By the source of treatment, government hospitals were the ones that recorded the higher visits (95.2 percent) as against private clinics/hospitals (4.8 percent). In a link up question explaining whether his/her partners also obtained treatment, less than half (42.9 percent) said that that their partners also received the treatment for STI *(Table 3.16)*.

Table 3.16: STI symptoms experienced and treatment sought

Had an STI in the past year		
	N=373	**%**
Yes	27	7.2
No	320	85.8
Don't know	16	4.3
No response	10	2.7
Sought treatment		
	N=27	**%**
Yes	21	77.8
No	6	22.2
Source of treatment		
	N=21	**%**
Govt. hospital/clinic	20	95.2
Private hospital/clinic	1	4.8

Treatment obtained by sexual partner (partners treatment)		
Yes	9	42.9
No	6	28.6
Don't know	6	28.6

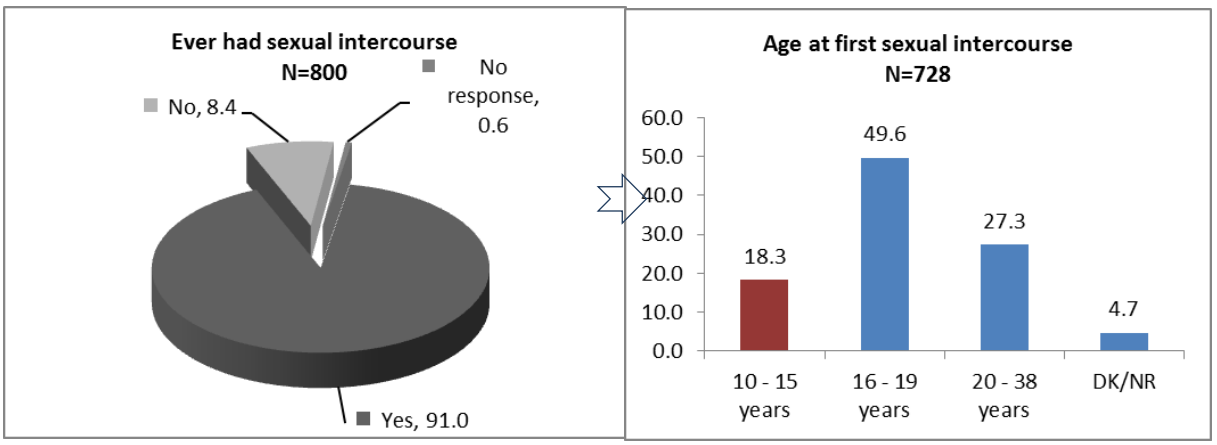
3.5 Sexual Behavior and Condom Using Practice

HIV can be easily transmitted in a situation when someone is engaged in unprotected sexual behavior. Unsafe sexual contact with regular, non-regular or sex workers put them at the risk of virus transmission from an infected person. This part explains such prevalent practices in the uniformed personnel and for this purpose put their sexual partners into three categories. Also knowledge about condoms and condom using practices are dealt with in this section.

Sexual Behaviors

A major portion (91.0 percent) of target respondents reported to have engaged in sexual intercourse. Furthermore, among the respondents engaged in sexual intercourse before the survey, more than two-thirds (67.9 percent) reported to have engaged in the activity before they turned 20 years. Median age at first sexual intercourse was 18 *(Figure 3.11)*.

Figure 3.11: Ever had sexual intercourse and age at first sexual intercourse



Soliciting the response set showed that less than a half (41.7 percent) thought that "sex before marriage is wrong", whereas 40.3percent were not interested to engage in the activity. Similarly, those considering themselves "too young" constituted33.3 percent, which was followed by those with fear of getting pregnant (15.3 percent). Moreover, contracting HIV was also among the reasons cited by the participants in that multiple response questionnaires. Others response stated by uniformed personnel were not considering themselves ready for sex (11.1 percent) and , not getting the chance, shyness toward the act 5.6 percent each*(Table 3.17)*.

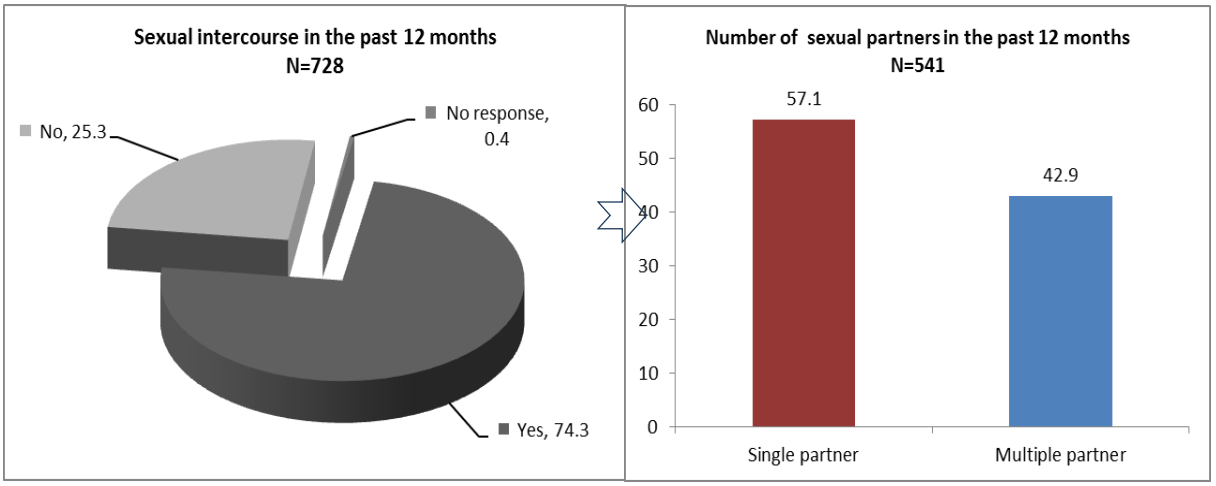
Table 3.17: Sexual behaviors

Ever had sexual intercourse		
Reason for not having sexual intercourse *		
	N=72	**%**
Sex before marriage is wrong	30	41.7
Not interested	29	40.3
I am/feel too young	24	33.3
Afraid of getting pregnant	11	15.3
Afraid of getting HIV/AIDS or STI	11	15.3
Don't feel ready to have sex	8	11.1
Have not had the chance	4	5.6
Feel shy	4	5.6
No response	3	4.2
Because of Monk/Religious	2	2.8
Sexual intercourse in the past 12 months		
Yes	541	74.3
No	184	25.3
No response	3	.4
Number of different sexual partners in the past 12 months		
	N=541	**%**

Single partner	309	57.1
Multiple partner	232	42.9

Similarly, out of those respondents who had sexual intercourse before, almost three-fourths (74.3 percent) of them happened to take place in past 12 months. Concerning the type of sexual partner in that same period, more than half (57.1 percent) had single partners in comparison to other having two or more sexual partners (42.9 percent), (*Figure 3.13)*.

Figure 3.13: Sexual intercourse in the past 12 months and number of sexual partner



Type of Sex Partners

As per the questionnaires, the sex partners were further classified into three categories namely: regular partners, non-regular partners and female sex workers. The term “regular sex partner” delineates as spouse or any sexual partner living together with the respondents. Table 3.20 shows that more than four-fifths (84.3 percent) of the respondents who had sexual contact reported having had regular sex partner in the last 12 months*(Table 3.18)*.

Similarly, that question carrying the same theme but related to "Non-regular Partner" was administered to the respondents. Here "Non-regular partner” characterizes those whom the respondents are not married or living together. However, they are completely different entity than regular partner and sex worker. The below table indicates about one-third (31.2 percent) of uniformed personnel had sex with non-regular partners in the past year *(Table 3.18)*.

Furthermore, data about sexual practices of participants with sex workers was also collected. "Sex Workers" are defined as those who sell sex in exchange for cash or other non-cash items. Small proportion (6.5 percent) of respondents had sex with a sex worker in the past year *(Table 3.18)*.

Negligible proportion (2.9 percent) of respondents reported ever having had sex with a male partner. *(Table 3.18)*.

For the participants who ever had gone outside the country for training purpose, a question relating to participants engagement in sexual activity in abroad was administered. Only 14.1 percent responded to have sexual intercourse while remaining abroad for training *(Table 3.18)*.

Table 3.18 Types of sex partners in the last 12 months and sexual practice

Sexual Practice		
Had sex with regular partner		
	N=541	**%**
Yes	456	84.3
No	48	8.9
Unmarried or no live in partner	37	6.8
Had sex with non-regular sex partner		
Yes	169	31.2
No	372	68.8
Had sex with sex worker		
Yes	35	6.5
No	506	93.5
Had anal sex with male sex partner **		
	N=34	**%**
Yes	1	2.9
No	30	88.2
No response	3	8.8
Last sex partner		
	N=728	**%**
Regular partner (spouse or live in sexual partner)	598	82.1
Other female friend	93	12.8
No response	22	3.0
Don't know	7	1.0
FSW/MSW	4	.5
Male friend	4	.5
Had sexual intercourse during training abroad		
	N=291	**%**
Yes	41	14.1
No	241	82.8
No response	9	3.1

Knowledge about and Use of Condoms

Condom promotion activity underpinning consistent and correct use of condoms has been one of the important components embraced by HIV/AIDS awareness programs. All of the participants had heard of condoms before.

A Majority(87.3 percent) of them think that the condoms prevent HIV/AIDS whereas an equal proportion consider condom as a safe contraceptive method to prevent pregnancy(85.2 percent), and more than a half deem it as safe means to prevent Sexually Transmitted Infections(53.9 percent). Only negligible proportions (0.4 percent) do not know about the use of condoms *(Table 3.19)*.

In terms of safety associated with condoms, majority (87.2 percent) thinks that condoms are safe in comparison to 10.6 percent having doubt about the safety. Out of those questioning about the safety,

a majority (91.7 percent) complained that condoms could break easily and therefore could not protect against any disease (2.4 percent) *(Table 3.19)*.

Table 3.19 Knowledge about Condom

Condoms are used to *		
	N=790	**%**
Prevent pregnancy/Used as a contraception	673	85.2
Prevent HIV/AIDS	690	87.3
Prevent STI	426	53.9
Others	1	.1
Don't know	3	.4
No response	1	.1
Thinks condom are safe		
Yes	689	87.2
No	84	10.6
Don't know	15	1.9
No response	2	.3
Reasons why condoms are considered unsafe		
	N=84	**%**
Break easily	77	91.7
Do not protect against diseases	2	2.4
Others	2	2.4
Don't know	2	2.4
No response	1	1.2

* Percentage total may exceed to 100 due to multiple responses

Knowledge about condom available Places

Participant's knowledge about the place from where they could easily obtain condoms was also asked. A clear majority (93.9 percent) of respondents mentioned of knowing at least one place of obtaining condoms. Responding to the further query about place/person where they can be obtained, a majority (94.3 percent) of them cited hospital followed by shop (50.7 percent) and Basic Health Unit (46.5 percent). Similarly other responses were pharmacies constituting 24.1 percent, friends (17.1 percent) and clinics (10.2 percent). And other additional places/persons of obtaining condoms were health workers, bar/guest house/hotels and Family Planning centers, check posts and offices *(Figure 3.14)*.

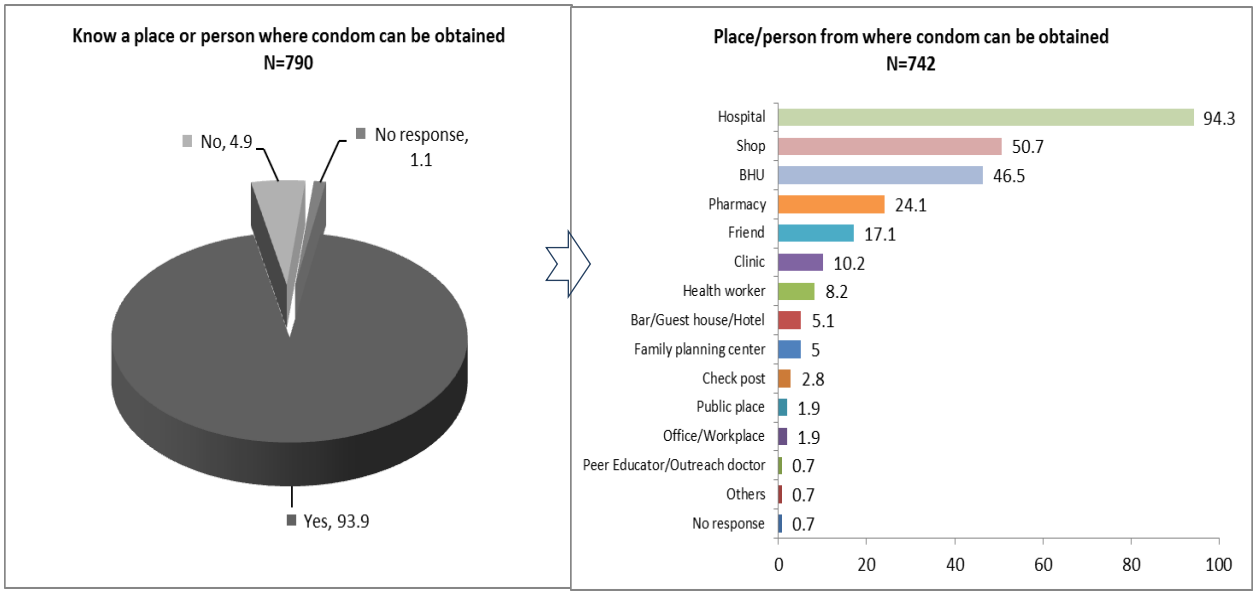


Figure 3.14: Know place or person where condom can be obtained

Around about three-fourths (72.9 percent) of them obtained the condoms free of cost in the past year*(Table 3.20)*.

Table 3.20: Received condoms free of cost in the past 12 months

Received condoms free of cost in the past 12 months		
	N=790	**%**
Yes	576	72.9
No	202	25.6
No response	12	1.5

Source of Information about Condoms

The uniformed personnel were asked how they learn about condom. They had heard about it from various sources. The most common source of information for almost all (95.1 percent) was television followed by health workers/volunteer (94.3 percent). Similarly, another common information sources were revealed as friends/peers (88.6 percent) and Radio (56.3 percent). Furthermore 54.8 percent claimed that their source of information was health workplace, followed by 49.7 percent who reported that teachers/posters, billboard/signboard (48.3 percent) and pamphlets/posters (46.4 percent) . Respondents had got information about condom from various sources including community newspaper/magazines (46.1 percent) and community event/training (41.3 percent) *(Table 3.21).*

Table 3.21: Source of Information about condoms

Sources of Information about condom *	**N=800**	**%**
Television	750	95.1
Health Worker/Volunteer	744	94.3
Friends/Peers	699	88.6
Radio	444	56.3
Work place	432	54.8
Teachers	392	49.7
Bill Board/Sign board	381	48.3

Pamphlets/Posters	366	46.4
Newspapers/Magazines	364	46.1
Community Event/Training	326	41.3
Relatives	298	37.8
People from NGO	252	31.9
Cinema Hall	216	27.4
Others	20	2.5

Use of Condoms with Different Sex Partners

Unprotected sex may result in transmission of HIV and STI from one sexual partner to another. In this context, uniformed personnel were asked about condom using / not using condoms with different types of sex partners and reasons. It also explains about sexual intercourse that happened for past 12 months.

Condom use with Regular partner

Only 38.4 percent of the respondents reported to use condoms at the time when they had had sex with regular partner, when they were queried about sexual practice of last 12 months. More than a half (61 percent) of them did not use condoms on the other hand. Among them, more than one-fourth (29.2 percent) did not use condoms due to their trust in their sex partners, whereas 24.9 percent had used other contraceptives and 9.6 percent considered not necessary. Besides that, additional responses; namely: sterilized, partner objection, not thought about it, and their dislike in using it were also cited by the respondents *(Table 3.22)*.

Alternatively, reasons for using condoms at the last sexual contact were also tabulated. About nine out of ten respondents used condoms did so to avoid pregnancy as against 29.7 percent had used condoms in order to prevent Sexually Transmitted Infection (STI). In addition, more than one-third (26.3 percent) referred the use of condoms as a prevention measure for HIV *(Table 3.22)*.

Regarding the consistence use of condoms measured on a four- point-scale, only 9.2 percent of respondents found to use condoms every times. In the past twelve months along with 28.1 percent never using condoms *(Table 3.22).*

Table 3.22 Use of condoms with regular partner

Used condom with regular partner during last sexual intercourse		
	N=456	**%**
Yes	175	38.4
No	278	61.0
Don't know	1	.2
No response	2	.4
Reason for not using condom with regular partners during last sexual intercourse		
	N=281	**%**
Trust to sex partner	82	29.2
Used other contraceptive	70	24.9
Didn't think it was necessary	27	9.6
Wish for a child	27	9.6
Sterilized	19	6.8
Partner objected	17	6.0
Don't like them	17	6.0
Didn't think of it	7	2.5

Others	7	2.5
No response	5	1.8
Don't know	3	1.1
Reasons for using condom with regular partner during last sexual intercourse *		
	N=175	**%**
Pregnancy prevention	163	93.1
STI prevention	52	29.7
HIV/AIDS prevention	46	26.3
Others	2	1.1
Used condom with regular sex partner in the past 12 months		
	N=456	**%**
Every times	42	9.2
Almost every-times	19	4.2
Sometimes	258	56.6
Never used	128	28.1
Don't know	5	1.1
No response	4	.9

* Percentage total may exceed to 100 due to multiple responses

Condom use with Sex worker

Only a small proportion (5.7 percent) of respondents did not use condoms when having sex with sex workers in the last sex that took place in last twelve months. They did not use them because of their partner objection (33.33 percent) and rest preferred to point out “Others" category. With regard to those who used condoms in past twelve months, majority (82.9 percent) of them reported to condoms consistently as against only 2.9 percent not using them at all*(Table 3.23)*.

Table 3.23 Use of condoms with sex worker

Used condom with sex worker during last sexual intercourse		
	N=35	**%**
Yes	32	91.4
No	2	5.7
No response	1	2.9
Reason for not using condom with sex worker during last sexual intercourse		
	N=3	**%**
Partner objected	1	33.3
Others	1	33.3
No response	1	33.3
Used condom with sex worker partner in the past 12 months		
	N=35	**%**
Every times	29	82.9
Almost every-times	1	2.9
Sometimes	3	8.6
Never used	1	2.9
No response	1	2.9

Use of Condoms with Non-Regular Partner

Similarly, same questionnaire were addressed to uniformed personnel about Non-regular partners. About 2 out of 10 (21.9 percent) respondents told the enumerators of not using condoms while

having sex with non-regular partners in last 12 months. Participants who did not use condoms in those sexual contact/s reported reasons such as-they didnot think it was necessary (43.2 percent) and others did not think about it(21.6 percent). Whereas the remaining proportions told that they did not like them (10.8 percent), followed by those saying they were not available (8.1 percent). Similarly, some of them (5.4 percent) told that it did not give satisfaction. Out of those who used condoms in past 12 months, more than a half (57.4 percent) reported using condoms consistently while small proportion (6.5 percent) told of never using it during the period *(Table 3.24).*

Table 3.24: Use of condoms with non-regular partner

Used condom with non-regular partner during last sexual intercourse		
	N=169	**%**
Yes	132	78.1
No	37	21.9
Reason for not using condom with non-regular partner during last sexual intercourse		
	N=37	**%**
Didn't think it was necessary	16	43.2
Didn't think of it	8	21.6
Don't like them	4	10.8
Others	4	10.8
Not available	3	8.1
No satisfaction	2	5.4
Used condom with non-regular partner in the past 12 months		
	N=169	**%**
Every times	97	57.4
Almost every-times	6	3.6
Sometimes	54	32.0
Never used	11	6.5
Don't know	1	.6

Condom Use during abroad Training

The uniformed personnel who had opportunity to go abroad to participate in training session may have been involved in sexual relation in that training location. Only smaller proportion (14.1 percent) of them informed to have used condoms when they had had sex during the training period abroad *(Table 3.25)*.

Table 3.25: Condom use by respondents during the sex act when attending training abroad

Use of Condoms		
Used condom with sexual partner during training abroad		
	N=291	**%**
Yes	41	14.1
No	241	82.8
No response	9	3.1
Condom used during sexual intercourse at training abroad		
	N=41	%
Yes	22	53.7
No	19	46.3

Condom Use In the Last Sexual Contact

In general, more than a half (52.3 percent) of respondents used condoms with the sexual partners during the last intercourse that happened within the past 12 months. Similarly, less than half of the population (42.7 percent) had used condoms during the latest sexual encounter with their sexual partner. That might have been taken place at any time prior to the survey. Likewise, more than a half (52.2 percent) among selected respondents having multiple sex partners informed to have used condoms in the last sexual contact in past 12 months*(Table 3.26)*.

Table 3.26: Use of condoms with different sexual partners

Use of Condoms		
Used condom with sexual partner during last intercourse within the past 12 months		
	N=541	**%**
Yes	283	52.3
No	249	46.0
No response	9	1.7
Used condom with sexual partner during last sexual act (till survey date)		
	N=728	**%**
Yes	311	42.7
No	417	57.3
Used condom in the last sex by the respondent who have had multiple sex partners in the last 12 months		
	N=232	**%**
Yes	121	52.2
No	111	47.8

Condom use by selected background characteristics

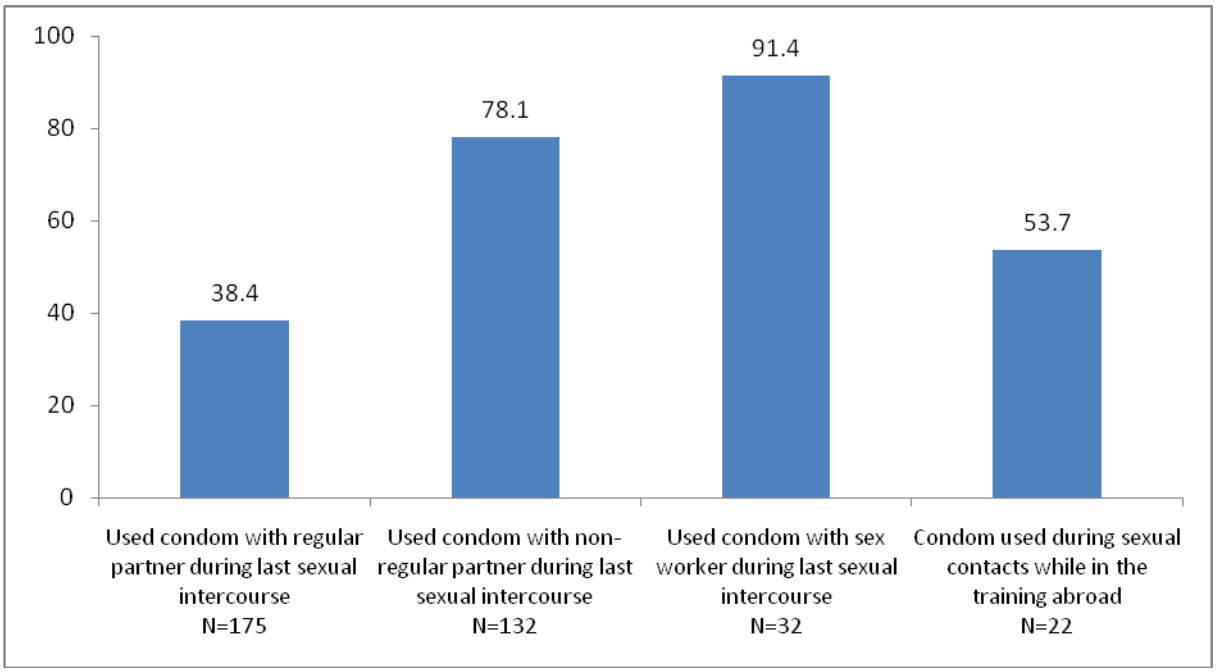
The following table indicates the use of condoms with different sexual partners in and out of country with selected background variables. A high proportion (91.4 percent) of respondents informed to have used condoms in the last sexual intercourse with sex workers that happened within past 12 months. Similarly, more than four-fifths (78.1 percent) of them told using condoms in the last sexual act with non-regular partners in past 12 months *(Table 3.27)*

Table 3.27: Use of condom in the last sex with different partners by background characteristics of respondents

	Used condom with regular partner during last sexual intercourse		**Used condom with non-regular partner during last sexual intercourse**		**Used condom with sex worker during last sexual intercourse**		**Condom used during sexual contacts while in the training abroad**	
	N=175	**%**	**N=132**	**%**	**N=32**	**%**	**N=22**	**%**
Age group								
20 - 24 years	14	51.9	22	71.0	4	100.0	2	100.0
25 - 29 years	44	41.5	46	76.7	6	85.7	6	66.7
30 - 34 years	57	42.5	30	83.3	10	90.9	3	25.0
35 - 39 years	27	35.1	22	81.5	10	100.0	5	41.7
40 years and above	33	29.5	12	80.0	2	66.7	6	40.0
Education								

Illiterate	58	34.3	34	73.9	7	77.8	5	31.3
Primary	30	36.6	22	78.6	1	50.0	3	42.9
Secondary	73	43.2	66	78.6	20	100.0	14	53.8
Higher secondary and above	3	75.0	3	100.0	1	100.0		
Literate/No schooling	11	34.4	7	87.5	3	100.0		
Total:	**175**	**38.4**	**132**	**78.1**	**32**	**91.4**	**22**	**53.7**

Figure 3.15: Use of condom in the last sex with different partners



Consistent Condom use by the respondents with Comprehensive Knowledge of HIV/AIDS

Similarly, consistent condoms used were also tabulated with demographic variables like age and education qualification. Surprisingly, consistent condom use was found very high (90.96 percent) amongst regular partner in comparison to non-regular partners (39.88 percent) and sex workers (24.37 percent)*(Table 3.28)*.

Condom Use by the respondents with Comprehensive Knowledge of HIV/AIDS

The five core indicators (BCDEF) were tabulated with the six age groups along with the similar number of categories of education qualification. As shown in *Table 3.28*, respondents with comprehensive knowledge of HIV/AIDS; all of the five respondents were found to be used condom consistently with sex workers in the past 12 months. In addition with non-regular partners, consistent use of condom was found 40.0 percent. In the same context, whereas only 5.8 percent of respondents of similar class reported condoms use with regular partners in last 12 months *(Table 3.28)*.

Table 3.28: Consistent use of condom with different partners by respondents with comprehensive knowledge of HIV transmission

	Used condom consistently with regular sex partner in the past 12 months				Used condom consistently with non-regular partner in the past 12 months				Used condom consistently with sex worker partner in the past 12 months	
	Yes		No		Yes		No		Yes	
	N=5	%	N=81	%	N=14	%	N=21	%	N=5	%
Age group										
20 - 24 years			5	100.0	3	37.5	5	62.5	1	100.0
25 - 29 years			14	100.0	3	25.0	9	75.0		

30 - 34 years	4	13.3	26	86.7	4	50.0	4	50.0	4	100.0
35 - 39 years			12	100.0	2	66.7	1	33.3		
40 years and above	1	4.0	24	96.0	2	50.0	2	50.0		
Education										
Illiterate	1	3.0	32	97.0	3	23.1	10	76.9		
Primary	1	5.9	16	94.1	2	40.0	3	60.0		
Secondary	3	10.0	27	90.0	7	46.7	8	53.3	4	100.0
Higher secondary and above			1	100.0						
Literate/No schooling			5	100.0	2	100.0			1	100.0
Total:	5	5.8	81	94.2	14	40.0	21	60.0	5	100.0

Perception on who should take decisions regarding condom use

Similarly, the respondents were asked to put their opinions about who should be responsible in deciding to use condom or not. A majority of them(55.4 percent) believed that this should be a joint decision taken mutually While another , 30.6 percent cited this should be categorically men's decision as against 10.6 percent those reporting that the women should decide*(Table 3.29)*.

Table 3.29: Perception on who should make decision regarding condom use

	N=728	%
Decision on use of condom		
The women's decision	77	10.6
The man's decision	223	30.6
A joint decision	403	55.4
Don't know	14	1.9
No response	11	1.5

3.6 Drug using Practices

Drug injecting behaviors bear close relation with HIV infection. Thus data related with two types of specific practices namely: needle/ syringe and drug-sharing practices were also carefully tapped during the study as their importance while formulating and implementing preventive strategies cannot be underestimated.

Use of Drugs

Only small proportion (2.9 percent) of sampled respondents have had ever used drugs as against 96.8 percent have had not used any drugs. Out of the total population, only 4.3 percent have ever injected drugs. Among injecting drug users, all of them were using it since last 5 years. However, no sharing of needles took place while injecting the drugs with anybody during that period*(Table 3.30)*.

Table 3.30: Drug injecting practice of the respondent

Ever used drugs		
	N=800	**%**
Yes	23	2.9
No	774	96.8

No response	3	.4
Ever injected drugs		
	N=23	**%**
Yes	1	4.3
No	20	87.0
No response	2	8.7
Injecting drugs since		
	N=1	**%**
Last 5 years	1	100.0
Ever shared needles and syringe with any one		
No	1	100.0

3.7 Summary of findings

- The median age of the respondent was32 and 95.8 percent of them were male. Among all respondents, 78.0 percent of uniformed were married. Nearly three-fourth of them was married before the age of 25 years. About one-third were illiterate and about one out of ten were currently living in barracks.
- Television was the most popular media among the uniformed personnel (98.9 percent) as the main source of information about HIV/AIDS. Almost all of them had access to at least one media (TV or Newspaper or Radio) daily or almost daily or at least once a week.
- All of the respondents (100 percent) had heard of HIV/AIDS. More than a half (53.8 percent) of them thought that AIDS is incurable disease. About half (45.5 percent) believed that HIV/AIDS was a serious problem in the community. Similarly, 50.7 percent of them thought that they were at high or moderate risk of infection.
- One-fourth (22.6 percent) of those knew somebody infected with HIV or died due to AIDS. Four-fifths of uniformed personnel had not shared any relation with infected persons. The reason for putting themselves in high or moderate risk were-having many sexual partners, not using condom in each sex act, having had sex with sex workers, their sex partners had other sex partners, and having had their hair cut in the saloon.
- Only 18.2 percent of the uniformed personnel had comprehensive knowledge about HIV transmission. They were aware of two ways of preventing sexual transmission of HIV; about four-fifths(81.4 percent) reported using a condom every time they had sex and 69.5 percent reported having sex with only one faithful uninfected sexual partner. High percentage of uniformed personnel (88.7 percent) rejected major misconceptions about HIV transmission.
- Eight out of ten (83.3 percent) know the place where they could go for HIV tests. Overall, more than one third (38.2 percent) had been tested for HIV; more than half (57.2 percent) among them tested for HIV recently within last twelve months. About one-fourth (72.4 percent) of the uniformed personnel had ever tested HIV but did not receive the test result. An encouraging number (83.3 percent) were interested to take confidential HIV testing.
- Uniformed personnel believed that persons living with HIV/AIDS could protect themselves by eating healthy food, using medicine, visiting to a doctor/s, keeping positive attitude, and making use of condom in each sexual activity, and engaging in normal exercise.
- A considerable proportion of the study population (81.3 percent) would like to behave with PLHI Vasa normal person and would give additional love and help and provide counseling. A

substantial proportion (95.1 percent) were ready to take care of male or female relative, if those turned out be positive. However, 38.0 percent wanted to keep HIV status of their family member confidential. An overwhelming majority (83.6 percent) of them were willing to buy food from HIV infected shopkeeper and about one-fourth (78.8 percent) believed that HIV infected teachers should be allowed to continue their work unless they become very sick.

- The percentage of those uniformed personnel who had ever heard of Sexually Transmitted Infections (46.6 percent) is very low compared to those having heard of HIV/AIDS (100 percent). Gonorrhea (85.8 percent) and Syphilis (49.6 percent) were two major STIs that the uniformed personnel have heard of. However, 67.5 percent do not know about the symptoms of female STI as against 32.4 percent who didn't know about symptoms of male STI. Only 7.2 percent of the respondents had experienced at least one symptom of STI. And among them, one-fourth (77.8 percent) seeked treatment and significant proportion (95.2 percent) treated the STI in government health facilities. However, a lower percentage (42.9 percent) got their partners treated for STIs.
- A signification proportion (91.0 percent) of respondents reported ever having sexual intercourse. More than two-thirds (68.1 percent) had engaged in sexual intercourse before they reach 20 years. Among those, around two-thirds (60.3 percent) had two or more sex partners and of them less than half (47.8 percent) did not use condoms in the last sex. Sexual contact of uniformed personnel with regular partner is highest (84.3 percent), higher with non-regular partner (31.2 percent) and high (6.5 percent) with sexual worker. However, only 8.6 percent of them with sex worker and 12 percent with non-regular partner did not use condoms in the last sex respectively. Similarly, consistent condom use with sex workers 39.8percent and it was 24.3 percent with non-regular partners.
- Television, workers/volunteers and friends/peer are the sources of information about condoms for around 90 or above 90 percent of respondents. Around 93.9 percent know at least one place of obtaining condoms and a substantial proportion (94.3 percent) know hospital as condom obtaining place/source. Approximately three-fourths (72.9 percent) obtained condoms free of charge in the past year.
- More than half (55.4 percent) believed that this should be a joint decision taken mutually while taking decision about condom use. And another 30 percent thinks that the male partner should decide about it while 10.6 believes to rest the decision on female partner.
- Only 2.9 percent (n=23) of uniformed personnel had ever use drugs and only 1 out of 23 drug-users had ever injected drugs as of the study period.

Summary of finding (specific)

Demographics

- The median age of the respondent was 32 and 95.8 percent of them are male. Among 78.0 percent of uniformed were married. Nearly three-fourth of them (71.9 percent) were married before the age of 25 years. More than one-third (34.9 percent) are illiterate and about one out of ten (8.9 percent) are currently living in barracks.

Media

- Television is the most popular media among the uniformed personnel (98.6 percent) as the main source of information. Almost all of them had access to at least one media (TV or Newspaper or Radio) daily or almost daily or at least once a week.

Knowledge

- All of the respondents (100 percent) have heard of HIV/AIDS. More than a half (53.8 percent) of them think that AIDS is incurable disease. Similarly, one-fourth (22.6 percent) know somebody infected with HIV or died due to AIDS. And four-fifths of uniformed personnel did not share any relation with HIV infected individuals.
- Less than one-fifth (17.6 percent) of the uniformed personnel had comprehensive knowledge about HIV transmission as they correctly identify the five major indicators of HIV transmission. They found conscious of two ways of preventing sexual transmission of HIV; about four-fifths(84.4 percent) reported using a condom every time they had sex and 76.1 percent having sex with only one faithful uninfected sexual partner. More uniformed personnel (88.5 percent) reject major misconceptions about HIV transmission; that a person cannot get infected by sharing a meal and over half (53.9 percent) disagreed that a person can be infected from mosquito bite.
- A higher proportion (95.3 percent) of the respondents were aware that a person could get HIV by using needles and92.9 percent of them believed that blood transfusion from an infected person could transmit HIV to other. Furthermore, 75.9 percent respondents said a pregnant woman infected with HIV/AIDS could transmit the virus to her unborn child. A higher proportion (92.6%) cited condom use in every sexual act is the safe way to avoid the transmission and abstaining from sex was another safe measure reported by 28.6%.
- The percentage of those uniformed personnel who have ever heard of Sexually Transmitted Infections is 46.6 percent that is very low compared to those having heard of HIV/AIDS (100 percent). Gonorrhea (85.8 percent) and Syphilis (49.6 percent) are two major STIs that the uniformed personnel have heard of. However, 67.6 percent do not know about the symptoms of female STI as against 32.4 percent who do not know about symptoms of male STI. The most common symptoms said were burning pain on urination, Itching genial area, abdominal pain and blood in urine, and genital discharge.
- All of the participants had heard of condoms before. Television and workers/volunteers and friends/peer are the major sources of information about condoms for 95.1 percent and 94.3 percent of respondents. Around 93.9 percent know at least one place of obtaining condoms and a substantial proportion (94.3 percent) know hospital as condom obtaining place/source.

Attitude

- About half (45.5 percent) believe that HIV/AIDS is a serious problem in the community. Similarly, 50.7 percent of them think that they are at high or moderate risk. The reason for putting them in high or moderate risk are due to having many sexual partners and not using condom in each sex act, had sex with sex workers, their sex partners had other sex partners and had their hair cut in the saloon.
- A considerable proportion of the study population (80.3 percent) would like to behave with HIV infected person/infected friend like a normal person and other would give additional love

and help (67.0 percent), and the others will provide counseling. A substantial proportion(95.0 percent) were ready to take care of male or female relative, if turned out be positive, however, 38.0 percent would like to keep HIV status of their family member confidential. An overwhelming majority (83.6 percent) of them were willing to buy food from HIV infected shopkeeper and about one-fourth (78.8 percent) believe that HIV infected teachers should be allowed to continue their work unless they become very sick. More than a half (53.8%) of them pointed out that they should be provided with the same care and treatment that were necessary for someone having other chronic disease.

- Uniformed personnel believe that persons living with HIV/AIDS could protect themselves by eating healthy food, using medicine, visiting doctor/s, keeping positive attitude, and making use of condom in each sex act, engaging in normal exercise.
- More than half (55.4 percent) believed that this should be a joint decision taken mutually regarding condom use. And another 30 percent thinks that the male partner should decide about it while 10.6% believes the decision rests on female partner.

Practice

- Only 7.2 percent experienced at least one symptom of STI and the rest 4.3% were not aware about these symptoms at all. And among them, one -fourth (77.8 percent) seeked treatment and significant proportion (95.2 percent) treated the STI in government health facilities. However, only less than half (42.9 percent) got their partners treated.
- A signification proportion (91.0 percent) of respondents of told of ever having sexual intercourse. Interestingly, more than two-thirds (68.1 percent) had engaged in sexual intercourse before they reach 20 years. Among them, around two-thirds (42.9 percent) had two or more sex partners and of them less than half (47.7 percent) did not use condoms in the last sex. Sexual contact of uniformed personnel with regular partner is highest (84.3 percent), higher with non-regular partner (31.2 percent) and high (6.5 percent) with sexual worker. However, more than half (61.0 percent), 21.9 percent and only 5.7 percent of uniformed personnel did not use condom with regular partner's non-regular partner and sex worker partner did not use condoms in the last sex respectively. Similarly, consistent condom use with sex workers was 82.9 percent and 57.4 percent with non-regular partners.
- Approximately three-fourths (72.9 percent) obtained condoms free of charge in the past year.
- Only 2.9 percent (n=23) of uniformed personnel had ever use drugs and only 1 out of 23 drug-users had ever injected drugs as of the study period.

Other summary

- Among the total uniformed personnel, eight out of ten (83.3%) know the place where they could go for test. Overall, more than one third (38.2 percent) had been tested for HIV; more than half (57.2 percent) among them tested for HIV recently within last twelve months. About one-fourth (72.4 percent) of the uniformed personnel ever tested HIV did not receive the test results

Chapter 4.0:

In-School Youth

4.1 Socio-demographic Characteristics of In-school Youth

This chapter explains the demographic and social characteristics of 800 (400 male/400 female) in-school youths between the ages of 15 to 24. Respondents were recruited from different schools/colleges, located in different Dzongkhags of Bhutan, and were currently studying in grades seven to twelve and college/institute.

Socio-demographic Characteristics

Out of total recruited in-school youths 61.4 percent (57.5 percent male and 65.3 percent female) were between the ages of 15 to 24. Similarly, 38.6 percent (42.5 percent male and 34.8 percent female) were between the ages of 20 to 24. The median age of the respondent was 19 years.

In-school youths were recruited from different schools/colleges located in the urban and rural areas of different Dzongkhags. Among the total recruitments, nine in ten (89.9 percent) were recruited from the school/college located in urban areas and one in ten was recruited (10.1 percent) from the school/college located in rural areas of different Dzongkhags. Furthermore, most of the respondents were single. While comparing marital status between male and female in-school youths, the proportion of female who were married was higher (13.0 percent) than that of male (7.3 percent). Among ever married[6] in-school youths (n=18), most of them (88.9 percent) reported the ages at first marriage was between 20 and 24. Median age at first marriage was 22 *(Table 4.1)*.

Living Status

Most of the in-school youths (75.0 percent) had reported that they usually lived with parents. The proportion of in-school male usually that had been living with parents was found higher (83.5 percent) than that of in-school female (66.5 percent). Equal proportions of in-school youths had reported that they usually lived with relatives and friends (8.3 percent, each), followed by those who lived with their own family (1.4 percent). Similarly, an insignificant proportion (1.1 percent) of the youths had reported that they usually live alone. In addition, little less than a half of male (44.5 percent) were living in the parental house, followed by those living in hostel (28.8 percent), whereas the equal proportions of female (38.8 percent, each) were living in parental house and in hostel. Less than two percent of the in –school youth female were currently living with own family and on their own etc. A mean duration of staying in such manner among in-school youth was found to be 2.73 years *(Table 4.1).*

[6] Ever married includes, currently married, divorced/permanent separated, widow/widower

Table 4.1: Percent Distribution of the Respondent by their Demographic Characteristics

	Male		Female		Total	
	N =400	**%**	**N=400**	**%**	**N=800**	**%**
Age group						
15-19 years	230	57.5	261	65.3*	491	61.4
20 - 24 years	170	42.5*	139	34.8	309	38.6
Median age	**19**		**19**		**19**	
Mean age/Std. Deviation	**19.33/2.36**		**18.92/2.19**		**19.12/2.28**	
Respondent enrolled from						
Urban	371	92.8*	348	87.0	719	89.9
Rural	29	7.3	52	13.0*	81	10.1
Marital status						
Single	392	98.0	390	97.5	782	97.8
Married	8	2.0	9	2.3	17	2.1
Divorced/permanently separated			1	.3	1	.1
Age at first marriage						
	N=8	**%**	**N=10**	**%**	**N=18**	**%**
6-19 years	1	12.5	1	10.0	2	11.1
20 - 24 years	7	87.5	9	90.0	16	88.9
Median age	**21**		**22**		**22**	
Mean age/Std. Deviation	**20.75/2.12**		**21.50/1.58**		**21.17/1.82**	
Usually live with						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Parents	334	83.5*	266	66.5	600	75.0
With relative	15	3.8	51	12.8*	66	8.3
With friends	18	4.5	48	12.0*	66	8.3
Own family(spouse/children)	7	1.8*	4	1.0	11	1.4
On your own (Single)	8	2.0*	1	.3	9	1.1
Others	15	3.8	29	7.3	44	5.5
No response	3	.8	1	.3	4	.5
Currently living with						
Parental house	178	44.5*	155	38.8	333	41.6
In hostel	115	28.8	155	38.8*	270	33.8
With relative	39	9.8	72	18.0*	111	13.9
With own family (spouse/children)	8	2.0	4	1.0	12	1.5
On your own (Single)	8	2.0*	2	.5	10	1.3
With friends in rented house	3	.8	4	1.0	7	.9
With friends in his house	2	.5	1	.3	3	.4
Parental house	178	44.5	155	38.8	333	41.6
Others	44	11.0	5	1.3	49	6.1
No response	3	.8	2	.5	5	.6
Duration of stay						
Less than a year	58	14.5*	43	10.8	101	12.6

1 - 5 years	166	41.5	202	50.5*	368	46.0
6 years and above	73	18.3*	43	10.8	116	14.5
Since birth	101	25.3	101	25.3	202	25.3
Don't know	1	.3	4	1.0	5	.6
No response	1	.3	7	1.8	8	1.0
Mean duration (years)/Std. Dev.	**3.16/4.64**		**2.29/3.06**		**2.73/3.95**	
***** The difference is statistically significant at .05 level.						

Education, Ethnicity (language speaking) and Religious Background

Nearly seven out of ten in- school youths (69.9 percent) were enumerated from the secondary and higher secondary levels, whereas remaining (30.1 percent) were from the college and institute level. Little less than a half of participants (44.5 percent) belonged to the Scharchop ethnic group (language speaking), followed by the Naglop (21.4 percent); while 17.6 percent of the respondents belonged to the Lhotsampa ethnic group. Similarly, 5.6 percent belong to Khengpa, 4.6 percent from the Kurtep ethnic group. Furthermore, less than four percent belonged to Bumthap, Trongsapa and Mangdep ethnic groups jointly *(Table 4.2).*

As per respondents, major religions have been practiced in the Kingdom; Buddhism, Hinduism and Christianity. Majority of the respondents (92.4 percent) followed Buddhism and a lesser proportion (6.8 percent) of them was the followers of Hinduism, whereas the respondents belonging to Christianity made up to less than one percent (0.9 percent). While asking about the mobility within the past twelve months, about forty-one percent of them had stayed away from home or hostel for more than a month *(Table 4.2).*

Table 4.2: Percent Distribution of Respondents by their Social Characteristics

	Male		Female		Total	
	N =400	**%**	**N=400**	**%**	**N=800**	**%**
Education						
Secondary/Higher secondary	269	67.3	290	72.5	559	69.9
College/Institute	131	32.8	110	27.5	241	30.1
Ethnicity (language speaking)						
Scharchop (Tsangla)	184	46.0	172	43.0	356	44.5
Ngalop	89	22.3	82	20.5	171	21.4
Lhotsampa	68	17.0	73	18.3	141	17.6
Khengpa	22	5.5	23	5.8	45	5.6
Kurtep	16	4.0	21	5.3	37	4.6
Bumthap	14	3.5	11	2.8	25	3.1
Trongsapa	5	1.3	9	2.3	14	1.8
Mangdep	1	.3	3	.8	4	.5
Others	1	.3	6	1.5	7	.9
Religion						
Buddhism	384	96.0*	355	88.8	739	92.4
Hinduism	14	3.5	40	10.0*	54	6.8
Christian	2	.5	5	1.3	7	.9
Away from home/hostel for more than one month in the last 12 months						
Yes	201	50.3*	129	32.3	330	41.3
No	199	49.8	271	67.8*	470	58.8

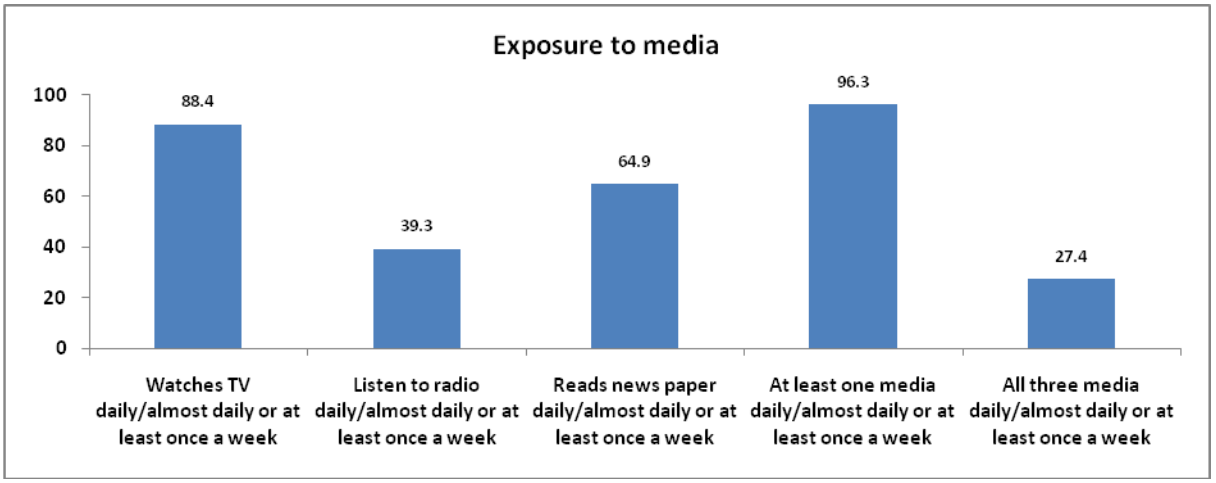
***** The difference is statistically significant at .05 levels.

Exposure to Mass Media

Mass media could be one of the major ways to spread various messages and information widely to the community. In this context, in-school youths were asked about their exposure to mass media. Table 4.3 presents, respondents' access to the mass media either daily/almost daily or at least once a week.

Overall, a notably high percentage (88.4 percent) of the respondents among the in-school youth reported television to be the most popular media source, which was seconded by newspaper as nearly two-thirds (64.9 percent) of them had been reading daily or once in a week. Similarly, listening radio was found to be less popular media source among the in-school youths compared to television and newspaper. However, a significant percentage (96.3 percent) of the in-school youth respondents had at least one media exposure daily/almost
daily or at least once a week *(Figure 4.1).*

Figure 4.1: Access to the mass media



Television was also found is the most popular media source among teenagers in schools compared to the age group of 20 to 24. A higher proportion of female respondents of in- school youths watched TV (90.8 percent) compared to the male (86.0 percent) respondents of the same category. Similarly, television was found to be a more popular source among in-school youths of school/college located in rural areas than that of urban areas. Furthermore, exposures to all three media sources among college/institute youths and secondary/higher secondary youth were found to be almost in a same proportion *(Table 4.3).*

Table 4.3: In-school youth who are exposed to three specific mass media at least once a week by their background characteristics

	Total	Watches TV daily/almost daily or at least once a week	Listen to radio daily/almost daily or at least once a week	Reads newspaper 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						
15-19 years	491	91.9*	38.5	61.1	97.8*	25.7
20 - 24 years	309	82.8	40.5	70.9*	93.9	30.1

Sex of respondent						
Male	400	86.0	30.5	62.5	94.5	21.3
Female	400	90.8*	48.0*	67.3*	98.0*	33.5
Respondent enrolled from						
Urban	719	87.9	39.9	64.3	95.8	27.4
Rural	81	92.6	33.3	70.4	100.0	27.2
Education						
Secondary/Higher secondary	559	91.2*	39.5	63.9*	97.5	27.5
College/Institute	241	81.7	38.6	67.2	93.4	27.0
Total:	**800**	**88.4**	**39.3**	**64.9**	**96.3**	**27.4**

***** The difference is statistically significant at .05 level.

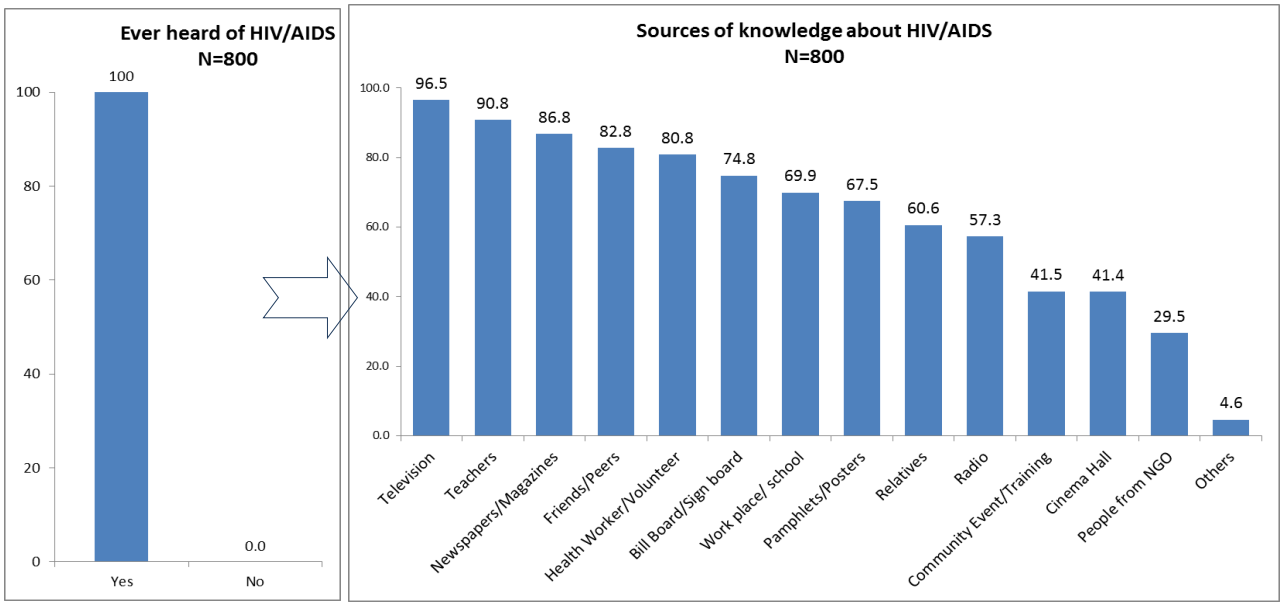
4.2 Knowledge about HIV/AIDS and Attitude

This section presents the in-school youths' knowledge on HIV/AIDS and as well as elucidates the understanding of different transmission modes of HIV/AIDS. This chapter analyzes comprehensive knowledge about HIV transmission among in-school youth and describes their perception and attitude towards HIV/AIDS as well.

HIV/AIDS Awareness and Information Sources of HIV/AIDS

HIV/AIDS was well known among the in-school youths. Both male and female participants had heard of HIV/AIDS. Similarly, in-school youths were asked about information of the source of knowledge about HIV/AIDS, which would help understand program needs and plan them. Almost all respondents had learnt about HIV/AIDS from television. More than eighty percent of the respondents had got information of HIV/AIDS from teachers, newspapers/magazines, friends/peers and health worker/volunteers. Likewise, three-fourths (74.8 percent) of the respondents were informed from bill board/sign boards as well. Furthermore, about sixty or more percentages of information sources, was reported as work-places/schools, pamphlets/posters, relatives and radio. In addition community event/training (41.5 percent) and Cinema Hall (41.4 percent) were cited as information sources by almost equal proportions the respondents Likewise, 29.5 percent of the respondents were informed by NGO staff about HIV/AIDS *(Figure 4.2).*

Figure 4.2: Ever heard of HIV/AIDS and Source of Knowledge about HIV/AIDS



Almost equal proportion of male (96.0 percent) and female (97.0, percent) of the youths, television is most common information source of HIV/AIDS. Similarly more female respondent (95.8 percent) than male (85.9 percent) got knowledge of HIV/AIDS from radio. *Table 4.4 presents more about the sources of knowledge of HIV/AIDS between male and female in-school youths.*

Table 4.4: Sources of Knowledge of HIV/AIDS

	Male		Female		Total	
	N=400	%	N=400	%	N=800	%
Sources of knowledge about HIV/AIDS *						
Television	381	96.0	388	97.0	769	96.5
Teachers	341	85.9	383	95.8	724	90.8
Newspapers/Magazines	312	78.6	380	95.0	692	86.8
Friends/Peers	330	83.1	330	82.5	660	82.8
Health Worker/Volunteer	303	76.3	341	85.3	644	80.8
Bill Board/Sign board	286	72.0	310	77.5	596	74.8
Work place/school	241	60.7	316	79.0	557	69.9
Pamphlets/Posters	233	58.7	305	76.3	538	67.5
Relatives	198	49.9	285	71.3	483	60.6
Radio	186	46.9	271	67.8	457	57.3
Community Event/Training	136	34.3	195	48.8	331	41.5
Cinema Hall	158	39.8	172	43.0	330	41.4
People from NGO	104	26.2	131	32.8	235	29.5
Others	28	7.1	9	2.3	37	4.6

* Percentage total may exceed to 100 due to multiple responses

Among the participants, nearly one in five male respondents (19.5 percent) knew people living with HIV/AIDS or had died due to AIDS compared to female (14.5 percent). As regard to their relationship with deceased person of the respondents (both male and female), majority of them had no relationship; whereas; about six percent of them had reported the deceased persons were relatives (3.7 percent) and friends (2.2 percent) *(Table 4.5).*

The respondents were asked about their perceptions about the symptoms of HIV/AIDS. Almost a half of them (47.9 percent) assumed that the person infected with HIV/AIDS would lose weight. Furthermore, little less than a half of them (44.5 percent) thought the person infected with HIV/AIDS would get weaker. Likewise, the equal proportions of the respondents (23.8 percent, each) thought the HIV/AIDS infected person would suffer from diarrhea and would get fever. In addition, 18.0 percent of them did not know about the effect of HIV/AIDS on infected person at all. A notably lower of the proportion of female youth, who didn't know about the effect of HIV/AIDS on infected person, is lesser (14.5 percent) compared to male (21.5 percent) (*Table 4.5)*.

Table 4.5: Knowledge of HIV/AIDS

	Male		Female		Total	
	N(400)	%	N(400)	%	N(800)	%
Know anyone living with HIV/AIDS or died due to AIDS						
Yes	78	19.5	58	14.5	136	17.0
No	322	80.5	342	85.5	664	83.0

Relationship with the deceased						
	N(78)	%	N(58)	%	N(136)	%
Relative	3	3.8	2	3.4	5	3.7
Friend	2	2.6	1	1.7	3	2.2
No relation	69	88.5	53	91.4	122	89.7
No response	4	5.1	2	3.4	6	4.4
Perceived effect of HIV/AIDS on positive person *						
	N(400)	%	N(400)	%	N(800)	%
They lose weight	168	42.0	215	53.8*	383	47.9
They get weaker	197	49.3*	159	39.8	356	44.5
They suffer from diarrhea	99	24.8	91	22.8	190	23.8
They get fever	84	21.0	106	26.5	190	23.8
They suffer from prolonged sickness	55	13.8	85	21.3*	140	17.5
Immune system decrease	81	20.3*	49	12.3	130	16.3
Becomes black	49	12.3	80	20.0*	129	16.1
They look pale	57	14.3	69	17.3	126	15.8
Headache	68	17.0	56	14.0	124	15.5
Vomiting	46	11.5	69	17.3*	115	14.4
Cold/cough	44	11.0	38	9.5	82	10.3
Unable to eat	33	8.3	27	6.8	60	7.5
Ulcer/Wounds/Sores	8	2.0	9	2.3	17	2.1
Others	11	2.8	7	1.8	18	2.3
Don't know	86	21.5	58	14.5	144	18.0
No Response	6	1.5	2	.5	8	1.0

***** The difference is statistically significant at .05 level.

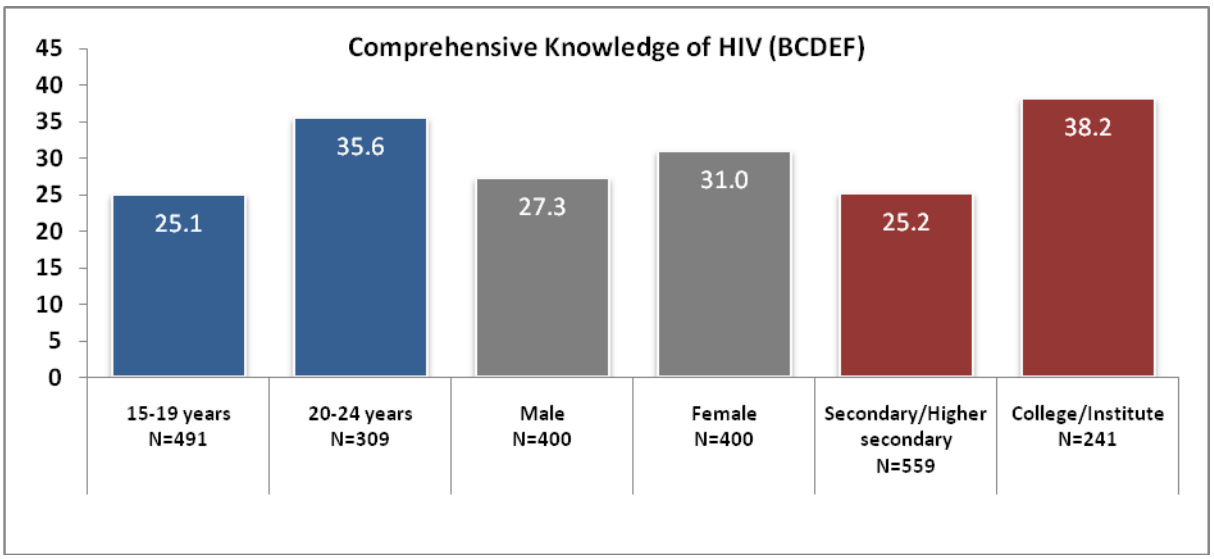
** Percentage total may exceed to 100 due to multiple response.

Comprehensive Knowledge of HIV Transmission

HIV/AIDS prevention programs focus their messages and efforts on some important aspects of behaviors. Abstinence from sexual contacts (A), being faithful to one partner (B) and consistent condom use (C). `Furthermore, 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). This survey had also collected the respondents' knowledge and impressions on these indicators with the help of relevant questions.

Concerning about the comprehensive knowledge of HIV/AIDS, this survey revealed that more than one-third (35.6 percent) of respondent belong to age group 20 to 24 had right knowledge followed by age group of 15 to 19 (25.1 percent).Furthermore, a notable higher proportion of comprehensive knowledge was found among the college/institute (38.2 percent) in-school youths and nearly one-fourth of them (25.2 percent) studying at secondary/higher secondary level. *(Figure 4.3)*

Figure: 4.3 Comprehensive Knowledge of HIV (BCDEF) by selected variables



In addition, those respondents, who were exposed to the media daily/almost daily or at least once a week, had a higher proportion in almost all indicators except being faithful to one partner (B) *(Table 4.6).*

Table 4.6: Knowledge on ways of HIV/AIDS Transmission by background Characteristic of Respondents

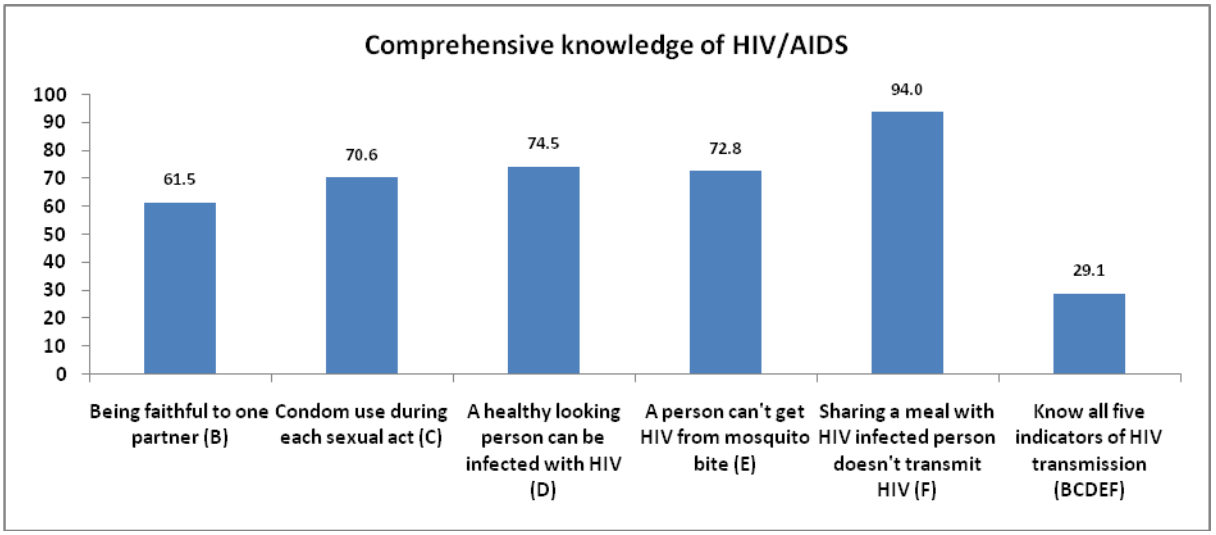
Characteristics	Being faithful to one partner (B) %	Condom use during each sexual act (C) %	A healthy looking person can be infected with HIV (D) %	A person can't get HIV from mosquito bite (E) %	Sharing a meal with HIV infected person doesn't transmit HIV (F) %	Know all five indicators of HIV transmission (BCDEF) %	N
Age group							
15-19 years	60.9	71.1	69.5	68.2	92.3*	25.1	491
20 - 24 years	62.5	69.9	82.5*	79.9*	96.8	35.6*	309
Sex of respondent							
Male	57.8	67.0	79.0*	66.8	94.3	27.3	400
Female	65.3	74.3*	70.0	78.8*	93.8	31.0	400
Education							
Secondary/Higher secondary	61.2	69.9	69.4	68.5	92.1	25.2	559
College/Institute	62.2	72.2	86.3*	82.6*	98.3*	38.2*	241
Total:	**61.5**	**70.6**	**74.5**	**72.8**	**94.0**	**29.1**	**800**
Listen to radio daily/almost daily or at least once a week							
Yes	65.0	71.0	74.2	68.5	93.0	26.4	314
No	59.3	70.4	74.7	75.5	94.7	30.9	486

Watches TV daily/almost daily or at least once a week							
Yes	61.2	71.4	74.3	73.1	93.6	29.3	707
No	63.4	64.5	76.3	69.9	96.8	28.0	93
Reads newspaper daily/almost daily or at least once a week							
Yes	58.4	70.3	76.7	73.2	95.2	28.7	519
No	67.3	71.2	70.5	71.9	91.8	29.9	281

The difference is statistically significant at .05 levels.

Overall nearly two-thirds (61.5 percent) of in-school youths believe that being faithful to one partner, another 70.6 percent think that using condom consistently can prevent of transmission of HIV. Similarly, almost three-fourths (74.5 percent) of the respondents think that a healthy looking person can be infected with HIV, another near to three-fourths (72.8 percent) of the in-school youths thought that a person cannot get HIV from mosquito bite and more than ninety percent (94.0 percent) of them believed that sharing a meal with HIV infected person doesn't transmit HIV. As a whole less than one-third (29.1 percent) had known of all five indicators of HIV transmission *(Figure. 4.4)*.

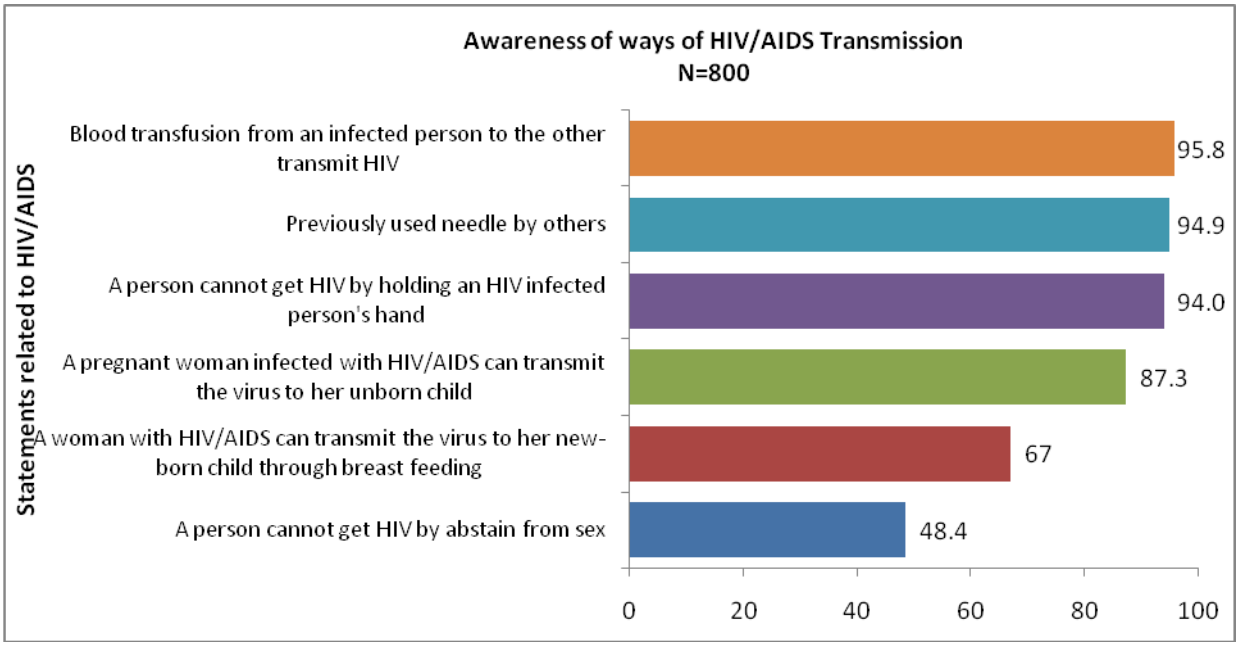
Figure 4.4: Comprehensive knowledge of HIV/AIDS



Awareness of ways of HIV/AIDS transmission

Concerning the understanding of HIV/AIDS and its different modes of transmission among the in-school youths, they were further asked with a few probing questions. Overall, an overwhelmingly high proportion (94.9 percent) of the respondents was aware that a person could get HIV by using needles previously used by others. Likewise, 95.9 percent of them believed that blood transfusion from an infected person could transmit HIV to other. Furthermore, 87.3 percent respondents said a pregnant woman infected with HIV/AIDS could transmit the virus to her unborn child. A significantly high proportion (94.0 percent) of in-school youth was aware that by holding an infected person's hand could not transmit HIV *(Figure 4.5).*

Figure 4.5: Awareness of ways of HIV Transmission



In addition, nearly three-fourths of female respondents (72.3 percent) compared to the male (61.8 percent) believed that a woman with HIV/AIDS could transmit the virus to her new-born child through breast feeding. Overall, less than a half of both male and female in-school youths (48.4 percent) thought a person could not get HIV by abstaining from sex *(Table 4.7)*.

Table 4.7: Awareness of ways of HIV/AIDS Transmission

Statements related to HIV/AIDS	Male		Female		Total	
	N=400	%	N=400	%	N=800	%
A person can get HIV by using previously used needle by others	374	93.5	385	96.3	759	94.9
Blood transfusion from an infected person to the other transmit HIV	382	100.0	384	96.0	766	95.8
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	342	85.6	356	89.0	698	87.3
A person cannot get HIV by holding an HIV infected person's hand	381	95.3	371	92.8	752	94.0
A woman with HIV/AIDS can transmit the virus to her new-born child through breast feeding	247	61.8	289	72.3	536	67.0
A person cannot get HIV by abstain from sex	192	48.0	195	48.8	387	48.4

Awareness on ways of avoiding HIV/AIDS transmission

In-school youths were asked with some questions related to HIV/AIDS preventive measures to obtain the level of knowledge about avoiding the ways of transmission. A substantial majority (81.9 percent) of the respondents believed that condom use in every sex act was one of the safer ways to avoid transmission of the HIV/AIDS. However, this survey came up with a significantly high proportion of difference, in their belief on condom use, between male youth (90.8 percent) and female youth (73.0

percent). Similarly, little over than one-third of the youths thought by abstaining from sex (35.6 percent) could prevent HIV transmission. Likewise a similar magnitude of in-youth thought that avoiding Injection with used needles (33.6 percent) could prevent HIV transmission. Similarly another 14.6 percent and 13.9 percent of the youths thought that by avoiding casual sex and avoiding the transfusion of untested blood could prevent the transmission, respectively. Furthermore, less proportion (1.3 percent) in-school youths had no idea about the ways of avoiding HIV/AIDS transmission *(Table 4.8).*

Table 4.8: Knowledge on ways of avoiding HIV/AIDS Transmission

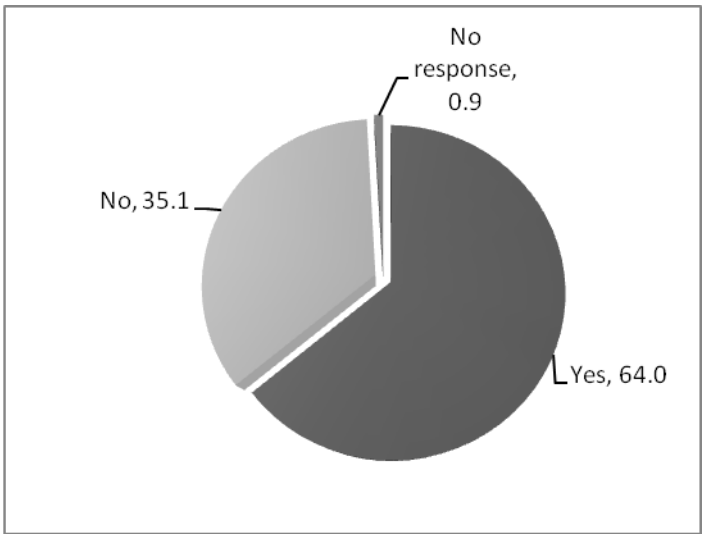
	Male		Female		Total	
Statements Related to HIV/AIDS *	**N(400)**	**%**	**N(400)**	**%**	**N(800)**	**%**
Use a condom at every sex	363	90.8	292	73.0	655	81.9
Abstain from sex	115	28.8	170	42.5	285	35.6
Avoid injection with used needles	119	29.8	150	37.5	269	33.6
Avoid sharing blade	99	24.8	98	24.5	197	24.6
No casual sex	66	16.5	51	12.8	117	14.6
Avoid blood transfusion without test	50	12.5	61	15.3	111	13.9
Avoid sex with sex	40	10.0	41	10.3	81	10.1
Have fewer partner	33	8.3	38	9.5	71	8.9
Both partners have no other partner	29	7.3	39	9.8	68	8.5
Avoid sex with infected person	14	3.5	27	6.8	41	5.1
Others	13	3.3	9	2.3	22	2.8
Don't know	5	1.3	5	1.3	10	1.3
No response	1	.3	2	.5	3	.4

* Percentage total may exceed to 100 due to multiple responses

Knowledge about HIV Testing Facility

Confidential HIV testing facilities allow people to have an HIV test without the fear of being exposed. Almost two-thirds (64.0 percent) of the respondents were aware of such testing facility in the community. More male respondents of the in-school youth category (69.0 percent), were aware of confidential HIV testing facilities in the community than female respondents of the same category (59.0 percent)*(Figure 4.6).*

Figure: 4.6 confidential HIV testing facility in the community



Furthermore, three-fourths (74.6 percent) of the youths knew about the place where they could go for a confidential HIV test *(Table 4.9).*

HIV Testing

A higher proportion of in-school male (12.0 percent) ever had an HIV test compared to the female (10.1 percent) of this category, whereas 11.1 percent of overall in-school youths ever had an HIV test. Nearly two-thirds of the respondents had received the test in the past 12 months and nearly one – sixth (15.2 percent) had received 13 months and 48 months before the survey. In addition, some of them had forgotten (9.1 percent) the timing of the last HIV test as well. Though the majority proportion of male (83.8 percent) and female (76.7 percent), who had received an HIV test in the past year, had reported that they received the test result but a notable difference of receiving the result between male and female was also revealed. Overall eight in ten youths had received their HIV test results *(Table 4.9).*

Among those who knew their own HIV test result, almost all female (95.7 percent) and eight in ten (80.0 percent) of male had shared the result with someone. An overwhelmingly significant proportion of male (91.7 percent) had shared with friends whereas less than two-thirds (63.6 percent) of female shared with friends. The proportion of female respondents (81.8 percent) sharing the test result with their family members was significantly higher than those male respondents (25.0 percent) who shared their test result to their family members. Furthermore, the proportion of male youths, who had shared the result with sex partner (16.7 percent) and health worker (12.5 percent), was notably higher than those female youths who shared their result with sex partners and health workers (4.5 percent, each) *(Table 4.9)*.

Perception on HIV/AIDS

Identical proportions of male and female respondents (82.0 percent) had shown their interest to have a confidential HIV test. Of total respondents, less than one-fourth (21.8 percent) thought that AIDS is an incurable disease and 8.8 percent had no idea at all *(Table 4.9).*

Table 4.8: Knowledge about HIV testing facilities and history of HIV test

	Male		Female		Total	
A confidential HIV testing facility is available in the community						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Yes	276	69.0*	236	59.0	512	64.0
No	117	29.3	164	41.0*	281	35.1
No response	7	1.8			7	.9
Know where to go for HIV test						
Yes	300	75.0	297	74.3	597	74.6
No	100	25.0	103	25.8	203	25.4
Ever had an HIV test						
	N=300	**%**	**N=297**	**%**	**N=597**	**%**
Yes	36	12.0	30	10.1	66	11.1
No	264	88.0	264	88.9	528	88.4
No response			3	1.0	3	.5
Timing of last HIV test						
	N=36	**%**	**N=30**	**%**	**N=66**	**%**
Within the past12months	25	69.4*	17	56.7	42	63.6
Between 13-24 months	5	13.9*	1	3.3	6	9.1
Between 25-48 months	3	8.3*	1	3.3	4	6.1
More than 48 months	2	5.6*	1	3.3	3	4.5
Don't know/remember	1	2.8	5	16.7	6	9.1
No response			5	16.7	5	7.6
Test result received						
	N=36	**%**	**N=30**	**%**	**N=66**	**%**
Yes	30	83.3	23	76.7	53	80.3
No	5	13.9	4	13.3	9	13.6
No response	1	2.8	3	10.0	4	6.1
Shared the result with someone						
	N=30	**%**	**N=23**	**%**	**N=53**	**%**
Yes	24	80.0	22	95.7	46	86.8
No	5	16.7	1	4.3	6	11.3
No response	1	3.3			1	1.9
If shared, with whom *						
	N=24	**%**	**N=22**	**%**	**N=46**	**%**
Friends	22	91.7	14	63.6	36	78.3
Family member	6	25.0	18	81.8*	24	52.2
Sex partner	4	16.7	1	4.5	5	10.9
Health worker	3	12.5	1	4.5	4	8.7
Interested in getting a confidential HIV test						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Yes	328	82.0	328	82.0	656	82.0
No	57	14.3	51	12.8	108	13.5
Don't know	8	2.0	14	3.5	22	2.8
No response	7	1.8	7	1.8	14	1.8
Believe that it is not possible to cure AIDS						

Yes	65	16.3	109	27.3*	174	21.8
No	290	72.5*	254	63.5	544	68.0
Don't know	35	8.8	35	8.8	70	8.8
No response	10	2.5	2	.5	12	1.5

* The difference is statistically significant at 0.05 level

* *Percentage total may exceed to 100 due to multiple response.

Risk Perception

Little less than a half (44.3 percent) of respondent thought that they had no risk of contracting HIV. A notable difference of the risk perception was observed between male and female as 53.0 percent of the female respondents of in-school youth category claimed that they were at no risk of contracting HIV/AIDS whereas the same holds true for 35.5 percent of the male respondents. Furthermore, in totality, almost 22 percent of the in-school youths believed that they were at small and moderate risk of contracting HIV. Likewise, a very small proportion (4.3 percent) had no idea at all about contracting risk of HIV. *Table 4.10* also presents overall 29.0 percent of the respondents' perception of high risk of HIV infection to them. Significant proportion differences between male (38.3 percent) and female (19.8 percent), who think of high risk of contracting HIV, have been found *(Table 4.10)*.

A half of male respondent (50.0 percent) and one-fourth female respondents (25.8 percent) considered themselves at high or moderate risk because they had many sex partners, followed by those respondents who did not always use condom (male-40.7 percent, female-22.7percent). Overall, 26.1 percent of the respondents had reported that their sex partner had another sex partner so that they considered themselves at high or moderate risk of contracting HIV. In addition, more than one-fourth of male (26.8 percent) believed that they were at risk due to have sex with sex- workers. Some of the male respondent (6.2 percent) and female (3.1 percent) had also reported they had used intravenous drug and considered themselves at high or moderate risk of contracting HIV *(Table 4.10)*. Little less than one-fourth (69.4 percent) of the in-school youths did not consider that they were at any risk of contracting HIV because of never had sex. Nearly one-fourth of the respondents also deemed themselves at no risk or little risk because they did not use intravenous drugs as well. Few of them (20.4 percent) had reported of using condom in each sexual act *(Table 4.10).*

Table 4.10: Risk of HIV infection as perceived by the Respondents

	Male		**Female**		**Total**	
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Risk of HIV Infection as Perceived by the Respondents						
High risk	153	38.3*	79	19.8	232	29.0
Moderate risk	41	10.3*	18	4.5	59	7.4
Small risk	40	10.0	76	19.0*	116	14.5
No risk	142	35.5	212	53.0*	354	44.3
Don't know	21	5.3	13	3.3	34	4.3
No response	3	.8	2	.5	5	.6
Reason for perceiving self at high or moderate risk of contracting HIV/AIDS *						
	N=343	**%**	**N=128**	**%**	**N=471**	**%**
Have many sex partners	97	50.0*	25	25.8	122	41.9
Do not always use condom	79	40.7*	22	22.7	101	34.7
Sex partner has other sex	55	28.4*	21	21.6	76	26.1
Have had sex with sex worker	52	26.8*	0	0	55	18.9
Have cut hair in salon	27	13.9	26	26.8	53	18.2
Have used intravenous drug	12	6.2*	3	3.1	15	5.2

Others	10	5.2	12	12.4	22	7.6
Don't know	11	5.7	19	19.6	27	9.3
Reasons for perceiving self at small or no risk of contracting HIV/AIDS *						
	N=291	**%**	**N=480**	**%**	**N=771**	**%**
Never had sex	100	54.9	226	78.5*	326	69.4
Do not use intravenous drug	39	21.4	79	27.4*	118	25.1
Never shared blade	34	18.7	62	21.5*	96	20.4
Always use condom	41	22.5*	20	6.9	61	13.0
Do not go to sex worker	23	12.6	25	8.7	48	10.2
Tested blood	18	9.9	27	9.4	45	9.6
Trust my partner	16	8.8	10	3.5	26	5.5
Have sex with non-regular	4	2.2	2	.7	6	1.3
Others	7	3.8	16	5.6	23	4.9
Don't know	4	2.2	9	3.1	13	2.8
No response	5	2.7	4	1.4	9	1.9
Consider HIV is a serious problem in the community						
	N(400)	**%**	**N(400)**	**%**	**N(800)**	**%**
Serious problem	244	61.0	284	71.0*	528	66.0
Somewhat of a problem	83	20.8*	72	18.0	155	19.4
Not a problem	53	13.3*	33	8.3	86	10.8
Don't know	16	4.0	11	2.8	27	3.4
No response	4	1.0			4	.5

*The difference is statistically significant at 0.05 level

** Percentage total may exceed to 100 due to multiple responses

Additionally, two-thirds of total in youths (66.0 percent) considered HIV was a serious problem in the community. Among them, 61.0 percent of the male respondents considered HIV as a serious problem in the community while 71.0 percent of the female respondents were found to have the same view. Only a small portion (10.8 percent) of total respondents considered that HIV was not a serious problem in the community *(Table 4.10)*.

Perception on How an HIV Positive Person can Take Care of themselves and of others

More than a half of the respondents (51.8 percent) considered that a person living with HIV should eat healthy food seconded by those respondents who recommended for medicine use (49.4 percent). Nearly four out of ten (43.8 percent), respondents further felt that people living with HIV should visit doctor and another 29.0 percent respondents considered that a person living with HIV should use condom in each sexual act. These apart, nearly and about 20.0 percent also thought that a person living with HIV should abstain from sex, avoid alcohol drink and get normal exercises *(Table 4.11)*. Furthermore the following portions of respondents had respective suggestions for the person living with HIV should not smoke (16.6 percent), keep positive attitude (17.0 percent), remain faithful to one partner (10.0 percent), do not share needle/blade (9.0 percent). Likewise, 11.9 percent of respondent did not have any idea what can a person living with HIV should do or not *(Table 4.11)*.

Table 4.11: Respondents opinion on ways in which an HIV positive person can take care of themselves and of others

Description	Male		Female		Total	
	N	**%**	**N**	**%**	**N**	**%**
What can people who have HIV/AIDS do to take care of themselves and others *						
Eat healthy food	221	55.3	193	48.3	414	51.8
Medicine use	230	57.5	165	41.3	395	49.4

Visit doctor	191	47.8	159	39.8	350	43.8
Use condom in each sex act	111	27.8	121	30.3	232	29.0
Abstain from sex	77	19.3	99	24.8	176	22.0
Not drink alcohol	78	19.5	86	21.5	164	20.5
Get normal exercise	89	22.3	72	18.0	161	20.1
Keep a positive attitude	74	18.5	62	15.5	136	17.0
Not smoke	58	14.5	75	18.8	133	16.6
Remain faithful to one partner	29	7.3	51	12.8	80	10.0
Do not share needle/Blade	34	8.5	38	9.5	72	9.0
Provide counseling/Suggestions	38	9.5	24	6.0	62	7.8
Do not donate blood	24	6.0	28	7.0	52	6.5
Keep happy/Not to lose hope	27	6.8	24	6.0	51	6.4
Live separately/Isolate	5	1.3	3	.8	8	1.0
Others	5	1.3	2	.5	7	.9
Don't know	36	9.0	59	14.8	95	11.9

* Percentage total may exceed to 100 due to multiple responses

4.3 Attitude, Belief and Practice

This section describes attitude, belief, practice and behavior related to HIV/AIDS. Stigma associate with HIV/AIDS increases the impact of HIV on the infected people.

Attitude towards HIV positive person

With regard to the ways in which the respondents react if they met a person or friend living with HIV; a significant majority of the in-school youths (82.0 percent) said that they would behave normally. In addition almost a half (48.0 percent) of the respondent said that they would give additional love to the people with HIV infection. Similarly, more than one-fourth (28.1 percent) of them would provide counseling. There are few respondents who would like to avoid sex, scare/isolate, live separately as well *(Figure 4.9).* For male and female respondent detail please see (*Figure 4.7 and Table 4.12).*

Figure 4.7: **Respondents Response to HIV Positive Person/Friend**

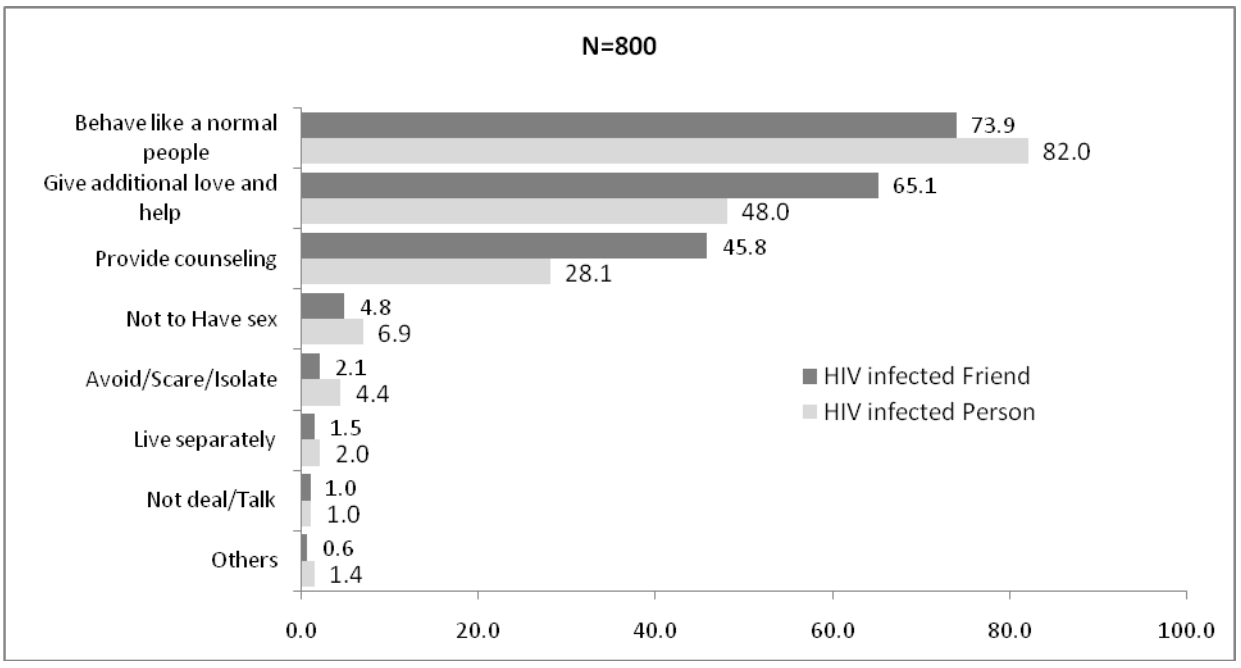


Table 4.12: Respondents Response to HIV Positive Person

	Male		Female		Total	
	N=400	**%**	**N=400**	**%**	**N=400**	**%**
Reported ways in which the respondents would react if they meet an HIV positive person *						
Behave like a normal people	323	80.8	333	83.3	656	82.0
Give additional love and help	246	61.5	138	34.5	384	48.0
Provide counseling	142	35.5	83	20.8	225	28.1
Not to Have sex	18	4.5	37	9.3	55	6.9
Avoid/Scare/Isolate	12	3.0	23	5.8	35	4.4
Live separately	11	2.8	5	1.3	16	2.0
Not deal/Talk	7	1.8	1	.3	8	1.0
Others	3	.8	8	2.0	11	1.4
No response	1	.3			1	.1
Reported ways in which the respondents would react if they found their friend to be HIV positive person *						
	N=847	**%**	**N=712**	**%**	**N=1559**	**%**
Behave like a normal people	302	75.5	289	72.3	591	73.9
Give additional love and help	296	74.0	225	56.3	521	65.1
Provide counseling	221	55.3	145	36.3	366	45.8
Not to Have sex	11	2.8	27	6.8	38	4.8
Avoid/Scare/Isolate	5	1.3	12	3.0	17	2.1
Live separately	8	2.0	4	1.0	12	1.5
Not deal/Talk	2	.5	6	1.5	8	1.0
Others	1	.3	4	1.0	5	.6
No response	1	.3			1	.1

* Percentage total may exceed to 100 due to multiple responses

Majority of the in-school youths were ready to take care of HIV positive male relative (91.5 percent) and female relative (93.1 percent) in their household, if necessary. Furthermore, more than one-half (56.0 percent) of the respondents would prefer not to talk with others and keep it confidential about, in case a family member became HIV positive. In addition, almost 83 percent of the respondents said that they would freely buy food from an HIV infected shopkeeper. Likewise, eight in ten (81.5 percent) of the respondents also believed that HIV infected teacher/colleague should be allowed to continue their job unless very sick *(Table 4.13)*.

In-school youths were also asked about their perception regarding health care needs of an HIV infected person. Little less than one-third (29.6 percent) thought that the health care needs of an HIV infected person should be the same as those that were necessary for someone having other chronic disease, whereas, almost two-thirds (65.6 percent) of them said the health care needs of an HIV infected person should be more than those that were necessary for someone with other chronic disease *(Table 4.13)*.

Table 4.13: Attitude towards an HIV Positive Person

	Male		Female		Total	
	N=400	%	N=400	%	N=800	%
Would readily take care of HIV positive male relative in the household						
Yes	372	93.0	360	90.0	732	91.5
No	11	2.8	16	4.0	27	3.4
Don't know	16	4.0	24	6.0	40	5.0
No response	1	.3			1	.1
Would readily take care of HIV positive female relative in the household						
Yes	364	91.0	381	95.3*	745	93.1
No	20	5.0*	7	1.8	27	3.4
Don't know	15	3.8	12	3.0	27	3.4
No response	1	.3			1	.1
Would prefer not to talk about a family member being HIV positive						
Yes	224	56.0	225	56.3	449	56.1
No	151	37.8	148	37.0	299	37.4
Don't know	24	6.0	27	6.8	51	6.4
No response	1	.3			1	.1
Would be ready to buy food from HIV infected shopkeeper						
Yes	338	84.5	325	81.3	663	82.9
No	42	10.5	52	13.0	94	11.8
Don't know	17	4.3	21	5.3	38	4.8
No response	3	.8	2	.5	5	.6
Believe that HIV infected teacher/colleagues should be allowed to continue working unless very sick						
Yes	327	81.8	325	81.3	652	81.5
No	53	13.3	56	14.0	109	13.6
Don't know	15	3.8	18	4.5	33	4.1
No response	5	1.3	1	.3	6	.8
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	132	33.0*	105	26.3	237	29.6
More	240	60.0	285	71.3*	525	65.6
Less	6	1.5*	1	.3	7	.9
Don't know	10	2.5	9	2.3	19	2.4
No response	12	3.0			12	1.5

* The difference is statistically significant at 0.05 level

Response to HIV Positive People by HIV/AIDS Awareness Level

Further analysis was done to find out attitudes of those respondents with comprehensive knowledge of HIV transmission. Comprehensive knowledge is here measured using the five core indicators (BCDEF) related to HIV transmission; entailing both factual information and misconception. Out of the total 800 in-school youths, 233 respondents had comprehensive knowledge of HIV transmission. Among 233 respondents belonging to different backgrounds who knew all the five core indicators, an overwhelmingly portion (93.5 percent) of them reported to have behaved HIV infected persons like a normal person when meeting such a person. 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/friend

	What will you do if you met a HIV positive person	What will you do if your friend to be HIV positive	N
	Positive attitude	*Positive attitude*	
Age group			
15-19 years	93.0	94.7	123
20 - 24 years	93.9	95.7	110
Sex of respondent			
Male	96.6	97.3	109
Female	90.4	93.1	124
Education			
Secondary/Higher secondary	94.1	95.4	141
College/Institute	92.9	95.0	92
Total:	**93.5**	**95.2**	**233**

Similarly, attitudes of the respondents with comprehensive knowledge composing all major five indicators were further analyzed to gain further insights towards HIV infected persons. For this purpose, a composite scale consisting of four parameters; namely: a)taking care of an HIV positive male/female relative at home, b) talk about family member being HIV positive with others) buy food from HIV positive vendors including; and d) whether an HIV positive person should be allowed to continue the job, were included. Out of 233 respondent with comprehensive knowledge, almost one-fourth (24.9 percent) reported they would have responded positively to HIV infected persons. This finding clearly indicates towards the existence of a gap between knowledge and behavior of the respondents *(Table 4.15)*.

Table 4.15: Reported responses of respondents with comprehensive knowledge of HIV transmission to an HIV positive person

	Attitude towards HIV positive person		
	Positive response	Negative response	N
	%	%	
Age group			
15-19 years	26.8	73.2	123
20 - 24 years	22.7	77.3	110
Sex of respondent			
Male	28.4	71.6	109
Female	21.8	78.2	124
Education			
Secondary/Higher secondary	27.0	73.0	141
College/Institute	21.7	78.3	92
Total:	**24.9**	**75.1**	**233**

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. Hence the respondents were asked whether they have discussed HIV/AIDs in the past month. A little more than one-third (34.9 percent) of them had discussed about HIV/AIDS in the past month. Among them, nearly three-fourths (71.3 percent) of the respondent had discussed with their friends, about one-third (34.1 percent) with teachers. Furthermore, 10.8 percent discussed with family and 8.2 percent with health worker *(Figure 4.8)*. For detail of Male and Female see Table 4.16.

Figure 4.8: Discussed about HIV/AIDS in the past month and discusses with…

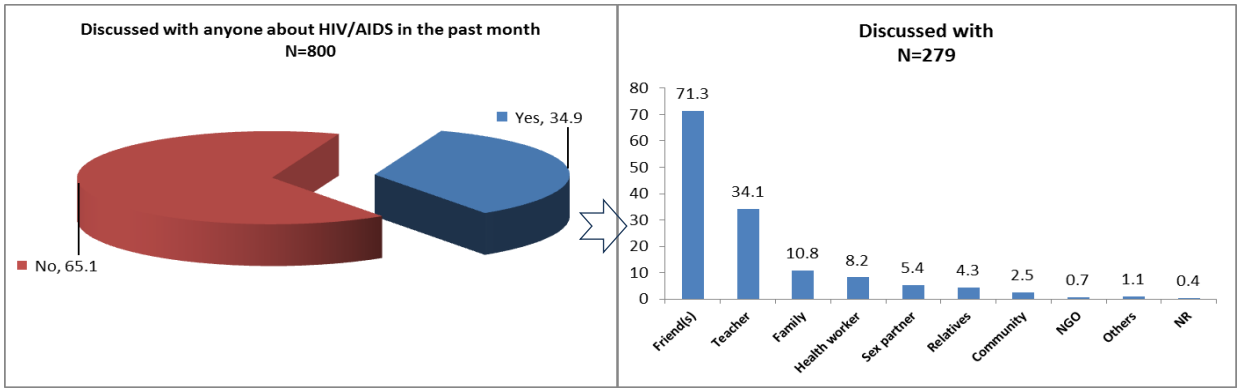


Table 4.16: Discussed about HIV/AIDS in the past month

	Male		Female		Total	
Discussed with anyone about HIV/AIDS in the past month						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Yes	137	34.3	142	35.5	279	34.9
No	263	65.8	258	64.5	521	65.1
Discussed about HIV/AIDS in the past month with *						
	N=137	**%**	**N=142**	**%**	**N=279**	**%**
Friend(s)	103	75.2	96	67.6	199	71.3
Teacher	43	31.4	52	36.6	95	34.1
Family	10	7.3	20	14.1	30	10.8
Health worker	15	10.9	8	5.6	23	8.2
Sex partner	12	8.8	3	2.1	15	5.4
Relatives	6	4.4	6	4.2	12	4.3
Community	3	2.2	4	2.8	7	2.5
Others	3	2.2			3	1.1
NGO	1	.7	1	.7	2	.7
No response			1	.7	1	.4

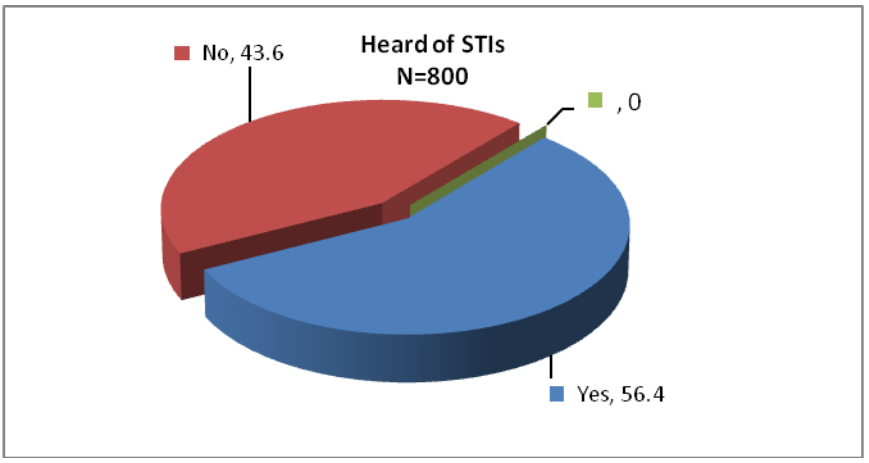
* Percentage total may exceed to 100 due to multiple responses

4.4 Sexually Transmitted Infection

Knowledge of Sexually Transmitted Infection (STI)

This section presents the knowledge of in-school youths regarding STIs. Respondents' awareness of male and female STI has been measured in this section. Furthermore, this section also includes the information about respondents' personal experience of STI symptoms in the past year as well as whether they had sought treatment or not.

Figure 4.9: Ever heard of STIs



Overall, more than a half (56.4 percent) of the respondents had ever heard of STI (Figure 4.9).

While comparing, proportion of male (62.3 percent) is higher than female (50.5 percent), who were aware of STI. Of the respondents, who had heard of STIs, majority of them were aware of Gonorrhea (88.2 percent) followed by Syphilis (51.9 percent) *(Table 4.17).*

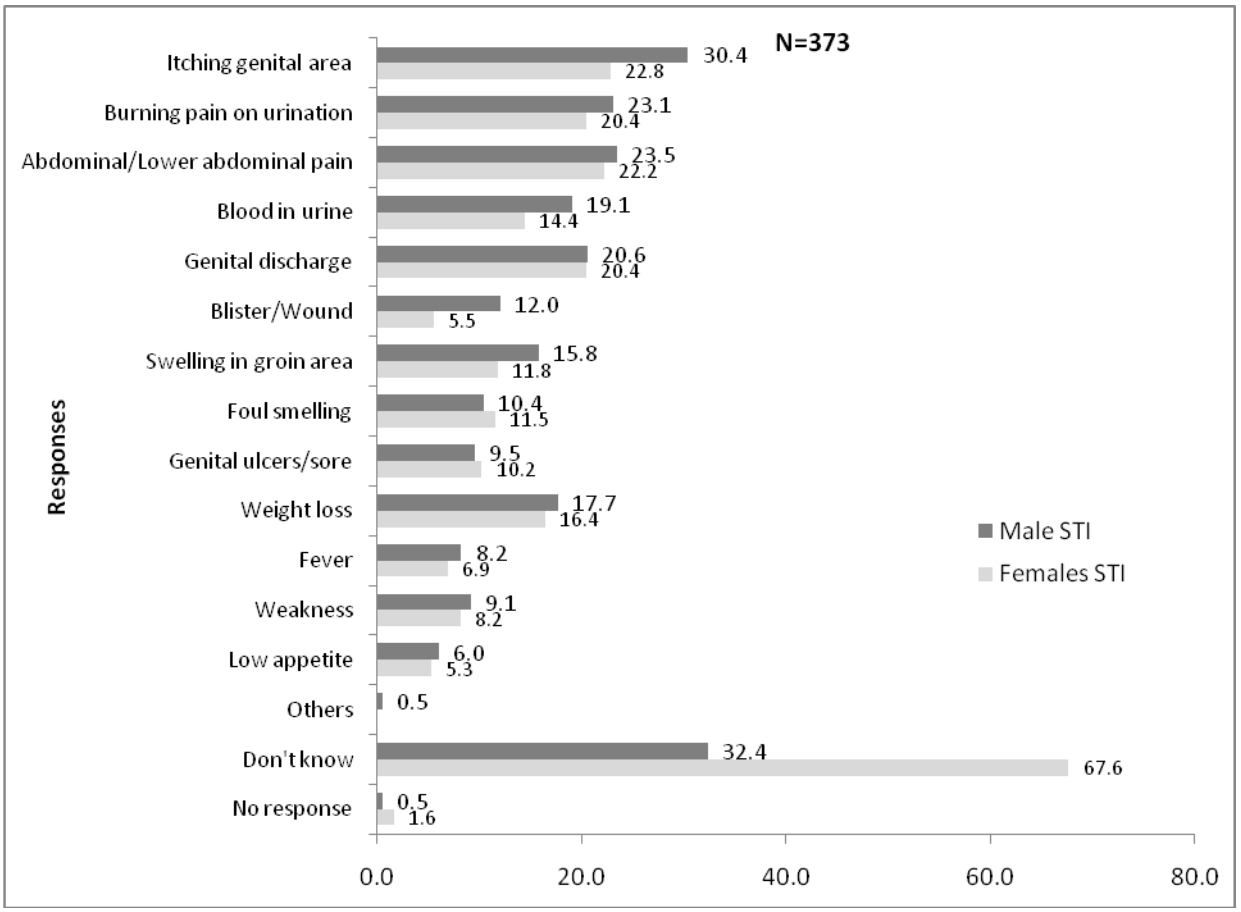
Table 4.17: Heard of STI and types of STI heard

Heard of STIs	**Male**		**Female**		**Total**	
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Yes	249	62.3*	202	50.5	451	56.4
No	151	37.8	198	49.5*	349	43.6
	N=249	**%**	**N=202**	%	**N=451**	**%**
Types of STIs heard*						
Gonorrhea	227	91.2*	171	84.7	398	88.2
Syphilis	136	54.6	98	48.5	234	51.9
Genital Herpes	39	15.7	30	14.9	69	15.3
Chlamydia	32	12.9*	10	5.0	42	9.3
Others	1	.4	3	1.5	4	.9
Don't know	21	8.4	22	10.9	43	9.5
No response			1	.5	1	.2

** Percentage total may exceed to 100 due to multiple responses
* The difference is statistically significant at 0.05 levels.

Concerning a general understanding of male and female STIs symptoms some question had been asked to the respondents. Most common symptoms of male and female STI reported by the youths were itching genital area (22.8 percent in female and 30.4 percent in male) and abdominal pain (22.2 percent in female and 23.5 percent in male). Likewise, burning pain on urination (20.4 percent in female and 23.1 percent in male) and genital discharge were also notably reported as STI symptoms. Overall, almost two-fifths (38.8 percent) of the in-school youths had said that they had no idea about female STI symptoms *(Figure 4.10)*.

Figure 4.10: Symptoms of Male/Female STI as understood by the respondent



A notable proportion of male respondent (47.8 percent) said that they had no idea about female STI symptoms whereas higher than a quarter (27.7 percent) of female respondent reported the same. Regarding male STI symptoms, more than one-fourth (27.7 percent) of male youth and almost one-third (32.7 percent) of female respondent had no idea at all *(Table 4.18).*

Table 4.18: Symptoms STI as understood by the respondent

	Male		Female		Total	
	N=249	%	N=202	%	N=451	%
Females STIs **						
Itching genital area	58	23.3	45	22.3	103	22.8
Lower abdominal pain	30	12.0	70	34.7	100	22.2
Genital discharge	44	17.7	48	23.8	92	20.4
Burning pain on urination	44	17.7	48	23.8	92	20.4
Weight loss	21	8.4	53	26.2	74	16.4
Blood in urine	31	12.4	34	16.8	65	14.4
Swelling in groin area	25	10.0	28	13.9	53	11.8
Foul smelling	22	8.8	30	14.9	52	11.5
Genital ulcers/sore	22	8.8	24	11.9	46	10.2
Weakness	14	5.6	23	11.4	37	8.2
Fever	14	5.6	17	8.4	31	6.9

Blister/Wound	23	9.2	2	1.0	25	5.5
Low appetite	8	3.2	16	7.9	24	5.3
Others	1	.4	8	4.0	9	2.0
Don't know	119	47.8	56	27.7	175	38.8
No response	2	.8	2	1.0	4	.9
Male STIs *						
Itching genital area	95	38.2	42	20.8	137	30.4
Abdominal pain	42	16.9	64	31.7	106	23.5
Burning pain on urination	57	22.9	47	23.3	104	23.1
Genital discharge	58	23.3	35	17.3	93	20.6
Blood in urine	57	22.9	29	14.4	86	19.1
Weight loss	31	12.4	49	24.3	80	17.7
Swelling in groin area	41	16.5	30	14.9	71	15.7
Blister/Wound	50	20.1	4	2.0	54	12.0
Foul smelling	22	8.8	25	12.4	47	10.4
Genital ulcers/sore	21	8.4	22	10.9	43	9.5
Weakness	13	5.2	28	13.9	41	9.1
Fever	20	8.0	17	8.4	37	8.2
Low appetite	9	3.6	18	8.9	27	6.0
Others	1	.4	4	2.0	5	1.1
Don't know	69	27.7	66	32.7	135	29.9
No response			3	1.5	3	.7

* Percentage total may exceed to 100 due to multiple responses

STI Symptoms Experienced and Treatment Sought

In-school youths were asked if they had experienced STI symptoms in the past one year. Out of 249, who had ever heard of STIs, only six males and two females said that they had experienced at least one STI symptoms in the past year. More male respondent had STIs symptoms (2.4 percent) compared to female (1.0 percent). Overall, eight (1.8 percent) had experienced such symptoms in the past one year.

Among those, who had STI in the past year, two-thirds (66.7 percent, n=4) of male and none of the female respondents among eight reported that they had sought treatment. Three-fourths (75.0 percent, n=3) of the male respondents had been to government hospital/post for treatment. Similarly, out of those respondents who went for STI treatment, a half (50.0 percent, n=1) had also got their partners treated *(Table 4.19).*

Table 4.19: STI symptoms experienced and treatment sought

	Male		**Female**		**Total**	
Had an STI in the past year						
	N=249	**%**	**N=202**	**%**	**N=451**	**%**
Yes	6	2.4	2	1.0	8	1.8
No	236	94.8	194	96.0	430	95.3
Don't know	4	1.6	4	2.0	8	1.8
No response	3	1.2	2	1.0	5	1.1
Sought treatment						
	N=6	**%**	**N=2**	**%**	**N=8**	%
Yes	4	66.7			4	50.0
No	2	33.3	2	100.0	4	50.0

Source of treatment						
	N=4	**%**			**N=4**	%
Govt. hospital/clinic	3	75.0			3	75.0
No response	1	25.0			1	25.0
	N=4	**%**			**N=4**	**%**
Treatment obtained by sexual partner (partners treatment)						
Yes	2	50.0			2	50.0
No	1	25.0			1	25.0
Don't know	1	25.0			1	25.0

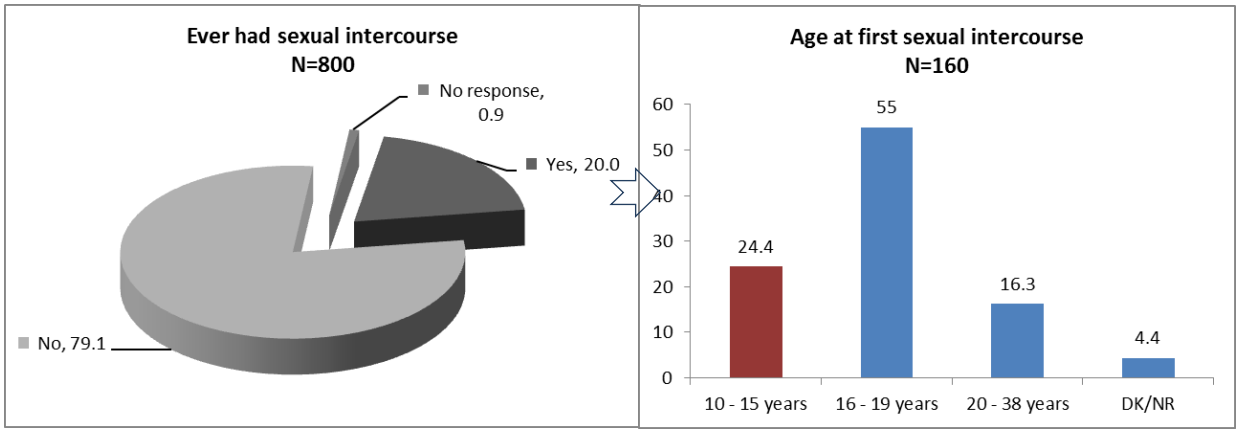
4.5 Sexual Behavior and Condom Using Practice

HIV transmission is often related with an unprotected sexual behavior. HIV infected people further transmit the virus to their spouses or sex partners through unsafe sexual contact. The sexual behaviors 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

Overall, one-fifth of the respondent (20.0 percent) said that they ever had sexual intercourse before the survey. Among them nearly one-fourth (24.4 percent) of the in-school youths reported they had experienced their first sexual intercourse between age 10 to 15 years *(Figure 4.11)*

Figure 4.11: Ever had sexual intercourse and age at first sexual intercourse



The survey finding also shows that, more than one-third (35.5 percent) of male youths had sexual experience, compared to female youths (4.5 percent) before the survey. Likewise, more than a half (50.0 percent) of male and less than a quarter (22.2 percent) of female respondents, who were currently studying in Secondary/higher secondary level, ever had sex before the survey. In addition, a higher proportion, more than three-quarters (77.8 percent) of college/institute female ever had sex compared to male (47.9 percent). Overall a little less than a half (48.8 percent) of the Secondary/higher-secondary level youths and slightly above than a half (51.2 percent) of the College/institute youths ever had experienced of sexual intercourse before the survey *(Table 4.20)*.

Among the 633 respondents (almost 80.0 percent) who never had sex before; were asked the reason for not having sexual intercourse. Of total respondents, who never had sex before, almost a half (47.5 percent) said that they were too young to have sex followed by a nearly one-third (32.3 percent)

reported that they didn't feel ready to have sex. Similarly, about a quarter (24.1) of them reported that they were not interested whereas, a little than one-fourth (22.0 percent) think that sex before marriage is wrong. A significant proportion difference between male (7.8 percent) and female (31.7), who think that sex before marriage is wrong, has been revealed in this study. Likewise some youths reported that they did not have sex because they were afraid of getting pregnant (16.7 percent). Furthermore, almost a quarter had reported that they were not interested in sex (24.1 percent) as well. It was also found that some fewer respondents (10.5 percent) said that they avoided sex because they were afraid of getting HIV/AIDS or STI *(Table 4.20).*

Concerning the age of first sexual intercourse, almost a quarter (24.4 percent) of them had first sex before they turned 16 years and another more than a half (55.0 percent) had their first sex before they touched 20 years. A notable higher proportion of male youths (26.1 percent) than female youths (11.1 percent) had their first sex before 16 years. Likewise, similar picture has been seen in sex below 20 years; almost three-fifths (58.5 percent) of male and a little higher than a quarter (27.8 percent) of female had their first sex below 20 years of age. Overall, median age of first sex was 17 years; whereas median age of male was 17 and female was 20 years *(Table 4.20)*.

Among those who ever had sex, almost 6 in ten had sex in the past year. Of total, who had sex in the past year, almost one-third (32.5) male had single partner and more than two-thirds (67.5 percent) had multiple partners. Unlike male respondent, female youths had almost two-thirds (63.6 percent) had single and a little higher than one-third (36.4 percent) had multiple partners in the past year *(Figure 4.12). For detail of Male and Female respondents see Table 4.20.*

Figure 4.12: Sexual intercourse in the past 12 months and number of sexual partner

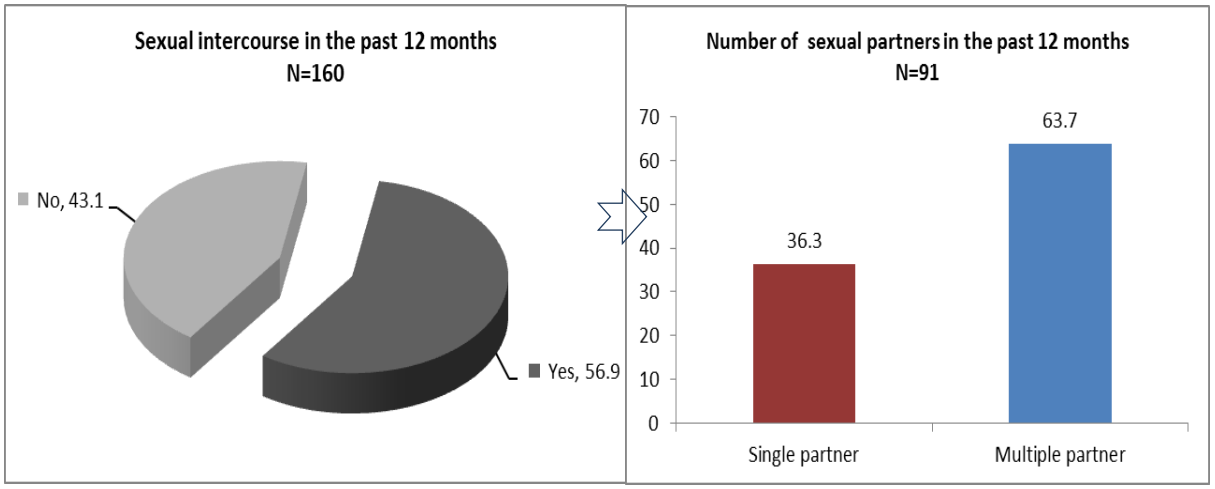


Table 4.20: Sexual behavior

	Male		Female		Total	
Ever had sexual intercourse						
	N(400)	**%**	**N(400)**	**%**	**N(800)**	**%**
Yes	142	35.5*	18	4.5	160	20.0
No	255	63.8	378	94.5*	633	79.1
No response	3	.8	4	1.0	7	.9
Educational status (Those who had ever sexual intercourse)						
	N=142	**%**	**N=18**	**%**	**N=160**	**%**
Secondary/Higher secondary	74	52.1*	4	22.2	78	48.8
College/Institute	68	47.9	14	77.8*	82	51.2

Reason for not having sexual intercourse*						
	N(258)	**%**	**N(382)**	**%**	**N(640)**	**%**
I am/feel too young	94	36.4	210	55.0	304	47.5
Don't feel ready to have sex	55	21.3	152	39.8	207	32.3
Not interested	84	32.6	70	18.3	154	24.1
Sex before marriage is wrong	20	7.8	121	31.7	141	22.0
Afraid of getting pregnant	39	15.1	68	17.8	107	16.7
Afraid of getting HIV/AIDS or STI	25	9.7	42	11.0	67	10.5
Have not had the chance	42	16.3	3	.8	45	7.0
Feel shy	22	8.5	4	1.0	26	4.1
Because of Monk/Religious	1	.4	1	.3	2	.3
Others	2	.8	1	.3	3	.5
Don't know	1	.4	5	1.3	6	.9
No response	4	1.6	7	1.8	11	1.7
Age at first sexual intercourse						
	N(142)	**%**	**N(18)**	**%**	**N(160)**	**%**
10 - 15 years	37	26.1*	2	11.1	39	24.4
16 - 19 years	83	58.5*	5	27.8	88	55.0
20 - 24 years	15	10.6	11	61.1*	26	16.3
Didn't remember	7	4.9			7	4.4
Median age	**17**		**20**		**17**	
Mean age/Std. Deviation	**16.88/2.4**		**19.33/3.4**		**17.17/2.6**	
Sexual intercourse in the past 12 months						
Yes	80	56.3	11	61.1	91	56.9
No	62	43.7	7	38.9	69	43.1
Number of different sexual partners in the past 12 months						
	N(80)	**%**	**N(11)**	**%**	**N(91)**	**%**
Single partner	26	32.5	7	63.6	33	36.3
Multiple partner	54	67.5	4	36.4	58	63.7

**Percentage total may exceed to 100 due to multiple responses

* The difference is statistically significant at 0.05 levels.

Type of Sex Partners

The sex partners of the study population have been categorized as regular partners, non-regular partners and female sex workers. In this study, a regular partner is defined as the spouse or any sexual partner living together with the respondent. Similarly, non-regular partner is defined as those with whom the participants are not married or living together but being distinct and separate from sex workers. Likewise, sex workers are defined as those who sell sex in exchange for cash or kind.

Among those youths, who had sexual contact in the past twelve months, nearly one-third (31.8 percent) had sex with their regular partner. This survey also shows that one-fourth (25.0 percent) of male had had sex with regular partner whereas, more than four-fifths (81.8 percent) of female had had sex with their regular partner. While asking about the casual sex, almost two-fifths (39.6 percent) of the respondents said that they had had sex with non-regular sex partners. Less than a half of male respondents (41.2 percent) had had sex with non-regular sex partners while only (27.3 percent) female respondents had had sex with non-regular sex partners. In addition, four out of eighty (5. 0 percent, n=4) of the male youths had had sex with sex-workers in the past one year as well. Regarding to male have sex with male r (applicable to male respondents to only), cent percent of the male respondent s had had no anal sex with male partner. A significant majority of the male respondents (78.2 percent) said that their last sex partner was other female partner followed by regular partner

(17.6 percent). Similarly, a little above than two –thirds (66.6 percent) female respondents had has their last sex with regular partner, while some of female (5.6 percent) said that they had had their last sex with male friends *(Table 4.21).*

Table 4.21: Types of sex partners in the last 12 months and sexual practice

	Male		Female		Total	
Had sex with regular partner						
	N=80	**%**	**N=11**	**%**	**N=91**	**%**
Yes	20	25.0	9	81.8*	29	31.8
No	33	41.3*	2	18.2	35	38.5
Unmarried or no live in partner	27	33.7			27	29.7
Had sex with non-regular sex partner						
Yes	33	41.2	3	27.3	36	39.6
No	47	58.8	8	72.7	55	60.4
Had sex with sex worker						
Yes	4	5.0	0	0	4	4.4
No	76	95.0	11	100.0	87	95.6
Had anal sex with male sex partner **						
	N=20	**%**	NA	NA	**N=20**	%
Yes	0	0.0	NA	NA	0	0.0
No	20	100.0	NA	NA	20	100.0
Last sex partner						
	N=142	**%**	**N=18**	**%**	**N=160**	**%**
Other female friend	111	78.2*	0	0	111	69.4
Regular partner (spouse or live in sexual partner)	25	17.6	12	66.6*	37	23.1
Male friend	0	0	3	16.7	3	1.9
No response	6	4.2	3	16.7	9	5.6

** Asked only to male respondents

* The difference is statistically significant at 0.05 levels.

Knowledge and Use of Condom

Condom promotion has been one of the important components of HIV/AIDS awareness campaigns. Almost all in-school youths (99.1 percent) had heard about condom before this survey. Of the total respondents, nine out ten (91.8 percent) of them think that condom prevents people from HIV/AIDS while 81.2 percent of them believe that condom as a means of prevention of pregnancy as well as use as a contraceptive method. Likewise, a little less than a half (45.1 percent) of the youths thinks condoms as a means of prevention of sexually transmitted infections *(Table 4.22)*.

Almost three-fourths (73.3 percent) of the in-school youths think that condoms are safe in contrary a little less than one-fifth (18.4 percent) considered that using condom not safe. Condoms were regarded unsafe by these respondents because they could break easily (84.9 percent) and they could not protect against diseases (8.2 percent) *(Table 4.22).*

Table 4.22: Knowledge about condom

	Male		Female		Total	
Heard of condom						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**

Yes	395	98.8	398	99.5	793	99.1
No	1	.3	1	.3	2	.3
No response	4	1.0	1	.3	5	.6
Condoms are used to *						
	N=395	**%**	**N=398**	**%**	**N=793**	**%**
Prevent HIV/AIDS	372	94.2	356	89.4	728	91.8
Prevent pregnancy/Used as a contraception	316	80.0	328	82.4	644	81.2
Prevent STI	180	45.6	178	44.7	358	45.1
Others	2	.5	1	.3	3	.4
Don't know	1	.3	1	.3	2	.3
No response			2	.5	2	.3
Thinks condom are safe						
	N=395	**%**	**N=398**	**%**	**N=793**	**%**
Yes	278	70.4	303	76.1*	581	73.3
No	89	22.5*	57	14.3	146	18.4
Don't know	26	6.6	34	8.5	60	7.6
No response	2	.5	4	1.0	6	.8
Reasons why condoms are considered unsafe						
	N=89	**%**	**N=57**	**%**	**N=146**	**%**
Break easily	77	86.5	47	82.5	124	84.9
Do not protect against diseases	7	7.9	5	8.8	12	8.2
Others	4	4.5	1	1.8	5	3.4
Don't know	1	1.1	3	5.3	4	2.7
No response			1	1.8	1	.7

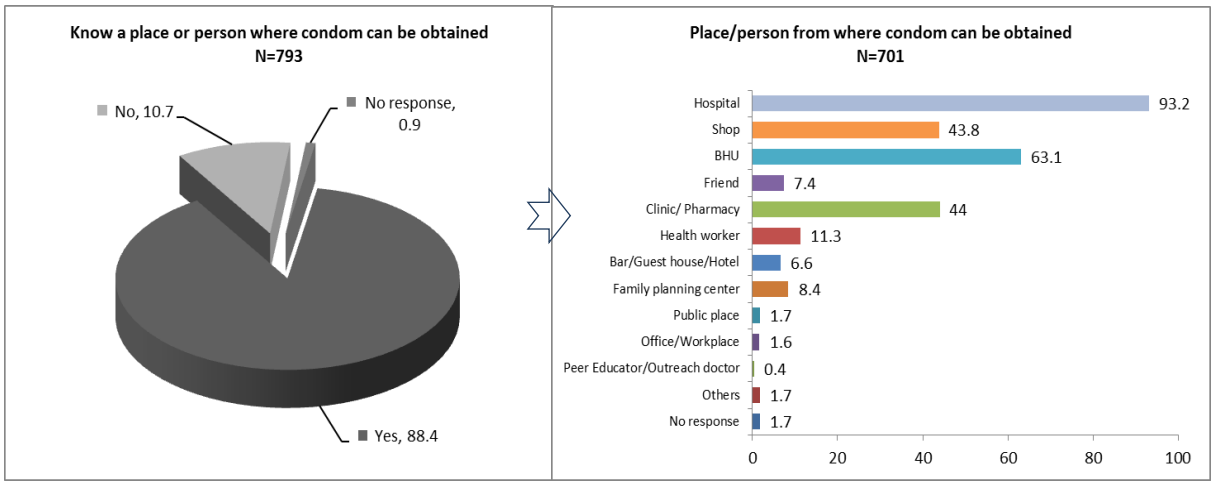
** Percentage total may exceed to 100 due to multiple responses

* The difference is statistically significant at 0.05 levels

Knowledge about Condom Available Places

Majority of the respondents (88.4 percent) said that they knew at least one place or a person where condom could be obtained. Nine in ten (93.2 percent) of them said that condom could be obtained from hospitals, followed by nearly two-thirds(63.0 percent) who reported that that condom could obtained from BHUs and another 43.8 percent had mentioned it could be obtained from shops. Likewise, a little less than a half (44.0 percent) of them said condom could be obtained from pharmacy/clinics. Furthermore, some respondents had mentioned that it could obtain from health workers (11.3 percent), Family planning centers (8.4 percent) as well as friend (8.4 percent) and bars/guesthouses/hotels (6.6 percent). A less than a half percent (0.4 percent) mentioned that condom could be obtained from peer educators/outreach workers. Additionally, about one-third (33.3 percent) of in-school youths had received condom free of cost in the past year*(Figure 4.13)*.

Figure 4.13: Know place or person where condom can be obtained



A notably higher proportion of male respondents had received condom free of cost (56.5 percent) in comparison to that of female respondents (10.3 percent) who received condoms for free (Table 4.23).

Table 4.23: Known places for obtaining condoms

	Male		Female		Total	
Know a place or person where condom can be obtained						
	N=395	**%**	**N=398**	**%**	**N=793**	**%**
Yes	376	95.2*	325	81.7	701	88.4
No	18	4.6	67	16.8*	85	10.7
No response	1	.3	6	1.5	7	.9
Place/person from where condom can be obtained *						
	N=376	**%**	**N=325**	**%**	**N=701**	**%**
Hospital	358	95.2*	295	90.8	653	93.2
BHU	239	63.6*	203	62.5	442	63.1
Shop	212	56.4*	95	29.2	307	43.8
Pharmacy/clinic	162	43.1*	146	44.9	308	44.0
Health worker	45	12.0	34	10.5	79	11.3
Family planning center	22	5.9	37	11.4	59	8.4
Friend	45	12.0*	7	2.2	52	7.4
Bar/Guest house/Hotel	42	11.2*	4	1.2	46	6.6
Public place	3	.8	9	2.8	12	1.7
Office/Workplace	5	1.3	6	1.8	11	1.6
Peer Educator/Outreach worker	2	.5	1	.3	3	.4
Others	11	2.9	1	.3	12	1.7
No response	4	1.1	8	2.5	12	1.7
Received condoms free of cost in the past 12 months						
	N=395	**%**	**N=398**	**%**	**N=793**	**%**
Yes	223	56.5*	41	10.3	264	33.3

No	169	42.8	346	86.9*	515	64.9
No response	3	.8	11	2.8	14	1.8

** Percentage total may exceed to 100 due to multiple responses

* The difference is statistically significant at 0.05 levels

Source of Information about Condoms

The in-school youths were asked how they learn about condom. They had heard about it from various sources. The most common source of information for almost all (97.2 percent) was television followed by teachers (89.5 percent). Similarly, another common information sources were revealed as friends/peers (87.0 percent) and newspaper/magazine (86.9 percent). Furthermore 86.0 percent claimed that their source of information was health worker/volunteer, followed by 73.9 percent who reported that bill board/posters, pamphlets/posters (72.6 percent) and work place (60.1 percent). This survey showed that radio as a media source as a little higher than a half of the respondents had mentioned radio (58.3 percent). Respondents had got information about condom from various sources including community event/training (47.0 percent) and people from NGO (33.3 percent) *(Table 4.24).*

Table 4.24: Sources of Information about condom

	Male		Female		Total	
	N	%	N	%	N	%
Sources of Information about condom *						
Television	379	96.2	391	98.2	770	97.2
Teachers	330	83.8	379	95.2*	709	89.5
Friends/Peers	359	91.1*	330	82.9	689	87.0
Newspapers/Magazines	311	78.9	377	94.7*	688	86.9
Health Worker/Volunteer	332	84.3	349	87.7	681	86.0
Bill Board/Sign board	286	72.6	299	75.1	585	73.9
Pamphlets/Posters	251	63.7	324	81.4*	575	72.6
Work place	193	49	283	71.1*	476	60.1
Radio	191	48.5	271	68.1*	462	58.3
Relatives	199	50.5	263	66.1*	462	58.3
Community Event/Training	156	39.6	216	54.3*	372	47.0
Cinema Hall	160	40.6	187	47	347	43.8
People from NGO	119	30.2	145	36.4	264	33.3
Others	32	8.1	13	3.3	45	5.7

** Percentage total may exceed to 100 due to multiple responses

* The difference is statistically significant at 0.05 levels.

Use of Condoms with Different Sex Partners

One of the main causes of HIV and STI transmission is unprotected sex as this may transmit such infections from one sex partner to another. In this backdrop, in-school youths were asked about the condom using practice with different types of sex partners and reason of not using condom, if any. This information helps program designers to address the target population with appropriate message.

Condom Use with Regular Sex Partner

Of total, who had sexual contact with regular partners in the past year (N=29), almost all (96.6 percent, n=28) had used condom with regular partners during the last sexual intercourse. One (5.0 percent) male respondent was found that he hadn't used condom in the last sexual intercourse with

the regular partner. The reported reason of not using condom was an objection from his partner. Likewise, majority of the in-school youths (96.4 percent) reported that they had used condom with regular partners in the last sexual intercourse to avoid pregnancy. The reason for condom use was HIV prevention for a half of respondents, while nearly another (46.4 percent) had used condom for the purpose of STI prevention. Furthermore, less than a half (41.4 percent) of the respondent had used condom consistently with regular sex partners in the past twelve months *(Table 4.25).*

Table 4.25: Use of condoms with regular partner

	Male		Female		Total	
Used condom with regular partner during last sexual intercourse						
	N=20	**%**	**N=9**	**%**	**N=29**	**%**
Yes	19	95.0	9	100.0	28	96.6
No	1	5.0			1	3.4
Reason for not using condom with regular partners during last sexual intercourse						
	N=1	**%**			**N=1**	**%**
Partner objected	1	100.0			1	100.0
Reasons for using condom with regular partner during last sexual intercourse *						
	N=19	**%**	**N=9**	**%**	**N=28**	**%**
Pregnancy prevention	18	94.7	9	100.0	27	96.4
HIV/AIDS prevention	12	63.2	2	22.2	14	50.0
STI prevention	11	57.9	2	22.2	13	46.4
Used condom with regular sex partner in the past 12 months						
	N=20	**%**	**N=9**	**%**	**N=29**	**%**
Every times	10	50.0	2	22.2	12	41.4
Almost every-times	4	20.0	3	33.3	7	24.1
Sometimes	5	25.0	4	44.4	9	31.0
Never used	1	5.0			1	3.4

** Percentage total may exceed to 100 due to multiple responses

* The difference is statistically significant at 0.05 level

Condom Use with Female Sex Worker

All the male respondents (4 out of 91), who had sexual contact with female sex workers in the past twelve months, had used condom during last sex. In addition, all four respondents had consistently used condom in the past year as well *(Table 4.26)*.

Table 4.26: Use of condoms with sex worker

		Male		Total	
Use of condom		**N=4**	**%**	**N=4**	**%**
Used condom with sex worker during last sexual intercourse	Yes	4	100.0	4	100.0
Used condom with sex worker partner in the past 12 months	Every times	4	100.0	4	100.0
* The difference is statistically significant at 0.05 level					

Condom Use with Non-regular Sex Partner

Among the respondents who had sex with casual sex partners in the past year, almost nine in ten (88.9 percent) had reported that they had used condom during last sexual intercourse with non-

regular partner. Those who reported of not used condom (n=4), all male, were asked the reason. Among those four respondents two (50.0 percent) had reported that the condom was not available and another two (50.0 percent) of them reported that the reason of not using condom was rejection from the partner. Of total respondents who had sex with non-regular partners in the past year (n=36), overall more than a half (58.3 percent) of them had used condom consistently. The proportion of consistent condom using practice among female (66.7 percent, n=2) was higher than the male (57.6 percent), with non-regular partners during last sex in the past year *(Table 4.27).*

Table 4.27: Use of condoms with non-regular partner

Use of condom	**Male**		**Female**		**Total**	
Used condom with non-regular partner during last sexual intercourse						
	N=33	**%**	**N=3**	**%**	**N=36**	**%**
Yes	29	87.9	3	100.0	32	88.9
No	4	12.1			4	11.1
Reason for not using condom with non-regular partner during last sexual intercourse						
	N=4	**%**			**N=4**	**%**
Not available	2	50.0			2	50.0
Partner objected	2	50.0			2	50.0
Used condom with non-regular partner in the past 12 months						
	N=33	**%**	**N=3**	**%**	**N=36**	**%**
Every times	19	57.6	2	66.7	21	58.3
Almost every-times	6	18.2			6	16.7
Sometimes	6	18.2	1	33.3	7	19.4
Never used	2	6.1			2	5.6

Condom Use in Last Sexual Contact

Table 4.28 reflects the condom using practice by the respondents with their last sexual partners. Less than ten percent (8.8 percent) of them, all males, did not use a condom with last sexual partners in the past year. Similarly, almost one-fifth (19.4 percent) of the respondent didn't use condom during last sexual act, In addition, among those who had multiple sex partners in the last twelve month, were asked about their condom using practice. Among them, who had multiple sex partners, seven out of fifty-four (13.0 percent) male respondents didn't use condom in the past year *(Table 4.28)*.

Table 4.28: Use of condoms with different sexual partners

	Male		**Female**		**Total**	
Used condom with sexual partner during last intercourse within the past 12 months						
	N=80	**%**	**N=11**	**%**	**N=91**	**%**
Yes	72	90.0	11	100.0	83	91.2
No	8	10.0	-	-	8	8.8
Used condom with sexual partner during last sexual act (till survey date)						
	N=142	**%**	**N=18**	**%**	**N=160**	**%**
Yes	116	81.7	13	72.2	129	80.6
No	26	18.3	5	27.8	31	19.4
Used condom in the last sex by the respondent who have had multiple sex partners in the last 12 months						
	N=54	**%**	**N=4**	**%**	**N=58**	**%**

Yes	47	87.0	4	100.0	51	87.9
No	7	13.0			7	12.1

Condom Use by Selected Background Characteristics

Use of condom in the last sexual intercourse has been analyzed according to different background characteristics of the respondents. Use of condom in the last sex with different types of sex partners was found high among 15 to 19 years youths. Cent percent of them were found of using condom with all types of sex partners when they ever had sex in the past year. Likewise, condom using practice among female in-school was also found high (100.0 percent) with both regular and non-regular partners. Regarding the same practice according to educational level, condom using practice among secondary/higher secondary level students was higher with regular partners (100.0 percent) compared to college/institute students (94.7 percent) *(Table 4.29).*

Table 4.29: Use of condom in the last sex with different partners by background characteristics of respondents

	Used condom with regular partner during last sexual intercourse		**Used condom with non-regular partner during last sexual intercourse**		**Used condom with sex worker during last sexual intercourse**	
	N=28	**%**	**N=32**	**%**	**N=4**	**%**
Age group						
15-19 years	5	100.0	10	100.0		
20 - 24 years	23	95.8	22	84.6	4	100.0
Sex of respondent						
Male	19	95.0	29	87.9	4	100.0
Female	9	100.0	3	100.0	NA	NA
Education						
Secondary/Higher secondary	10	100.0	13	86.7	1	100.0
College/Institute	18	94.7	19	90.5	3	100.0
Total	**28**	**96.6**	**32**	**88.9**	**4**	**100.0**

Consistent condom use with different types of sex partners in the past 12 months has been analyzed in this part. Consistent condom use in the past year is higher with sex worker (100.0 percent) compared to regular and non-regular partners. Similarly, nearly three-fifth (58.3 percent) of the respondent had reported consistently use of condom with non-regular partner and less than a half (41.4 percent) with regular sex partner in the past 12 months *Table 4.30).*

Table 4.30: Consistent use of condom by respondents in the past 12 months with different partners by background characteristics of respondents

	Used condom consistently with regular sex partner in the past 12 months		**Used condom consistently with non-regular partner in the past 12 months**		**Used condom consistently with sex worker partner in the past 12 months**	
	N =12	**%**	**N=21**	**%**	**N=4**	**%**
Age group						
15-19 years	3	60.0	5	50.0		
20 - 24 years	9	37.5	16	61.5	4	100.0
Sex of respondent						
Male	10	50.0	19	57.6	4	100.0

Female	2	22.2	2	66.7	NA	NA
Education						
Secondary/Higher secondary	6	60.0	7	46.7	1	100.0
College/Institute	6	31.6	14	66.7	3	100.0
Total	**12**	**41.4**	**21**	**58.3**	**4**	**100.0**

Condom use by Respondents with Comprehensive Knowledge about HIV Transmission

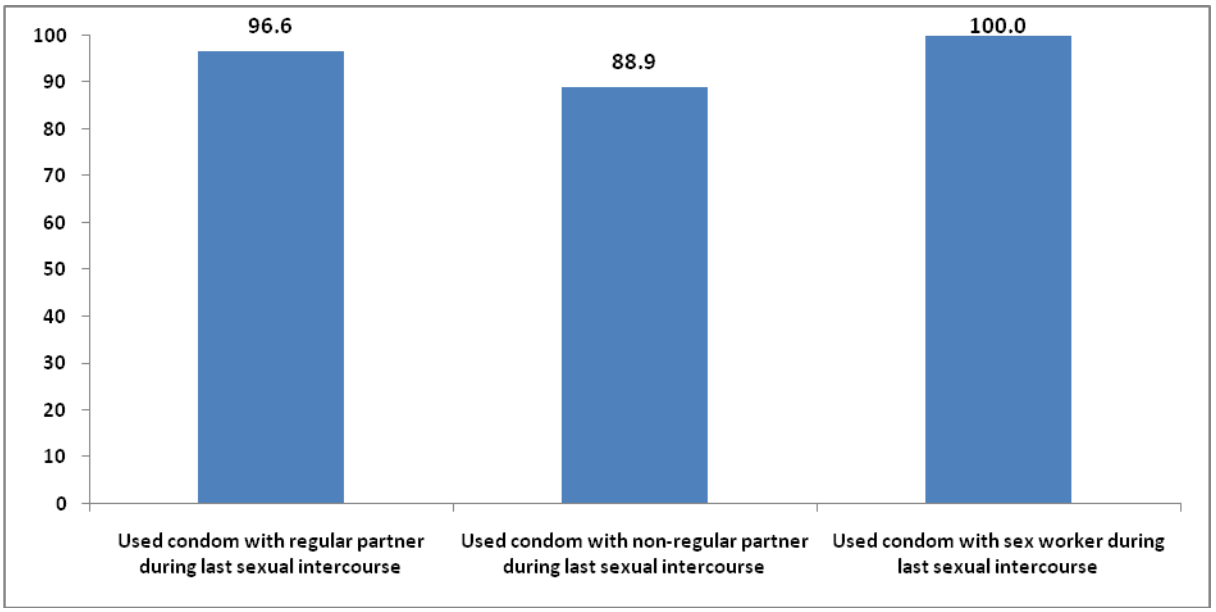
Further analysis of consistent use of condoms was done to detect the condom using practice of those respondents who knew all the five core indicators of HIV transmission (BCDEF) as mentioned in the previously described tables.

Among the in-school youths who knew all the five core indicators, little more than one-third (33.3 percent, n=4) of them used condom consistently with regular partner in the past 12 months. Likewise, about two-thirds (63.6 percent, n=7) with non-regular partners and all (100.0 percent, n=1) had mentioned that they had used condom consistently with sex worker in the past year *(Table 4.31)*.

Table 4.31: Consistent use of condom with different partners by respondents with comprehensive knowledge of HIV transmission

	Used condom consistently with regular sex partner in the past 12 months		**Used condom consistently with non-regular partner in the past 12 months**		**Used condom consistently with sex worker partner in the past 12 months**	
	N=4	**%**	**N=7**	**%**	**N=1**	**%**
Age group						
15-19 years	0	0.0	0	0.0	0	0.0
20 - 24 years	4	33.3	7	70.0	1	100.0
Sex of respondent						
Male	4	50.0	7	63.6	1	100.0
Female	0	0.0	0	0.0	NA	NA
Education						
Secondary/Higher secondary	2	66.7	1	50.0	0	0.0
College/Institute	2	22.2	6	66.7	1	100.0
Total	**4**	**33.3**	**7**	**63.6**	**1**	**100.0**

Figure 4.14: Consistent use of condom with different sex partner during last sexual intercourse



Following table 4.3 presents about the consistent use of condom, with different sex partners in the past 12 months.

Perception on Who Should Take Decision Regarding Condom Use

In-school youths were asked to give their opinion on who among the sex partners should decide whether or not to use a condom. It was about a half (51.3 percent) of them used to decide jointly and a little higher than one-fourth (28.1 percent) of respondent reported that the man making a decision about condom use. Similarly, 16.9 percent of response was found decisions used to make by women whether or not to use a condom during sexual act *(Table 4.32)*.

Table 4.32: Perception on who should make decision regarding condom use

	Male		Female		Total	
	N=142	%	N=18	%	N=160	%
Decision on use of condom						
A joint decision	76	53.5*	6	33.3	82	51.3
The man's decision	43	30.3*	2	11.1	45	28.1
The women's decision	18	12.7	9	50.0*	27	16.9
No response	4	2.8	1	5.6	5	3.1
Don't know	1	.7			1	.6
* 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.

Use of Drugs

Overall less than five (3.6 percent) of the respondent (male- 7.0 percent and female – 0.3 percent) had ever used drugs. But till the date of survey no single in-school were found that they had ever injected drugs *(Table 4.33)*.

Table 4.33: Drug injecting practice of the respondent

	Male		Female		Total	
Ever used drugs						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Yes	28	7.0*	1	.3	29	3.6
No	372	93.0	399	99.8*	771	96.4
Ever injected drugs						
	N=28		**N=1**		**N=29**	
No	28	100.0	1	100.0	29	100.0

4.7 Summary of Findings

- The median age of the in-school youths was 19 years. Ninety percent of the respondents were interviewed from schools/colleges located in the urban area and 10 percent from the rural. Very small portion (2.1 percent) of youths were married and while 11.1 percent of them were married below 20 years of age. More than one third of the respondents (33.8 percent) were currently living in hostels. Less than a half (41.6 percent) were living in their parental house.
- The median age of the respondent was 19. Only 2.1 percent of In-school youth were married. About more than two-thirds (69.9 percent) had completed secondary and higher secondary level of education and 41.6 percent were living in parental house.

- Television was found to be the most popular media among the In-school youth (88.4 percent) as the main source of information about HIV/AIDS in comparison to radio (64.9 percent). A clear majority (96.3 percent) had access to at least one media (TV or Newspaper or Radio) daily or almost daily or at least once a week.

- All of the respondents (100 percent) had heard of HIV/AIDS. However, a less than one-fourth (21.8 percent) thought that AIDS is an incurable disease. About two-thirds (66.0 percent) believed that HIV/AIDS is a serious problem in the community. However, only 36.4percent of them felt that they were at high or moderate risk.

- Similarly, about two out of ten (17.0 percent) knew somebody infected with HIV or died due to AIDS. A larger percentage (89.7) of In-school youth had not shared any relation with infected persons. The reasons they forwarded for feeling vulnerable to HIV infection were: having many sexual partners and not using condom every time they had sex; their sex partners had other sex partners; they have had sex with sex workers; and they had their hair cut in the saloon.
- About one-third (30.4 percent) of the In school youth had comprehensive knowledge about HIV transmission as they correctly identified the five major indicators of HIV transmission. More than two-thirds (70.6 percent) reported using a condom every time they had sex and 61.5 percent reported having sex with only one faithful uninfected sexual partner. Following this, majority of rejected major misconceptions about HIV transmission such as a person can get infected by sharing a meal (94.0 percent).

- Among the total In school youths, three-fourths (74.6%) know the place where they could go for testing. Among those, one out of ten (11.1 percent) had been tested for HIV and the majority (63.6 percent) had been tested for HIV within last twelve months. About four-fifths (80.0 percent) of those testing for HIV had received their results. A large percentage of those (80.3 percent) had shared results with near and dear ones. Sharing of HIV test-result was with friends (78.3 percent), and family members (52.2 percent). Among all respondents, four-fifths (82.0 percent) were interested in taking confidential HIV testing.
- In-school youths believed that persons living with HIV/AIDS could protect themselves by eating healthy food, using medicine, visiting to a doctor/s, making use of condom in each sexual activity, abstaining from sex and not drinking alcohol..
- About four-fifths (82.0 percent) of the respondents would like to behave with HIV infected person as a normal person and also would give additional love and help and provide counseling. A high percentage (92.3 percent) was ready to take care of male or female relative, if they turned out be positive. At the same time however, 56.0 percent would like to keep HIV status of their family member confidential. More than three-fourths (83.0 percent) of the respondents were willing to buy food from HIV infected shopkeeper and about four-fifths (81.5 percent) believed that HIV infected teachers should be allowed to continue their work unless they become very sick.
- The percentage of those in school youth who have ever heard of Sexually Transmitted Infections was56.4 percent. . Gonorrhea (88.2 percent) and Syphilis (51.9 percent) are two major STIs that the In-school youth have heard of. However, more than half (38.8 percent) did not know about the symptoms of female STI as against 29.9 percent who didn't know about symptoms of male STI. The most commonly reported symptoms were itching genial area, abdominal pain, genital discharge, burning pain on urination, weight loss, blood in urine, swelling on groin area and foul smelling discharge. Only 6 males out of 249 and 2 females out of 202(1.8 percent) experienced at least one symptoms of STI in the past year. Only four males out of six (66.7 percent) seeked treatment and (75.0, n =3) percent) treated the STI in government health facilities. However, one out of two (50 percent) got their partners treated.
- A total of one-fifth (20.0 percent) of respondents reported ever having sexual intercourse, and among those, more than one-third (35.5 percent) of male youths had sexual experience. More than half (63.7 percent) had more than one sex partners and four-fifths (80.6 percent) of did use condoms in the last sexual act. Sexual contact of In-school youths with non- regular partner was highest (39.6 percent), followed by regular partner (31.8 percent), and sex worker (4.4 percent) in past 12 months. The findings were that 100% of them had used condom with sex workers whereas. On the other side, 11.1 percent did not use condoms during sex with non-regular partner and 3.4% did not use condoms with regular partner during last sex respectively. Similarly, consistent condom use with sex workers was found to be very high (100.0 percent) with sex workers in comparison to 96.6 percent with regular partner and non-regular partner (88.9 percent).
- Television (84.5 percent) and Teachers (89.5 percent) were the major sources of information about condoms major percent of respondents. Around 88 percent knew at least one place for obtaining condoms and a substantial proportion (93.2 percent) viewed hospital as such a place. Approximately one-third (33 percent) had obtained condoms free of charge in the past year.
- More than half (51.3 percent) believed that decision about condom use should be a joint one. And another 28.1 percent felt that the male partner should decide on it while 16.9 believed female partner should decide.
- Only 3.6 percent of In-school youth reported ever having use drugs and no one reported injecting drug use during the study period.

Summary of finding specifics

Demographics

- The median age of the in-school youths was 19 years. Ninety percent of the respondents were interviewed from schools/colleges located in the urban area and 10 percent from the rural. Very small portion (2.1 percent) of youths were married and while 11.1 percent of them were married below 20 years of age. About more than two-thirds (69.9 percent) of them completed secondary and higher secondary level of education. More than one third of the respondents (33.8 percent) were then currently living in hostels. Less than a half (41.6 percent) were living in their parental house.

Media

- Television is the most popular media among the In-school youth (88.4 percent) as the main source of information about HIV/AIDS in comparison to Newspaper (64.9 percent). A clear majority (96.3 percent) of them have access to at least one media (TV or Newspaper or Radio) daily or almost daily or at least once a week.

Knowledge

- All of the respondents (100 percent) have heard of HIV/AIDS. However, a less than one-fourth (21.8 percent) of them think that AIDS is curable disease. Similarly, about two out of ten (17.0 percent) know somebody infected with HIV or died by AIDS. And 89.7 percent of In-school youth did not share any relation with infected persons.

- About one-third (29.1 percent) of the In school youth have comprehensive knowledge about HIV transmission as they correctly identify the five major indicators of HIV transmission. They found conscious of two ways of preventing sexual transmission of HIV; about more than two-thirds (70.6 percent) are using a condom every time they had sex and 61.5 percent having sex with only one faithful uninfected sexual partner. Following this, Majority of them reject major misconceptions about HIV transmission; that a person cannot get infected by sharing a meal (94.0 percent) and 74.5 percent of them accepted that a healthy looking person could be infected with HIV.
- A higher proportion 95.9 percent of them believed that blood transfusion from an infected person could transmit HIV to other and 94.9 percent of the respondents were aware that a person could get HIV by using needles. Furthermore, 87.3 percent respondents said a pregnant woman infected with HIV/AIDS could transmit the virus to her unborn child. A higher proportion (81.9 percent) cited condom use in every sexual act is the safe way to avoid the transmission and abstaining from sex was another safe measure reported by 35.6 percent.
- The percentage of those in school youth who have ever heard of Sexually Transmitted Infections is 56.4 percent was very low compared to those that had heard of HIV/AIDS (100 percent). Gonorrhea (88.2 percent) and Syphilis (51.9 percent) are two major STIs that the In-school youth have heard of. However, more than half (38.8 percent) do not know about the symptoms of female STI as against 29.9 percent who do not know about symptoms of male STI amid construction who had heard of STIs. The most common symptoms reported were, Itching in the genital area, abdominal pain, genital discharge, burning pain on urination, weight loss, blood in urine, swelling on groin area and foul smelling discharges.
- Almost all (99.1 percent)had heard of condoms before. Television (97.2 percent) and Teachers (89.5 percent) are the major sources of information about condoms among major percent of respondents. Around (88.4 percent) know at least one place of obtaining condoms and a

substantial proportion (93.2 percent) know hospital as condom obtaining place/source. Approximately one-third (33.3 percent) obtained condoms free of charge in the past year.

Attitude

- About two-thirds (66.0 percent) believe that HIV/AIDS is a serious problem in the community. However, only 36.4percent of them think that they are at high or moderate risk. The reason for putting them in high or moderate risk are due to having many sexual partners and not using condom every time they had sex, their sex partners had other sex partners, have had sex with sex workers, and had their hair cut in the saloon.
- About four-fifths(82.0 percent) of them would like to behave HIV infected person like a normal person and other would give additional love and help(48.0 percent), and provide counseling. A significant proportion (92.3 percent) are ready to take care of male or female relative, if turned out be positive, however, 56.0 percent would like to keep HIV status of their family member confidential . More than three-fourths (83.0 percent) of them are willing to buy food from HIV infected shopkeeper and about four-fifths (81.5 percent) believe that HIV infected teachers should be allowed to continue their work unless they become very sick. Almost two-thirds (65.6 percent) of them said the health care needs of an HIV infected person should be more than those that were necessary for someone with other chronic disease.
- In-school youths believe that persons living with HIV/AIDS could protect themselves by eating healthy food, using medicine, visiting to a doctor/s, making use of condom in each sex act, abstaining from sex and not drinking alcohol while keeping in ascending order.
- More than half (51.3 percent) believed that this should be a joint decision taken mutually while taking decision about condom use. And another 28.1 percent thinks that the male partner should decide about it while 16.9 believes to rest the decision on female partner.

Practice

- Only 6 males out of 249 and 2 females out of 202(1.8 percent) experienced at least one symptoms of STI in the past year. Only four male out of six (66.7 percent) seek treatment and significant proportion (75.0, n =3) percent) treated the STI in government health facilities. However, one out of two (50 percent) got their partners treated.

- A one-fifth (20.0 percent) of respondents of told of ever having sexual intercourse. Interestingly, more than one-third (35.5 percent) of male youths had sexual experience. Among them, more than half (63.7 percent) had more than one sex partners and four-fifths (80.6 percent) of them did use condoms in the last sexual act. Sexual contact of In-school youths with non- regular partner is highest (39.6 percent), higher with regular partner (31.8 percent), and high (4.4 percent) with sexual worker in past 12 months. However, 100% of them used condom with sex workers whereas, 11.1 percent with non-regular partner and 3.4% with regular partner did not use condoms in the last sex respectively. Similarly, consistent condom use with sex workers was found very high (100.0 percent) with sex workers in comparison to 96.6 percent with regular partner and non-regular partner (88.9 percent).
- Only 3.6 percent of In-school youth had ever use drugs and no one was found who have ever injected drugs as of the study period.

Other summary

- Among the total In school youths, three-fourths (74.6%) know the place where they could go for test. However, out of those, only one out of ten (11.1 percent) had been tested for HIV; around two-thirds (63.6 percent) among them tested for HIV recently within last twelve months. About four-fifths (80.0 percent) of them ever tested for HIV did receive the test result. And among them, significant proportion (80.3 percent) shared results with near and dear ones. Sharing of HIV test-result is higher with their friends (78.3 percent) and family members (52.2 percent). About four-fifths (82.0 percent) are interested to take confidential HIV testing.

Chapter 5

OUT OF SCHOOL YOUTH

5.1 Socio-demographic Characteristics of In-school Youth

This chapter deals the demographic and social characteristics of 800 out of the school youth belonging from Rural and Urban areas of the Bhutan.

Socio-demographic Characteristics

The distribution of respondents by age, gender, enrolled place, marital status and age at first marriage is shown in *Table 5.1*. The sampled uniformed personnel belonged to the age from 18 to 24. More than half of respondents in the rural and the urban area were above 20 years (65 percent) The median age of respondent was 21. In terms of gender, substantial proportions of respondents were more than 50 percent in the urban and the rural setting . As far as marital status is concerned, around (60 percent) of population were single in both Urban and Rural setting. Among those who were married, nearly a half of them (54.9 percent) Urban and (49 percent) Rural of those marriages took place between ages 15 - 19. The median/mean age of the first marriage was 19 and 20 respectively urban and rural *(Table 5.1)*.

Living Status:

The more than half of out of school youth 56.5percent were usually live with the parents where as 27.1 percent live with the families and 11.8 percent live *(Table 5.1)*.

When we analyzed the current staying conditions in the out of the school youth to find the sexual activities and behaviors 29 percent of the respondents were currently staying with the spouses whereas nearly 50percent staying with the family and 29.1 percent currently staying with their relative . Significant number (22.8 percent) urban were currently living with relatives compare to (9.5 percent) rural respondent. Nominal respondent were currently living single 2.6 and 2.5 living with the friends. Among the respondents 34.5 percent were have been staying in same condition since one to five. As the same way 31.1 percent staying since births *(Table 5.1)*.

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

	Urban		Rural		Total	
	N=400	%	N=400	%	N=800	%
Age group						
15-19 years	136	34.0	138	34.5	274	34.3
20 - 24 years	264	66.0	262	65.5	526	65.8
Median	**21**		**21**		**21**	
Mean/Std. Deviation	**20.68/2.47**		**20.69/2.79**		**20.69/2.63**	
Sex of respondent						
Male	195	48.8	188	47.0	383	47.9

Female	205	51.3	212	53.0	417	52.1
Marital status						
Single	278	69.5	246	61.5	524	65.5
Married	122	30.5	150	37.5	272	34.0
Divorced/Permanently separated			4	1.0	4	.5
Age at first marriage						
	N=122	**%**	**N=153**	**%**	**N=275**	**%**
10-19 years	67	54.9	75	49.0	142	51.6
20 - 24 years	54	44.3	74	48.4	128	46.5
25 - 28 years	1	.8	4	2.6	5	1.8
Median	**19**		**20**		**19**	
Mean/Std. Deviation	**19.30/2.42**		**19.56/2.71**		**19.44/2.59**	
Usually live with						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Parents	216	54.0	236	59.0*	452	56.5
Own family(spouse/children	96	24.0	121	30.3*	217	27.1
With relative	62	15.5*	32	8.0	94	11.8
On your own (Single)	10	2.5*	7	1.8	17	2.1
With friends	10	2.5	2	.5	12	1.5
Others	5	1.3	2	.5	7	.9
No response	1	.3			1	.1
Currently living with						
Parental house	163	40.8	222	55.5*	385	48.1
With Own family(spouse/children)	101	25.3	132	33.0*	233	29.1
With relative	91	22.8*	38	9.5	129	16.1
On your own (Single)	17	4.3*	4	1.0	21	2.6
With friends in rented house	17	4.3*	3	.8	20	2.5
Others	7	1.8	1	.3	8	1.0
With friends in his house	4	1.0			4	.5
Duration of stay						
Less than a year	73	18.3*	31	7.8	104	13.0
1 - 5 years	142	35.5*	134	33.5	276	34.5
6 years and above	64	16.0	74	18.5*	138	17.3
Since birth	98	24.5	151	37.8*	249	31.1
Don't know	14	3.5	9	2.3	23	2.9
No response	9	2.3	1	.3	10	1.3
Median	**1**		**1**		**1**	
Mean/Std. Deviation	**2.77/4.42**		**3.14/5.00**		**2.95/4.72**	
* The difference is statistically significant at 0.05 level						

Educational, Ethnicity (language speaking) and Religious Backgrounds

When we analyzed the educational characteristics it appears that educational levels out of the school youth of the Urban and rural setting respondent were morels same. As per the data of the Table 5.2 cited overall 13.6 percent were illiterate , 18.5 percent 1-6 grade , 52 percent were 7-10 grade and 15.9 percent are literate they can read and write but never attained the formal school or any the kind of the education program. Among the illiterate most of the 62.2 percent respondents were educated from the other mode of the education institute apart for the regular mean education cited Non

formal Educations, Monastic institution and self-learned *(Table 5.2)*. The study populations almost represented the major ethnic groups (language speaking) and their belief religion of the Bhutan. Around 32 percent were of them from the Scharchop (Tsangla), while 25 percent of them from Lhotsampa, 20.6 percent form Nagalop ethnic community. Whereas, smaller number of the respondent were belong from the Khengpa (8.9 percent), Kurtep (5 percent) and Bumthap (2.9 percent)*(Table 5.2)*. Bhutanis a Buddhist national, a majority of respondent around 89 percent have faith on Buddhism, followed by Hinduism (9 percent) and Christianity 2.3 percent *(Table 5.2)*.

Mobility patterns of personnel within last twelve months before the survey were also investigated. It's showed around (27.3 percent) of them reported to have been away from their homes more than a month. Whereas more than one- third respondent reported have not been away from their homes more than a month *(Table 5.2).*

Table 5.2: Percent Distribution of Respondents by their Social Characteristics

	Urban		**Rural**		**Total**	
Education						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Illiterate	61	15.3	48	12.0	109	13.6
1-6 grade	70	17.5	78	19.5	148	18.5
7-10 grade	209	52.3	207	51.8	416	52.0
Literate/no formal education	60	15.0	67	16.8	127	15.9
Literate from						
	N=60	**%**	**N=67**	**%**	**N=127**	**%**
Non-formal education	13	21.7	14	20.9	27	21.3
Monastic Institution	5	8.3	5	7.5	10	7.9
Self-learned	4	6.7	7	10.4	11	8.7
Others	38	63.3	41	61.2	79	62.2
Ethnicity (Language speaking)						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Scharchop (Tsangla)	133	33.3	119	29.8	252	31.5
Lhotsampa	95	23.8	109	27.3	204	25.5
Ngalop	74	18.5	91	22.8	165	20.6
Khengpa	37	9.3	34	8.5	71	8.9
Kurtep	22	5.5	18	4.5	40	5.0
Bumthap	16	4.0	7	1.8	23	2.9
Others	10	2.5	11	2.8	21	2.6
Trongsapa	10	2.5	10	2.5	20	2.5
Mangdep	2	.5	1	.3	3	.4
Muslim	1	.3			1	.1
Religion						
Buddhism	351	87.8	359	89.8	710	88.8
Hinduism	38	9.5	34	8.5	72	9.0
Christian	11	2.8	7	1.8	18	2.3
Away from home for more than one month in the last 12 months						
Yes	119	29.8	99	24.8	218	27.3
No	268	67.0	289	72.3	557	69.6
Don't know/remember	2	.5	4	1.0	6	.8
No response	11	2.8	8	2.0	19	2.4

* The difference is statistically significant at 0.05 level

Exposure to Media

The study also traces different kinds of mass media that are accessed by the target population. As their importance in informing the public in several issues cannot be undermined. Awareness programs could be tailored as accordingly after assessing the level of exposure regarding top-of- the line media.

In Table 5.3 around 9 in 10 respondents reported to have been watching television age belonging to the 15 – 19 and 20 – 24 years age groups. It's also shows gender is almost balance 87.2 percent female and 93 percent Males watch television. Nine in ten urban respondents and eight in ten rural respondents reported to have watched the television. Almost (90 percent) all the category of education levels respondent reported to have watched television to gather the information. Regarding the radio exposure more than half (54.2 percent) of 20 -24 years age and less than half (48.5 percent) of 15 -19 respondents of found to have listened the radio. Among the respondents 55.9 percent of female and 48.3 percent male told that listen the radio. It's showed that the radio more popular in rural (58.8 percent) than urban 45.8 percent.

Newspaper reading habit was quite low compared to other the electronic media as around 35 percent of out- of- school youth reported to have been reading newspaper. Urban respondents (37.3) had relatively more access to the Newspapers than rural (32.8 percent) respondents. It's shown a half (50 percent) of respondents who had completed grade (7 – 10) had access to newspaper.
Nine out of the ten respondent of the age group 15 to 19 as well as the age group 20 to 24 years had access to the at least one daily media. However a significantly higher proportion female (97.4 percent) respondents settled in rural areas had access to the at least one media daily. As seen in table 5.3 significantly low number of the respondents had access to the all three sources of the media

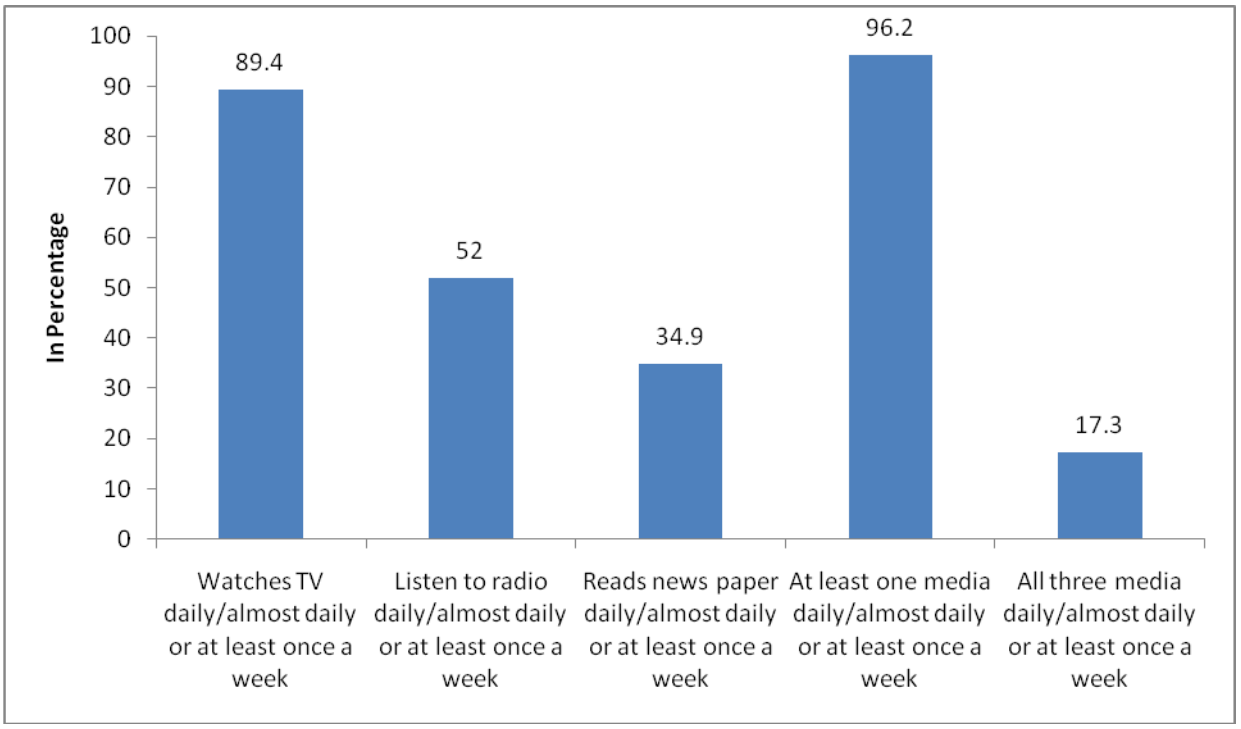
Table 5.3: Out of school youth who are exposed to three specific mass media at least once a week by their background characteristics

	Watches TV daily/almost daily or at least once a week	Listen to radio daily/almost daily or at least once a week	Reads newspaper 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	TOTAL
	%	%	%	%	%	N
Age group						
15-19 years	90.5	48.5	35.8	96.0	16.8	274
20 - 24 years	90.1	54.2	34.6	96.8	18.3	526
Sex of respondent						
Male	87.2	48.3	39.9	95.6	17.5	383
Female	93.0	55.9	30.5	97.4	18.0	417
Location						
Urban	91.0*	45.8	37.3	94.8	17.0	400
Rural	89.5	58.8	32.8	98.3	18.5	400
Education						
Illiterate	80.7	54.1		93.6		109
1-6 grade	86.5	54.1	19.6	93.2	12.2	148
7-10 grade	93.8	52.4	50.0	97.8	26.4	416

Literate/no formal education	91.3	48.0	33.9	98.4	11.0	127

Overall, a notably high percentage (89.4 percent) of the respondents among the out-school youth reported television to be the most popular media source, which was seconded by radio as little higher than a half (52.0 percent) of them had been listening daily or once in a week. Similarly, reading newspaper was found to be less popular (34.9 percent) media source among the out-school youths compared to television and radio. However, a significant proportion (96.2 percent) of the out-school youth respondents had at least one media exposure daily/almost daily or at least once a week *(Figure 5.1).*

Figure 5.1: Exposure to media



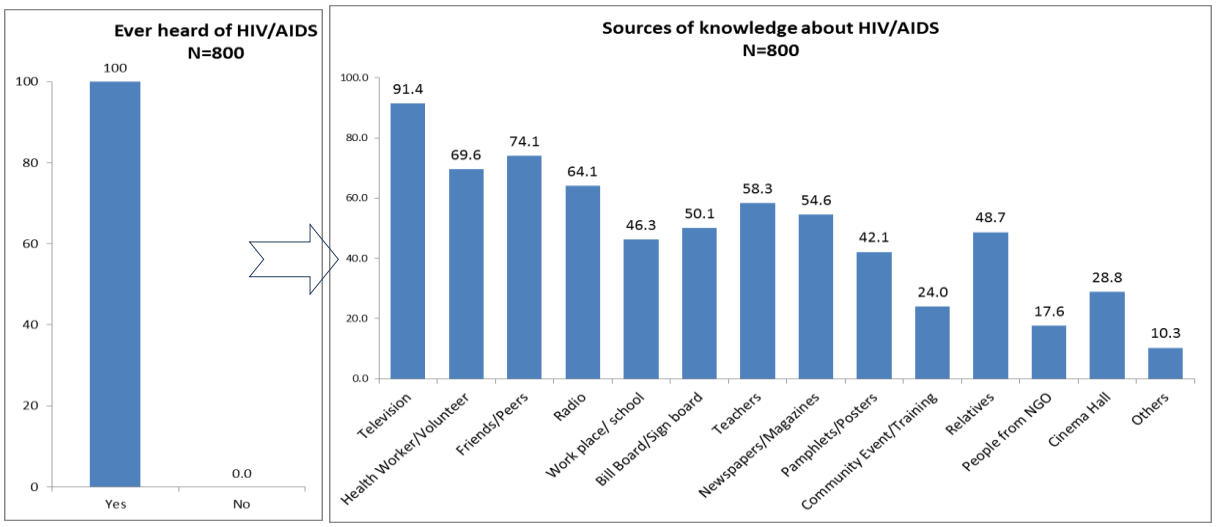
5.2 Knowledge about HIV/AIDS

This chapter deals with the level of knowledge and awareness about HIV/AIDS, among target populations on the mode of transmission of the HIV. This is very important chapter and indicators for the target intervention program designing and implementations. This chapter deals with comprehensive knowledge about HIV transmission among the out-of-school youths and examines the myths they held to and their belief on HIV. Their knowledge about the availability of HIV testing facilities and perceptions of HIV testing are also covered in this chapter.

HIV/AIDS Awareness

All the respondents (100 percent) reported to have heard about HIV /AIDS**.** Furthermore, information of the sources of knowledge about HIV/AIDS would help understand program needs identifications and plan the program intervention as according. Majority of (91.4 percent) of the respondents had learnt about HIV/AIDS from television. Nearly three-fourths (74.1 percent) of the respondent had received information of HIV/AIDS from friends/peers, 69.6 percent form health worker/volunteer *(Figure 5.2)*.

Figure 5.2: Ever heard of HIV/AIDS and Source of Knowledge about HIV/AIDS



Information Sources of HIV/AIDS

It was revealed that the rural respondents (80.4 percent) relied more on health workers/ volunteers than the urban out of school youth respondents comprising of 58.8 percent. Radio was found to be a more popular media source in the rural area (70.2 percent) compared to the urban area (58.8 percent). More than a half of the respondents received information from teachers (58.3 percent), seconded by those respondents who received information form newspaper/magazines (54.6 percent), billboard/signboard 50.1 percent. Likewise, less than a half (48.7 percent) received from relatives, 46.3 percent received from work place/school and 42.1 percent received from 28.8 percent cinema Hall. Similarly, 17.6 percent of the respondents were informed by NGOs staff about HIV/AIDS which included a bigger portion of the urban respondent (20.4 percent) compared to the rural respondents (14.8 percent) *(Table 5.4).*

Table 5.4: Sources of Knowledge of HIV/AIDS

	Urban		Rural		TOTAL	
	N	%	N	%	N	%
Sources of knowledge about HIV/AIDS *						
Television	362	93.3	351	89.5	713	91.4
Friends/Peers	292	75.3	286	73	578	74.1
Health Worker/Volunteer	228	58.8	315	80.4	543	69.6
Radio	225	58	275	70.2	500	64.1
Teachers	225	58	230	58.7	455	58.3
Newspapers/Magazines	221	57	205	52.3	426	54.6
Bill Board/Sign board	174	44.8	217	55.4	391	50.1
Relatives	205	52.8	175	44.6	380	48.7
Work place/school	189	48.7	172	43.9	361	46.3
Pamphlets/Posters	172	44.3	156	39.8	328	42.1
Cinema Hall	121	31.2	104	26.5	225	28.8
Community Event/Training	96	24.7	91	23.2	187	24
People from NGO	79	20.4	58	14.8	137	17.6
Others	40	10.3	40	10.2	80	10.3

* Percentage total may exceed to 100 due to multiple responses

To investigate the knowledge/ awareness about HIV/AIDS, all the out of school youths were asked if they know anyone who had HIV/AIDS or have died from AIDS. In response, around (14 percent) of out of school reported that they knew people suffering from HIV or died from AIDS. Around three- fourths (75.6 percent) said they had not had any relationship, 11 percent respondents reported they had their friends who were living with HIV, and 7.8 percent respondents said they had their relatives living with HIV*(Table 5.5)*.

Out of school youths were also investigated about their perception about HIV/AIDS affected person symptoms. Nearly around one- third (31 percent) of them thought the people living with HIV/AIDS would lose weight, another a quarter (25.4 percent) thought an HIV infected person would get weaker while 16.9 percent respondents thought the infected would get fever. Some respondents reported the infected person would suffer from diarrhea (13.5 percent), around the same portion of respondents (12.4 percent) thought the infected would become black, followed by those (11 percent,) who believed that the infected would vomit. Likewise, one of ten (10.6) respondents thought that an infected would get headache and followed by those who believed that the person would look pale (8.5 percent). However 42.1 percent of the respondents were not aware of any such effect of HIV/AIDS *(Table 5.5)*.

Table 5.5: Knowledge of HIV/AIDS

	Urban		**Rural**		**Total**	
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Ever heard of HIV/AIDS						
Yes	400	100.0	400	100.0	800	100.0
Know anyone living with HIV/AIDS or died due to AIDS						
Yes	52	13.0	38	9.5	90	11.3
No	348	87.0	362	90.5	710	88.8
Relationship with the deceased						
	N=52	**%**	**N=38**	**%**	**N=90**	**%**
Relative	3	5.8	4	10.5	7	7.8
Friend	5	9.6	5	13.2	10	11.1
No relation	40	76.9	28	73.7	68	75.6
No response	4	7.7	1	2.6	5	5.6
Perceived effect of HIV/AIDS on positive person *						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
They lose weight	128	32.0	120	30.0	248	31.0
They get weaker	99	24.8	104	26.0	203	25.4
They get fever	77	19.3	58	14.5	135	16.9
They suffer from diarrhea	74	18.5	34	8.5	108	13.5
Becomes black	38	9.5	61	15.3	99	12.4
Vomiting	39	9.8	49	12.3	88	11.0
Headache	37	9.3	48	12.0	85	10.6
They look pale	32	8.0	36	9.0	68	8.5
They suffer from prolonged sickness	28	7.0	26	6.5	54	6.8
Immune system decrease	23	5.8	24	6.0	47	5.9

Cold/cough	19	4.8	11	2.8	30	3.8
Unable to eat	14	3.5	15	3.8	29	3.6
Ulcer/Wounds/Sores	3	.8	6	1.5	9	1.1
Others	10	2.5	6	1.5	16	2.0
Don't know	161	40.3	176	44.0	337	42.1
No Response	15	3.8	6	1.5	21	2.6

** Percentage total may exceed to 100 due to multiple responses

* The difference is statistically significant at 0.05 level

Comprehensive Knowledge of HIV Transmission

HIV/AIDS prevention programs focus their messages and efforts on some important aspects of behaviors. Abstinence from sexual contacts (A), being faithful to one partner (B) and consistent condom use (C). `Furthermore, comprehensive knowledge indicators also includes 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). This survey has also collected the respondent's knowledge and impression on these indicators with the help of some questions to identify such misconceptions, if any *(Table 5.6).*In addition, those respondents, who had media exposure daily/almost daily or at least once a week, had higher proportions in almost all indicators except being faithful to one partner (B) *(Table 5.6).*

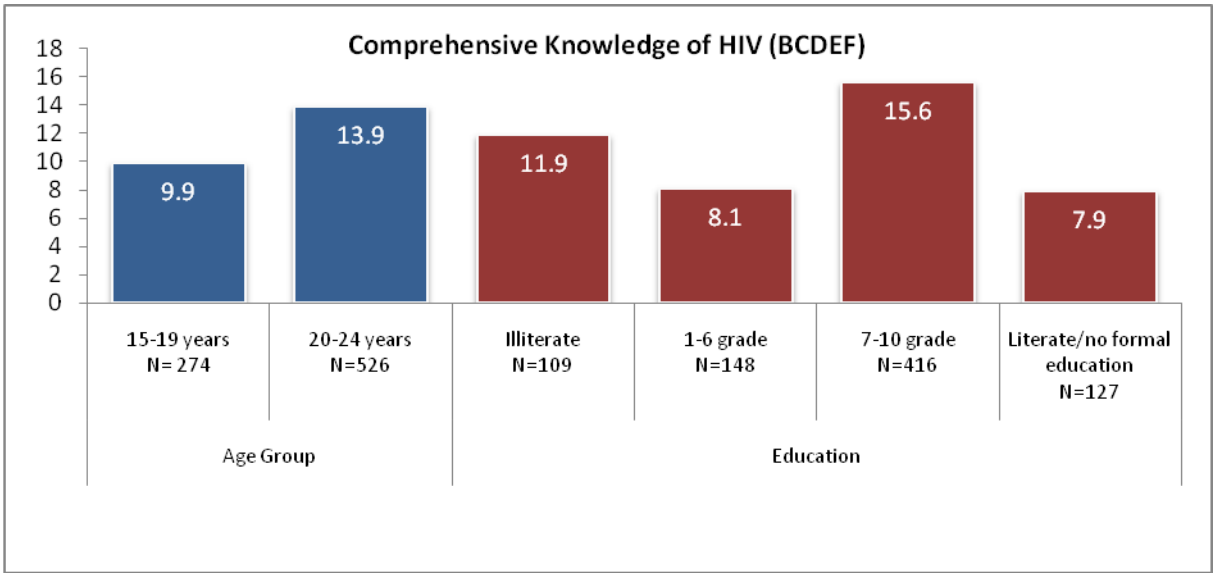
Table 5.6: Knowledge on ways of HIV/AIDS Transmission by background Characteristic of Respondents

	Being faithful to one partner prevents from HIV (B)	Condom use during each sexual act prevents from HIV (C)	A healthy looking person can be infected with HIV (D)	A person can't get HIV from mosquito bite (E)	Sharing a meal with HIV infected person doesn't transmit HIV (F)	Know all five indicators of HIV transmission (BCDEF)	Total
	%	%	%	%	%	%	N
Age group							
15-19 years	56.6	63.5	53.3	43.1	74.5	9.9	274
20 - 24 years	58.9	70.3	64.6*	51.1	77.0	13.9	526
Location							
Urban	62.5*	68.3	59.0	49.0	74.3	12.0	400
Rural	53.8	67.8	62.5	47.8	78.0	13.0	400
Education							
Illiterate	59.6*	65.1	62.4*	36.7*	63.3	11.9	109
1-6 grade	61.5*	63.5	50.7	34.5*	65.5	8.1	148
7-10 grade	58.2	70.0	63.2*	55.0	83.2	15.6	416
Literate/no formal education	52.8	69.3	63.0*	52.8	76.4	7.9	127
Listen to radio daily/almost daily or at least once a week							
Yes	59.3	69.9	62.2	49.5	75.1	12.0	418
No	56.8	66.0	59.2	47.1	77.2	13.1	382
Watches TV daily/almost daily or at least once a week							

Yes	58.7	69.5	61.2	50.0	77.6	12.9	722
No	52.6	53.8	56.4	33.3	62.8	9.0	78
Reads newspaper daily/almost daily or at least once a week							
Yes	55.0	66.8	63.6	55.7	78.6	13.6	280
No	59.8	68.7	59.2	44.4	74.8	11.9	520
* The difference is statistically significant at 0.05 levels.							

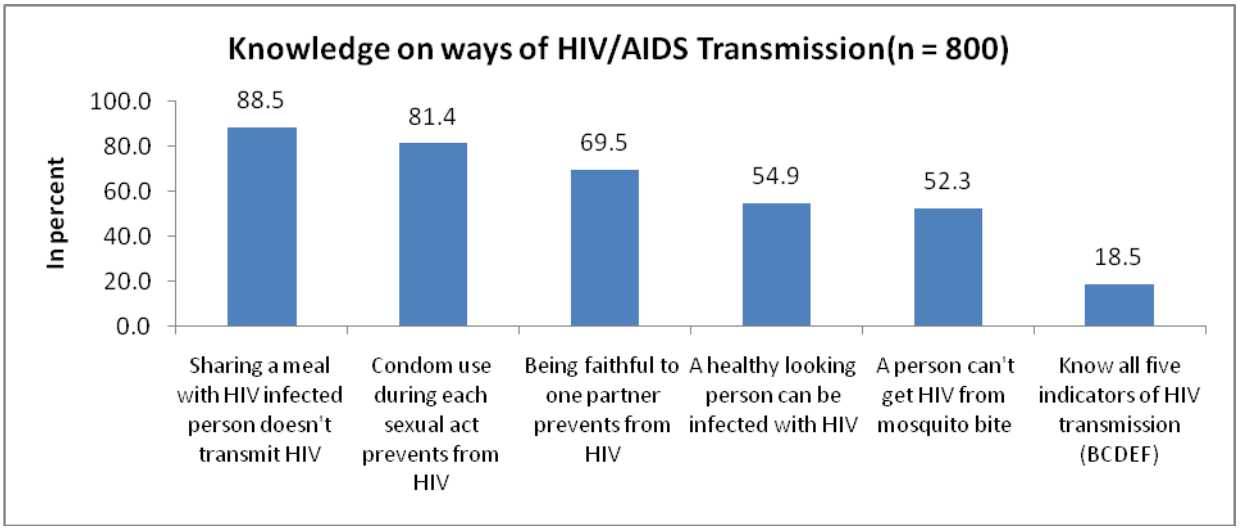
Similarly, Figure 5.6 shows that a notable higher proportion of age group 20-24 (13.9 percent) out of school had right knowledge of all five major indicators of HIV transmission, than that of the age group (15 -19) (9.9 percent). Furthermore 15.6 percent of respondent who had dropped out from grade 7 to grade 10 found to be higher comprehensive knowledge of HIV followed by illiterate (11.9 percent). Similarly respondents who had comprehensive knowledge of HIV found to be dropped out from grade 1 to 6 was 8.1 percent and Literate/no formal education was 7.9 percent *(Figure 5.7)*.

Figure: 5.3 Comprehensive Knowledge of HIV (BCDEF) by selected variables



Overall, more than four-fifths (88.5 percent) of out-school youths believe that sharing a meal with HIV infected person doesn't transmit HIV, another 81.4 percent think that using condom consistently can prevent of transmission of HIV. Similarly, more than a half (54.9 percent) of the respondents think that a healthy looking person can be infected with HIV, another 52.3 percent of the out-school youths thought that a person cannot get HIV from mosquito bite. As a whole less than one-fifth (18.5 percent) had known of all five indicators of HIV transmission *(Figure. 5.4)*.

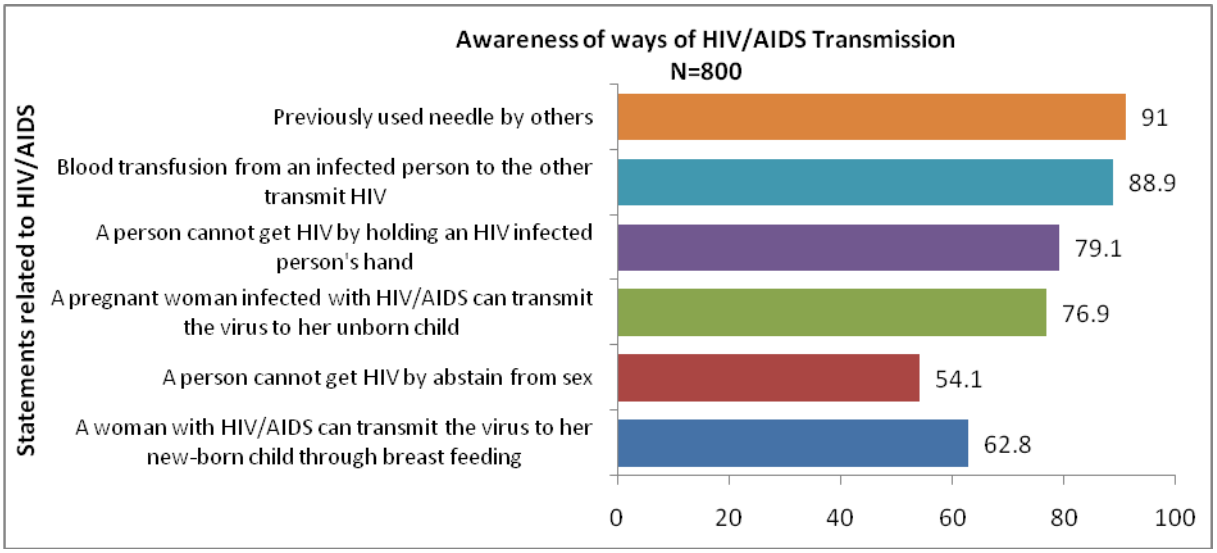
Figure 5.4: knowledge on ways of HIV/AIDS transmission



Awareness of ways of HIV/AIDS transmission

The out of school youths understanding of HIV/AIDS and its different modes of transmission were further tested with the help of certain probing questions. Majority of out of school youths (91 percent) reported that a person can get HIV by using a previously used needle/syringe, seconded by those (88.9 percent) who reported that a person can HIV through transfusion of blood from an infected person to another*(Figure 5.5)*.

Figure 5.5: Awareness of ways of HIV Transmission



As regard to the knowledge on transmission of HIV through the transfer of blood from an infected person, interestingly more rural respondents (91 percent) had knowledge of this fact than the urban respondent 86.8 percent. About three-fourths of the respondents (76.9 percent) reported that the transmission could take place through an infected pregnant woman to her new born baby. Around (79.1 percent) out of school youth were aware that by holding an infected person's hand could not transmit HIV. Notable a higher proportion of the urban respondents (58.3 percent), compared to the rural (50 percent) respondents had knowledge that abstaining from sex can could prevent HIV/AIDS. More than a half of respondents (62.8 percent) knew that a infected pregnant woman transmit the virus to child by breast feeding *(Table 5.7).*

Table 5.7: Knowledge on ways of HIV/AIDS Transmission

	Urban		Rural		Total	
	N=400	%	N=400	%	N=400	%
A person can get HIV by using previously used needle by others	358	89.5	370	92.5	728	91.0
Blood transfusion from an infected person to the other transmit HIV	347	86.8	364	91.0	711	88.9
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	303	75.8	312	78.0	615	76.9
A person cannot get HIV by holding an HIV infected person's hand	302	75.5	331	82.8	633	79.1
A person cannot get HIV	233	58.3	200	50.0	433	54.1

by abstain from sex						
A woman with HIV/AIDS can transmit the virus to her new-born child through breast feeding	245	61.3	257	64.3	502	62.8

Awareness on ways of avoiding HIV/AIDS transmission

Out of school youths were asked some question related to HIV/AIDS in an effort to further explore the understanding of HIV/AIDS risk behaviors and preventive measures to obtain the level of knowledge about avoiding the ways of transmission of HIV/AIDS. Majority (74.8 percent) of the respondents believed that a condom use in every sex act is one of the safer ways to avoid transmission of the HIV/AIDS. Similarly, nearly one-third of the youths thought that avoiding HIV/AIDS by abstaining from sex (32.8 percent) and followed by nearly one- fifth of respondents (21.4 percent) who thought that avoiding injection with used needles could prevent HIV transmission . Likewise, another 16.1 percent and 15.1 percent of the respondents thought that by not engaging in casual sex and avoiding untested blood transfusion could prevent transmission respectively. Furthermore, around 8 percent respondents had no idea about the ways of avoiding HIV/AIDS transmission *(Table 5.8).*

Table 5.8: Knowledge on ways of avoiding HIV/AIDS Transmission

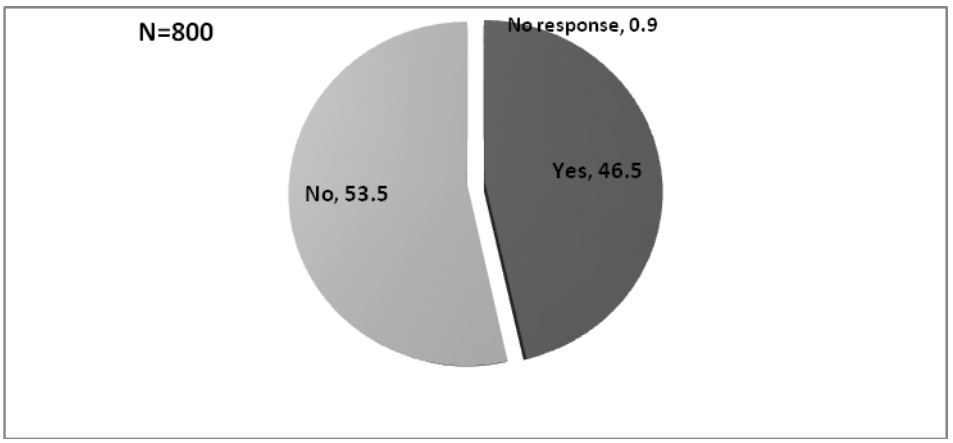
	Urban		**Rural**		**Total**	
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Knowledge on ways of avoiding HIV/AIDS *						
Use a condom at every sex	292	73.0	306	76.5	598	74.8
Abstain from sex	132	33.0	124	31.0	256	32.0
Avoid injection with used needles	80	20.0	91	22.8	171	21.4
No casual sex	74	18.5	55	13.8	129	16.1
Avoid sharing blade	60	15.0	61	15.3	121	15.1
Avoid blood transfusion without test	47	11.8	36	9.0	83	10.4
Both partners have no other partner	28	7.0	39	9.8	67	8.4
Don't know	39	9.8	27	6.8	66	8.3
Avoid sex with sex	32	8.0	29	7.3	61	7.6
Have fewer partner	22	5.5	13	3.3	35	4.4
Avoid sex with infected person	17	4.3	6	1.5	23	2.9
No response	10	2.5	3	.8	13	1.6
Others	4	1.0	3	.8	7	.9

* Percentage total may exceed to 100 due to multiple responses

Knowledge about HIV Testing Facilities

The availability of confidential HIV testing facilities allows people to have an HIV test voluntarily and without the fear of being exposed. Less than a half proportion of the respondents (46.5%) were aware of the existence of HIV testing facility in their communities *(Figure 5.6)*.

Figure 5.6: A confidential HIV testing facility is available in the community



The proportion of rural out-of-school respondents (43.0 percent), who were aware of confidential HIV testing facilities in the community, was higher to compare the urban respondents of the same category (50.0 percent). Furthermore, more than a half (62 percent) of the respondents knew about the place where they could go for a confidential HIV test *(Table 5.9).*

HIV Testing

More than one- sixth (62 percent) of respondents knew about the place where they could go for HIV testing and had never tested themselves for HIV Testing, and among them (62 percent), around one-fifth (20.6 percent) ever had test HIV, while another 40.2 percent had taken an HIV test within the past 12 months, and the rest 28 .8 percent had taken in the last two years. However one-fourth (20.6 percent) of them had forgotten the time of the last HIV testing. About seven out of ten (70.6 percent) of those respondents who had undergone HIV tests had received test result. Nearly three-fourths (79 percent) who got their HIV test result had shared their result with others. If taken in a relative perspective, the urban out of school youths (84.8 percent) had their test result shared with others vis-a-vis the rural out of school youths (74.5percent). About nearly eight of the ten (79. 2 percent) respondents shared the result with sex partners, seconded by those respondents (36.8 percent) who shared the result with friends, and followed by those one-third (33.3 percent) shared with their family. If taken in a relative perspective between the urban and the rural respondent, it was the urban out of school youths (39.3 percent) who shared their result to their family more than the rural respondents of this category (27.6 percent). In additional 12.3percent (n=7) respondents shared with the health workers. Nearly three-fourths (69.8 percent) of the respondents were keener on getting a confidential HIV test, and; in which, the rural respondents (73.5percent) were more likely to undergo an HIV confidential Test than the urban respondents of this category (66 percent). In terms of gender, female respondents were keener on getting a confidential HIV test both in the rural as well as the urban areas than the male respondents [data is not shown in table] *(Table 5.9)*.

Table 5.9: Knowledge about HIV testing facilities and history of HIV test

	Urban		**Rural**		**Total**	
A confidential HIV testing facility is available in the community						
	N=400	**%**	**N=400**	**%**	**N=400**	**%**
Yes	172	43.0	200	50.0	372	46.5

No	228	57.0	200	50.0	428	53.5
Know where to go for HIV test						
Yes	251	62.8	245	61.3	496	62.0
No	149	37.3	155	38.8	304	38.0
Ever had an HIV test						
	N=251	**%**	**N=245**	**%**	**N=496**	**%**
Yes	49	19.5	53	21.6	102	20.6
No	202	80.5	192	78.4	394	79.4
Timing of last HIV test						
	N=49	**%**	**N=53**	**%**	**N=102**	**%**
Within the past12months	19	38.8	22	41.5	41	40.2
Between 13-24 months	12	24.5	17	32.1	29	28.4
Between 25-48 months	3	6.1	4	7.5	7	6.9
More than 48 months	2	4.1	2	3.8	4	3.9
Don't know/remember	13	26.5	8	15.1	21	20.6
Test result received						
Yes	33	67.3	39	73.6	72	70.6
No	16	32.7	14	26.4	30	29.4
Shared the result with someone						
	N=33	**%**	**N=39**	**%**	**N=72**	**%**
Yes	28	84.8	29	74.4	57	79.2
No	5	15.2	10	25.6	15	20.8
If shared, with whom *						
	N=28	**%**	**N=29**	**%**	**N=57**	**%**
Sex partner	18	64.3	16	55.2	34	59.6
Friends	10	35.7	11	37.9	21	36.8
Family member	11	39.3	8	27.6	19	33.3
Health worker	4	14.3	3	10.3	7	12.3
Interested in getting a confidential HIV test						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Yes	264	66.0	294	73.5	558	69.8
No	95	23.8	77	19.3	172	21.5
Don't know	41	10.3	29	7.3	70	8.8

** Percentage total may exceed to 100 due to multiple responses

* The difference is statistically significant at 0.05 levels

Perception on HIV/AIDS

Regarding the perceptions of HIV/ AIDS, nearly one-third (29 percent) of the respondents felt that AIDS could be cured while nearly a half (45.5 percent) of them felt that it was incurable. In addition a quarter (25.5percent) of the respondents did not know whether AIDS could be cured or not. When asked about different between HIV and ADIS , a little more than one- third (35.6 percent) respondents perceived that there was a difference between HIV and AIDS, and nearly one-fourth (23.1 percent) of them felt that there was no difference between HIV and AIDS. About four in ten out of school youths respondents (41.3 percent) did not know any difference between HIV and AID*(Table 5.10)*.

Table 5.10: Perception on HIV/AIDS

	Urban		Rural		Total	
	N=400	%=100	N=400	%=100	N=800	%=100
Believe that it is not possible to cure AIDS						
Yes	118	29.5	115	28.8	233	29.1
No	180	45.0	184	46.0	364	45.5
Don't know	102	25.5	101	25.3	203	25.4
Believe that there is difference between HIV and AIDS						
Yes	142	35.5	143	35.8	285	35.6
No	89	22.3	96	24.0	185	23.1
Don't know	169	42.3	161	40.3	330	41.3
* The difference is statistically significant at 0.05 level						

Risk Perception

To analyze HIV risk perceptions, the respondents were asked whether or not they see themselves at the risk of getting HIV. Less than one-third (31.4 percent) of the out of school youth respondents considered themselves at the high risk of getting HIV, whereas 29 .1 percent of them did not consider themselves at any risk of getting HIV. However, 10 percent of them see themselves at small risk, 8.3 percent at moderate risk, 18.1 percent of them didn't know about risk perceptions of HIV/AIDS *(Table 5.11)*.

Those nearly 40 percent urban and rural respondents out of school of whom considered they at high risk or moderate risk of getting HIV were further investigated the reason for such perceptions. Half of the respondents had such perceptions because they had many sex partners, 37.9 percent of them had had inconsistent use of the condom during sexual relations while 22.7 percent of them thought so because their sex partner had sexual contact with other partner too. In additional, 17 percent of the respondents were found to have such thinking because they had had a sex with sex worker, a higher portion of the respondents from urban areas (21.3 percent) were reported to have such sexual relations then those in rural areas (12.7 percent). Furthermore small portions (6.3 percent) of them had injected drugs *(Table 5.11)*.

When the gender distribution of the respondent was investigated on the both settings, more female respondents in the urban (83.3percent) considered themselves at risk of HIV than male respondents (65.1 percent) because they had multiple sex partners whereas in the rural setting, the picture is completely reversed as more male respondents (88.6 percent) considered themselves at risk of HIV than female (74.6 percent) [*Data is not shown in table]*.

Among 40 percent of those respondents who put themselves at no or little risk, nearly a half (49.2percent) reported that they never had sexual contract, They trust the sex partner (21.7 percent), they do not use intravenous drug 19.8 percent, they do not go to sex worker 19.2 percent partner to sex and they always used condoms (17.6 percent) *(Table 5.11)*.

Additionally, around 60percent of the respondents consider HIV is a serious problem in the community, likewise around 18 percent of the respondents consider HIV is a somewhat problem, More urban (21.8 percent) than rural (15.8 percent), Where small portions less than 10 percent respondents don't see it as a problematic issues*(Table 5.11)*.

Table 5.11: Risk of HIV infection as perceived by the Respondents

	Urban		Rural		Total	
Risk of HIV Infection as Perceived by the Respondents						
	N=400	**%**	**N=400**	**%**	**N=400**	**%**
High risk	132	33.0	119	29.8	251	31.4
Moderate risk	28	7.0	38	9.5	66	8.3
Small risk	49	12.3	31	7.8	80	10.0
No risk	111	27.8	122	30.5	233	29.1
Don't know	70	17.5	75	18.8	145	18.1
No response	10	2.5	15	3.8	25	3.1
Reason for perceiving self at high or moderate risk of contracting HIV/AIDS *						
	N=160	**%**	**N=157**	**%**	**N=317**	**%**
Have many sex partners	84	52.5	75	47.8	159	50.2
Do not always use condom	58	36.3	62	39.5	120	37.9
Sex partner has other sex partner	37	23.1	35	22.3	72	22.7
Have had sex with sex worker	34	21.3	20	12.7	54	17.0
Have cut hair in salon	13	8.1	21	13.4	34	10.7
Don't know	24	15.0	8	5.1	32	10.1
Have used intravenous drug	8	5.0	12	7.6	20	6.3
Others	4	2.5	6	3.8	10	3.2
No response	3	1.9	3	1.9	6	1.9
Reasons for perceiving self at small or no risk of contracting HIV/AIDS *						
	N=160	**%**	**N=153**	**%**	**N=313**	**%**
Never had sex	85	53.1	69	45.1	154	49.2
Trust my partner	36	22.5	32	20.9	68	21.7
Do not use intravenous drug	24	15.0	38	24.8	62	19.8
Do not go to sex worker	31	19.4	29	19.0	60	19.2
Never shared blade	18	11.3	39	25.5	57	18.2
Always use condom	23	14.4	32	20.9	55	17.6
Tested blood	10	6.3	21	13.7	31	9.9
Have sex with non-regular partner	2	1.3	2	1.3	4	1.3
Others	2	1.3	4	2.6	6	1.9
Don't know	11	6.9	3	2.0	14	4.5
No response	8	5.0	3	2.0	11	3.5
Consider HIV is a serious problem in the community						
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Serious problem	231	57.8	247	61.8	478	59.8
Somewhat of a problem	87	21.8	63	15.8	150	18.8
Not a problem	33	8.3	42	10.5	75	9.4
Don't know	41	10.3	41	10.3	82	10.3
No response	8	2.0	7	1.8	15	1.9

* Percentage total may exceed to 100 due to multiple responses

Perception on How an HIV Positive Person can Take Care of themselves and of others

Less than a half of the respondents (48.3 percent) considered that a person living with HIV should eat healthy food, followed by those respondents (35.9 percent) who advised the infected person to take medicine use which included the 31.5 percent urban and 40.3 rural respondents. Another one-third (33.3 percent) of the respondents further felt that people living with HIV should visit doctor. Similarly,

every three in ten respondents, (30.6 percent) believed that the infected person should use condom in each sexual act) and followed by those who (17.0 percent) also thought the infected should abstain from sex, avoid alcohol drink and get normal exercises *(Table 5.12)*. Furthermore the respondent thought that the person living with HIV should not smoke (11.1 percent). In this context every one in ten respondents (10.6 percent) of viewed that the infected person should keep positive attitude, followed by those who advised the infected to remain faithful to one partner (9.3 percent). Little less than one-tenth of respondents (8.0 percent) suggested that the infected persons should not share needle/blade. Likewise, 18.8 percent of respondent did not have any idea what can a person living with HIV should do or not *(Table 5.12)*.

Table 5.12: Respondents opinion on ways in which an HIV positive person can take care of themselves and of others

	Urban		Rural		Total	
	N	%	N	%	N	%
What can people who have HIV/AIDS do to take care of themselves and others *						
Eat healthy food	204	51.0	182	45.5	386	48.3
Medicine use	126	31.5	161	40.3	287	35.9
Visit doctor	124	31.0	142	35.5	266	33.3
Use condom in each sex act	125	31.3	120	30.0	245	30.6
Don't know	73	18.3	77	19.3	150	18.8
Abstain from sex	63	15.8	72	18.0	135	16.9
Not drink alcohol	45	11.3	57	14.3	102	12.8
Get normal exercise	62	15.5	39	9.8	101	12.6
Not smoke	43	10.8	46	11.5	89	11.1
Keep a positive attitude	49	12.3	36	9.0	85	10.6
Remain faithful to one partner	36	9.0	38	9.5	74	9.3
Do not share needle/Blade	26	6.5	38	9.5	64	8.0
Do not donate blood	22	5.5	26	6.5	48	6.0
Provide counseling/Suggestions	12	3.0	20	5.0	32	4.0
Keep happy/Not to lose hope	13	3.3	16	4.0	29	3.6
Live separately/Isolate	4	1.0	4	1.0	8	1.0
Others	3	.8	2	.5	5	.6
No response	10	2.5	6	1.5	16	2.0

* Percentage total may exceed to 100 due to multiple responses

5.3 Attitude, Belief and Practice

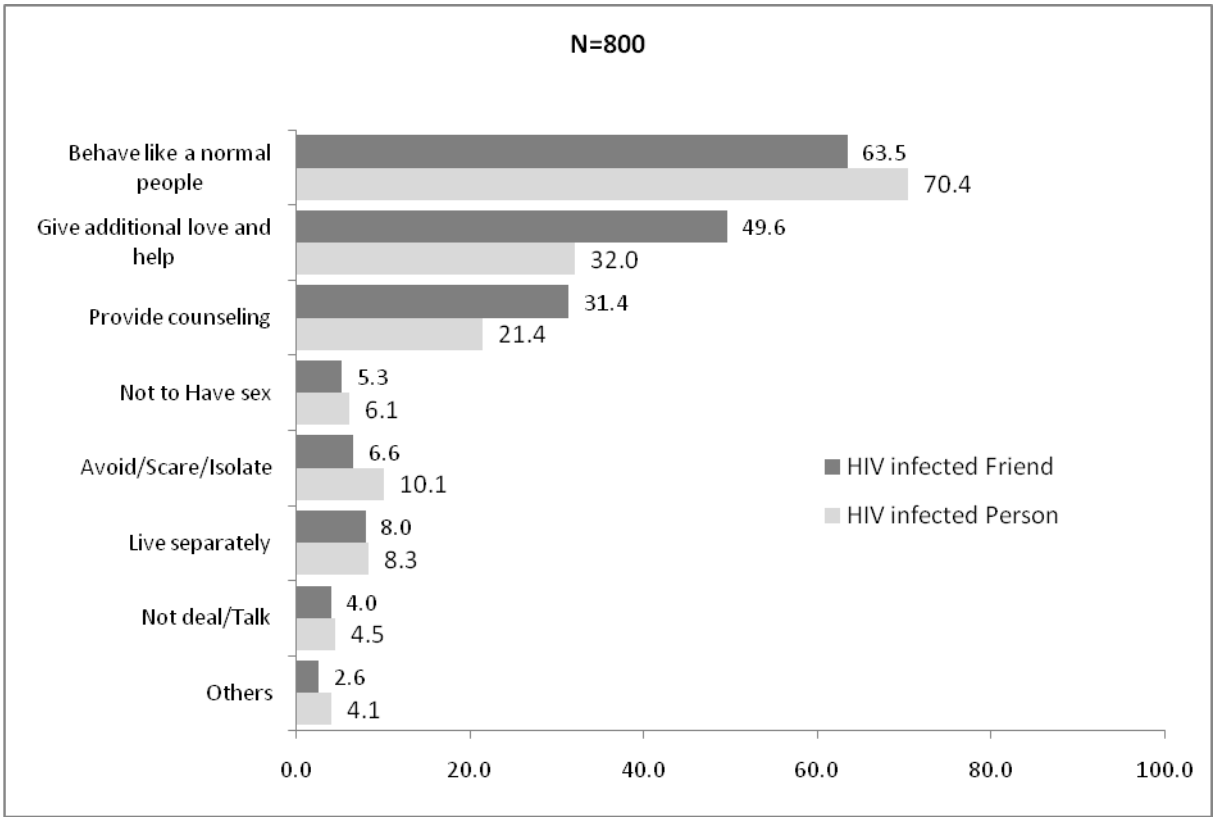
This section describes attitude, belief, practice and behavior related to HIV/AIDS. Stigma associate with HIV/AIDS increases the impact of HIV on the infected people. One of the main objectives of the HIV/AIDS preventions program is to bring aboutattitudes in people through awareness activities. The respondents were asked different questions regarding their attitude, belief and practice towards HIV positive people.

Attitude towards HIV positive person

Concerning the ways in which the respondents react if they met a person or friend living with HIV; a clear majority of the out-school youths (70.4 percent) said that they would behave normally. In addition, almost one third (32.0 percent) of the respondent said that they would give additional love to the people with HIV infection. Similarly, more than one-fifth (21.4 percent) of them would provide

counseling. There were few respondents who would like to avoid sex, scare/isolate, live separately as well, and the proportion of such respondent was nearly seven and less than seven percentages *(Figure 5.7).*

Figure 5.7: Respondents Response to HIV Positive Person/Friend



Around little less than two-thirds (64 percent) of the out school youth respondents mentioned that they would react normally to their friends if they found them to be HIV positive. Nearly a half (50 percent) of them would give additional love and help, while almost one in ten (31.4percent) of them would counsel them. However some respondents (8 percent) said they would like to live separately, some respondents (6.6 percent) said they would avoid or isolate them and the remaining (4.0 percent) of the respondents would not like to talk (Figure 5.8). For details of Urban and Rural out-of school youths' response, see Table 5.13.

Table 5.13: Respondents Response to HIV Positive Person

	Urban		Rural		Total	
	N=400	%	N=400	%	N=800	%
Reported ways in which the respondents would react if they meet an HIV positive person *						
Behave like a normal people	291	72.8	272	68.0	563	70.4
Give additional love and help	123	30.8	133	33.3	256	32.0
Provide counseling	100	25.0	71	17.8	171	21.4
Avoid/Scare/Isolate	34	8.5	47	11.8	81	10.1

Live separately	23	5.8	43	10.8	66	8.3
Not to Have sex	22	5.5	27	6.8	49	6.1
Not deal/Talk	21	5.3	15	3.8	36	4.5
Others	15	3.8	18	4.5	33	4.1
Don't know	1	.3			1	.1
Reported ways in which the respondents would react if they found their friend to be HIV positive person *						
Behave like a normal people	264	66.0	244	61.0	508	63.5
Give additional love and help	189	47.3	208	52.0	397	49.6
Provide counseling	147	36.8	104	26.0	251	31.4
Live separately	24	6.0	40	10.0	64	8.0
Avoid/Scare/Isolate	23	5.8	30	7.5	53	6.6
Not to Have sex	17	4.3	25	6.3	42	5.3
Not deal/Talk	16	4.0	16	4.0	32	4.0
Others	8	2.0	13	3.3	21	2.6
Don't know	1	.3	1	.3	2	.3

* Percentage total may exceed to 100 due to multiple responses

Majorities (87.3 percent) and (87.1 percent) of out of school youths respondents were ready to take care of HIV positive male relative and female relative respectively in their household, if necessary. More than one-half (56.6 percent) of the respondents would prefer not to talk with others and keep it confidential, if a family member being HIV positive. In addition, nearly three-fourths (72 percent) of the respondents said that they would freely buy food from HIV infected shopkeeper. Likewise, six in ten (61.6 percent) of the respondents also believed that HIV infected teacher/colleague should be allowed to continue their job unless they get very sick *(Table 4.14)*.

Out-school youths were also asked about their perception regarding how much health care needs to HIV infected person. More than one-third (34.5 percent) thought that the health care needs to an HIV infected person should be the same as for those someone with other chronic disease. In this context, more thana half (53.1 percent) of them said the health care needs to an HIV infected person should be more than those someone with other chronic disease *(Table 5.14)*.

Table 5.14: Attitude towards an HIV Positive Person

	Urban		**Rural**		**Total**	
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Would readily take care of HIV positive male relative in the household						
Yes	347	86.8	351	87.8	698	87.3
No	28	7.0	28	7.0	56	7.0
Don't know	23	5.8	21	5.3	44	5.5
No response	2	.5			2	.3
Would readily take care of HIV positive female relative in the household						
Yes	348	87.0*	349	87.3	697	87.1
No	29	7.3	30	7.5	59	7.4
Don't know	22	5.5	21	5.3	43	5.4
No response	1	.3			1	.1
Would prefer not to talk about a family member being HIV positive						
Yes	244	61.0	209	52.3	453	56.6
No	119	29.8	158	39.5	277	34.6

Don't know	36	9.0	33	8.3	69	8.6
No response	1	.3			1	.1
Would be ready to buy food from HIV infected shopkeeper						
Yes	290	72.5	292	73.0	582	72.8
No	81	20.3	86	21.5	167	20.9
Don't know	23	5.8	12	3.0	35	4.4
No response	6	1.5	10	2.5	16	2.0
Believe that HIV infected teacher/colleagues should be allowed to continue working unless very sick						
Yes	253	63.3	240	60.0	493	61.6
No	74	18.5	90	22.5	164	20.5
Don't know	63	15.8	57	14.3	120	15.0
No response	10	2.5	13	3.3	23	2.9
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	153	38.3*	123	30.8	276	34.5
More	197	49.3	228	57.0*	425	53.1
Less	8	2.0*	2	.5	10	1.3
Don't know	34	8.5	37	9.3	71	8.9
No response	8	2.0	10	2.5	18	2.3
* The difference is statistically significant at 0.05 level						

Response to HIV Positive People by HIV/AIDS Awareness Level

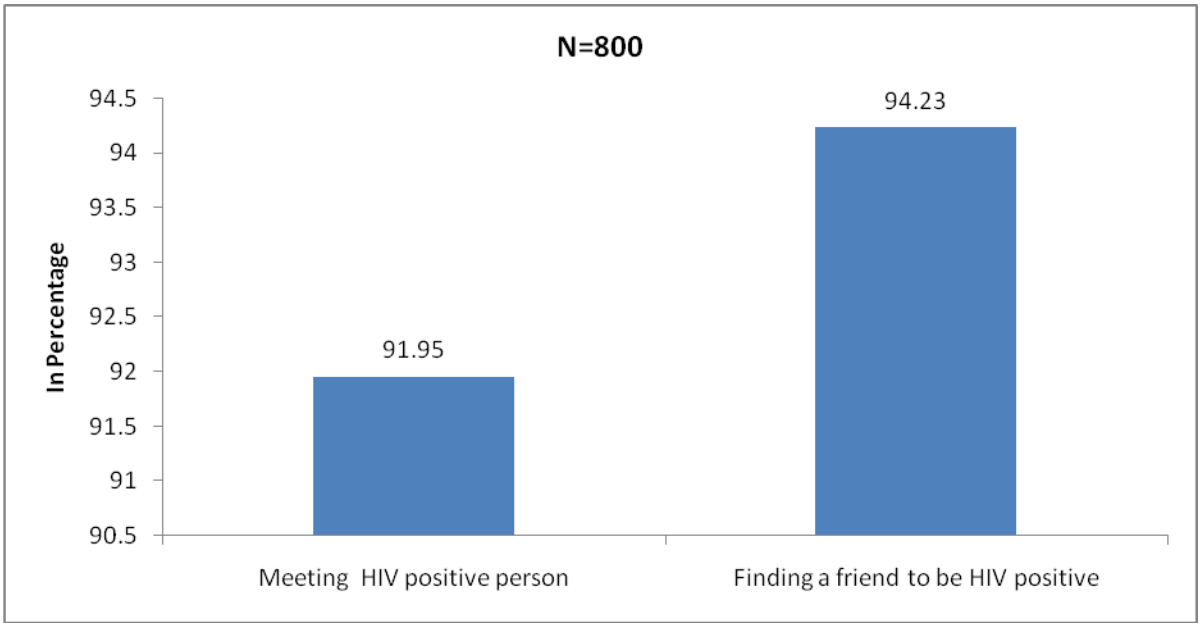
Furthermore analysis was done to investigate the attitude of those respondents with comprehensive knowledge of HIV transmission, which includes the following five major indicators embracing; using a condom in every sex act, being faithful to one sex partner, sharing food with HIV infected person, a healthy looking person could be infected with an HIV and couldn't get HIV virus from a mosquito bite. Out of the total (800) out-school youths; one in eight (100) respondents had comprehensive knowledge of HIV transmission. Among 233 respondents belonging to different backgrounds who knew all the five core indicators, notable proportions (91.95 percent and 94.23 percent) of the respondents said that they would show positive attitude towards HIV infected person and friend to be HIV positive respectively. Not much difference with regards to their attitude was noted among respondents with different background characteristics *(Table 5.15).*

Table 5.15: Reported ways in which respondents with comprehensive knowledge of HIV transmission react to an HIV positive person/friend

	Reaction on meeting on HIV positive person	**Reaction on finding a friend to be HIV positive**	**n**
	%	**%**	
Age group			
15-19 years	90.5	95.7	27
20 - 24 years	93.1	93.9	73
Location			
Urban	96.1	94	48
Rural	89	94.7	52
Education			

Illiterate	88.9	93.8	13
1-6 grade	90	91.3	12
7-10 grade	93	94.8	65
Literate/no formal education	95	95.7	10
Total	91.95	94.23	

Figure 5.8: Reported ways in which respondents would show positive behavior when



Similarly, attitudes of the respondents with comprehensive knowledge composing all major five indicators were further analyzed to gain further insights towards HIV infected persons. For this purpose, a composite scale consisting of four parameters; namely: a)taking care of an HIV positive male/female relative at home, b) talk about family member being HIV positive with others, c) buy food from HIV positive vendors including; and d) whether an HIV positive person should be allowed to continue the job, were included.

Out of the total (300) respondents having comprehensive knowledge of HIV transmission, only less than one-fifth (15.6 percent) mentioned that they would behave positively towards an HIV infected person. This is almost uniformly distributed among different age groups, location and education qualification. This finding clearly reflects that there is a very high gap between the knowledge and actual practice *(Table 5.16)*.

Table 5.16: Reported responses of respondents with comprehensive knowledge of HIV transmission to an HIV positive person

	Positive response	**Negative response**	
	%	**%**	**N**
Age group			
15-19 years	18.5	81.5	27
20 - 24 years	12.3	87.7	73
Location			

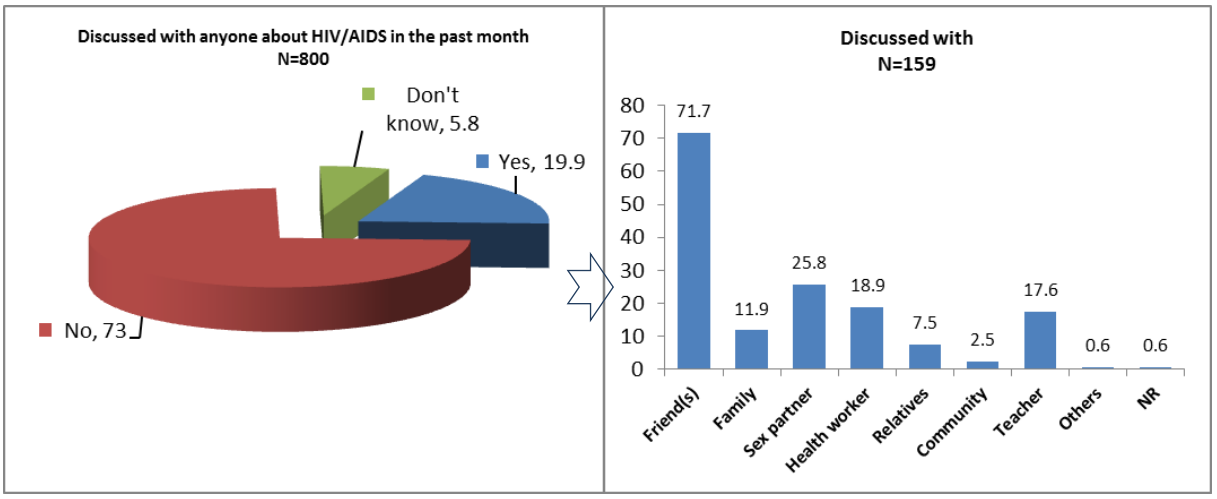
Urban	16.7	83.3	48
Rural	11.5	88.5	52
Education			
Illiterate	15.4	84.6	13
1-6 grade		100.0	12
7-10 grade	15.4	84.6	65
Literate/no formal education	20.0	80.0	10
Total:	**15.6**	**87.3**	**300**

Participation in Discussion about HIV/AIDS

Sharing information among different persons enhances self-knowledge as people can acquire more understanding on the subject they discuss either through listening or probing. Hence the respondents were asked whether or not they had discussed HIV/AIDs in the past month. Figure 5.9 shows; a little less than one-fifth (19.9 percent) of them had discussed about HIV/AIDS in the past month.

Among those out-of-school youths who had discussion about HIV/AIDS in the past month, nearly three-fourths (71.7 percent) of them had discussed with their friends, about one-fourth (25.8 percent) of them talked about with their sex partners. Furthermore, less than one-fight (18.9 percent) told they had discussed about this with health workers whereas others had discussion with teachers (17.6%) about the issue *(*Figure 5.9*)*.

Figure 5.9: Discussed about HIV/AIDS in the past month and discusses with…



Furthermore, more out-of-school youths from the urban area discussed about (22.0 percent) than that of the same category of rural youths (17.8 percent)*(Table 5.17)*. For detail findings of Urban and Rural respondents' response regarding discussed HIV/AIDS with, see in table 5.17.

Table 5.17: Participation in discussed about HIV/AIDS in the past month

	Urban		Rural		Total	
	N=400	%	N=400	%	N=800	%
Discussed with anyone about HIV/AIDS in the past month						

Yes	88	22.0	71	17.8	159	19.9
No	285	71.3	299	74.8	584	73.0
Don't know	18	4.5	28	7.0	46	5.8
No response	9	2.3	2	.5	11	1.4
Discussed about HIV/AIDS in the past month with *						
	N=88	**%**	**N=71**	**%**	**N=159**	**%**
Friend(s)	62	70.5	52	73.2	114	71.7
Sex partner	22	25.0	19	26.8	41	25.8
Health worker	12	13.6	18	25.4	30	18.9
Teacher	13	14.8	15	21.1	28	17.6
Family	12	13.6	7	9.9	19	11.9
Relatives	8	9.1	4	5.6	12	7.5
Community	2	2.3	2	2.8	4	2.5
Others	1	1.1			1	.6
No response	1	1.1			1	.6

* Percentage total may exceed to 100 due to multiple responses

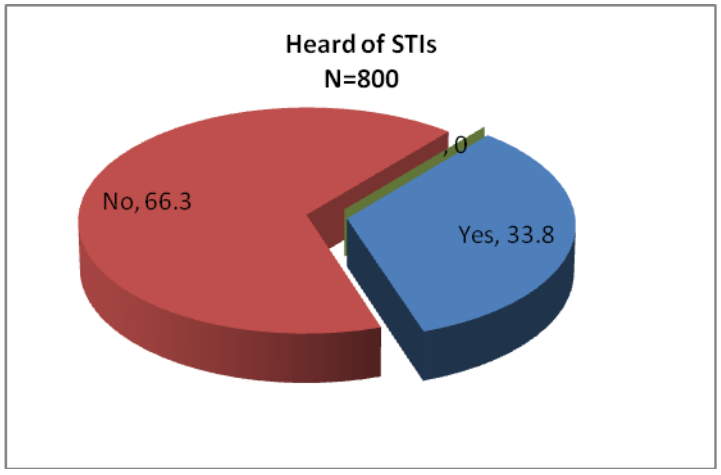
5.4 Sexually Transmitted Infection

Knowledge of Sexually Transmitted Infection (STI)

This section presents the knowledge amongst out-of school youths regarding STIs. Respondents' awareness levels of male and female STI have been assessed in this section. Furthermore, this section also includes the information about respondents' personal experience of STI symptoms in the past year as well as whether they had sought treatment or not.

Overall, one-third (33.8 percent) of the respondents reported that they had ever heard of STI*(Figure 5.10)*.

Figure 5.10: Ever heard of STIs



Whereas the proportion of the respondents who were aware of STI were constituted of urban youths (36.5 percent) than of their rural counterparts (31.0 percent), Among the respondents who had heard of STIs, majority of them were aware of Gonorrhea (70.0 percent) followed by Syphilis (31.5 percent). However, around one-fifth (19.6%) of them were not known to have any symptoms of STI at all *(Table 5.18).*

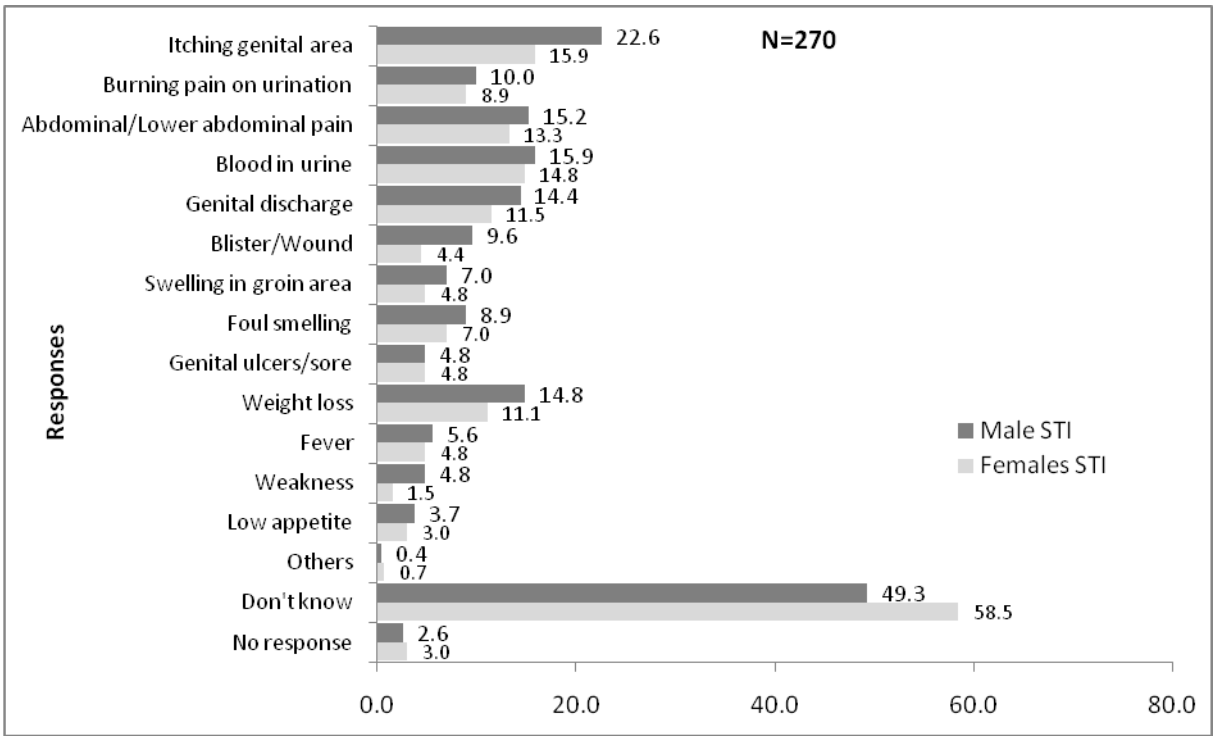
Table 5.18: Knowledge about Sexually Transmitted Infection

	Urban		Rural		Total	
	N=400	%	N=400	%	N=800	%
Heard of STIs						
Yes	146	36.5	124	31.0	270	33.8
No	254	63.5	276	69.0	530	66.3
Types of STIs heard*						
	N=146	%	N=124	%	N=270	%
Gonorrhea	99	67.8	90	72.6	189	70.0
Syphilis	45	30.8	40	32.3	85	31.5
Don't know	28	19.2	25	20.2	53	19.6
Genital Herpes	12	8.2	10	8.1	22	8.1
No response	8	5.5	2	1.6	10	3.7
Chlamydia	7	4.8	2	1.6	9	3.3
Others	4	2.7	3	2.4	7	2.6

* Percentage total may exceed to 100 due to multiple responses

Overall, almost two-thirds (58.5 percent) of out-of school youths mentioned that they had no idea about female STI symptoms. And it was almost half (49.3 percent) for those respondents who did not know about any STI symptoms in male. Further segregating the response set, 61.3 percent of rural youth did not know about any symptoms of STI in females whereas the corresponding figure stood (56.2 percent) for the out-of-school urban youths. Alternatively, there was no difference between both urban and rural youths in understanding symptoms of STIs in male *(Figure 5.11).*

Figure 5.11: Symptoms of Male/Female STI as understood by the respondent



Concerning a general understanding of male and female STIs symptoms some question had been asked to the out of school youths from urban and rural locations. Most common symptoms of male and female STI reported by the youths were itching genital area (15.9 percent in female and 22.6 percent in male) and blood in urine (14.8 percent in female and 15.9 percent in male). After these symptoms, lower abdominal pain (13.3 percent in female and 15.2 percent in male) and genital discharge (11.5 percent in female and 14.4 percent in male) were also reported as STI symptoms by notable number of participants *(Table 5.19)*.

Table 5.19: Symptoms STI as understood by the respondent

	Urban		Rural		Total	
	N=146	%	N=124	%	N=270	%
Females STIs *						
Don't know	82	56.2	76	61.3	158	58.5
Itching genital area	21	14.4	22	17.7	43	15.9
Blood in urine	21	14.4	19	15.3	40	14.8
Lower abdominal pain	24	16.4	12	9.7	36	13.3
Genital discharge	19	13.0	12	9.7	31	11.5
Weight loss	10	6.8	20	16.1	30	11.1
Burning pain on urination	14	9.6	10	8.1	24	8.9
Foul smelling	14	9.6	5	4.0	19	7.0
Genital ulcers/sore	10	6.8	3	2.4	13	4.8
Swelling in groin area	5	3.4	8	6.5	13	4.8
Fever	6	4.1	7	5.6	13	4.8
Blister/Wound	4	2.7	8	6.5	12	4.4
Low appetite	7	4.8	1	.8	8	3.0
No response	7	4.8	1	.8	8	3.0
Weakness	1	.7	3	2.4	4	1.5
Others	1	.7	1	.8	2	.7
Male STIs *						
Don't know	72	49.3	61	49.2	133	49.3
Itching genital area	28	19.2	33	26.6	61	22.6
Blood in urine	19	13.0	24	19.4	43	15.9
Abdominal pain	26	17.8	15	12.1	41	15.2
Weight loss	19	13.0	21	16.9	40	14.8
Genital discharge	29	19.9	10	8.1	39	14.4
Burning pain on urination	18	12.3	9	7.3	27	10.0
Blister/Wound	6	4.1	20	16.1	26	9.6
Foul smelling	16	11.0	8	6.5	24	8.9
Swelling in groin area	14	9.6	5	4.0	19	7.0
Fever	9	6.2	6	4.8	15	5.6
Genital ulcers/sore	8	5.5	5	4.0	13	4.8
Weakness	6	4.1	7	5.6	13	4.8
Low appetite	3	2.1	7	5.6	10	3.7
No response	4	2.7	3	2.4	7	2.6
Others			1	.8	1	.4

* Percentage total may exceed to 100 due to multiple responses

STI Symptoms Experienced and Treatment Sought

Out-school youths were asked if they had experienced STI symptoms in the past one year. Out of 270, who had ever heard of STIs, only eight urban and five rural youths said that they had experienced at least one STI symptoms in the past year. More urban respondents had STIs symptoms (5.5 percent) compared to the rural respondents (4.0 percent). Overall, thirteen (4.8 percent) had experienced such symptoms in the past one year.

Among those, who had STI in the past year, little less than two-thirds (62.5 percent, n=5) of the urban and four-fifths (80.0 percent) of the rural respondents among five reported that they had sought treatment. Four-fifth (80.0 percent, n=4) of the urban and three-fourths (75.0 percent, n=3) respondents had been to government hospital/clinic for treatment. Similarly, out of those respondents who went for STI treatment, one-third (33.3 percent, n=3) had also got their partners treated *(Table 5.20).*

Table 5.20: STI symptoms experienced and treatment sought

	Urban		Rural		Total	
	N=146	%	N=124	%	N=270	%
Had an STI in the past year						
Yes	8	5.5	5	4.0	13	4.8
No	117	80.1	107	86.3	224	83.0
Don't know	16	11.0	7	5.6	23	8.5
No response	5	3.4	5	4.0	10	3.7
Sought treatment						
	N=8	%	N=5	%	N=13	%
Yes	5	62.5	4	80.0	9	69.2
No	3	37.5	1	20.0	4	30.8
Source of treatment						
	N=5	%	N=4	%	N=9	%
Pharmacy	1	20.0	1	25.0	2	22.2
Govt. hospital/clinic	4	80.0	3	75.0	7	77.8
Treatment obtained by sexual partner (partners treatment)						
Yes	1	20.0	2	50.0	3	33.3
No	2	40.0	1	25.0	3	33.3
Don't know	2	40.0	1	25.0	3	33.3

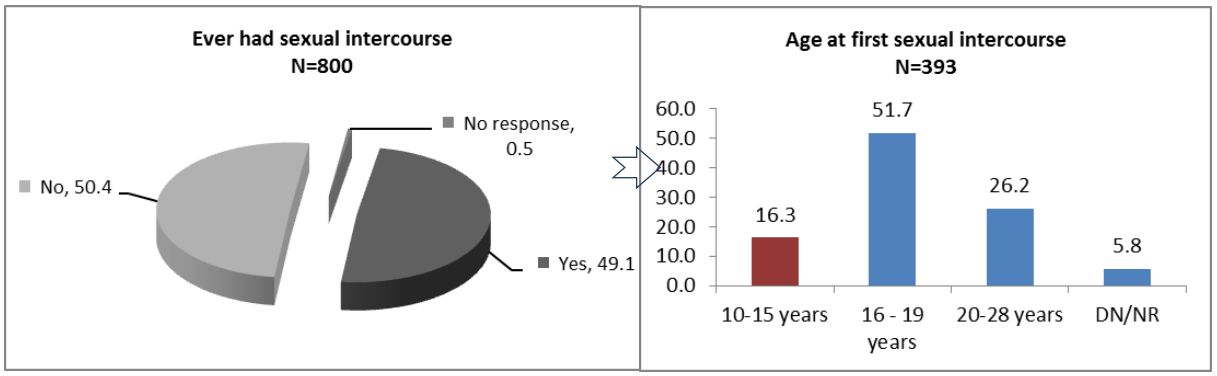
5.5 Sexual Behavior and Condom Using Practice

HIV transmission is often related with an unprotected sexual behavior. HIV infected people further transmit the virus to their spouses or sex partners through unsafe sexual contact. The sexual behaviors 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

Overall, almost a half of the respondent (49.1 percent) said that they ever had sexual intercourse before the survey.Concerning the age of first sexual intercourse, less than one-fifth (16.3 percent) of them had their first sex before they turned 16 years and another a half (51.7 percent) had their first sex before they touched 20 years. Overall, median age of first sex was 18 years *(Figure 5.12)*.

Figure 5.12: Ever had sexual intercourse and age at first sexual intercourse



Furthermore, when the 403 respondents (50.4 percent) who never had sex before; were asked the reason for not having sexual intercourse, nearly a half (45.2 percent) said that they were too young to have sex, and a nearly one-third (33.2 percent) respondents said that sex before marriage was wrong. Similarly, about a quarter (23.6 percent) of them reported that they were not interested whereas, a little less than one-fourth (22.4 percent) thought that they were not ready for sex. Likewise some youths reported that they did not have sex because they were afraid of getting pregnant (16.2 percent). Some fewer respondents (10.8 percent) said that they avoided sex because they were afraid of getting HIV/AIDS or STI *(Table 5.21).*

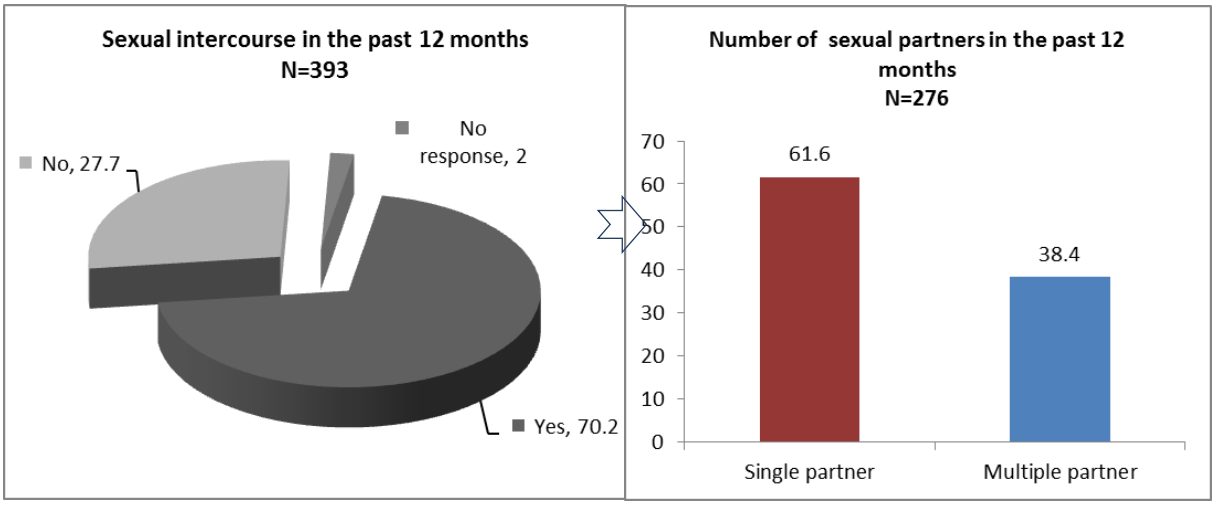
Table 5.21: Sexual behavior

	Urban		Rural		Total	
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Ever had sexual intercourse						
Yes	190	47.5	203	50.8	393	49.1
No	206	51.5	197	49.3	403	50.4
No response	4	1.0			4	.5
Reason for not having sexual intercourse *						
	N=210	**%**	**N=197**	**%**	**N=407**	**%**
I am/feel too young	93	44.3	91	46.2	184	45.2
Sex before marriage is wrong	72	34.3	63	32.0	135	33.2
Not interested	43	20.5	53	26.9	96	23.6
Don't feel ready to have sex	65	31.0	26	13.2	91	22.4
Afraid of getting pregnant	38	18.1	28	14.2	66	16.2
Afraid of getting HIV/AIDS or STI	30	14.3	14	7.1	44	10.8
Have not had the chance	11	5.2	18	9.1	29	7.1
Feel shy	7	3.3	10	5.1	17	4.2
No response	9	4.3	7	3.6	16	3.9
Because of Monk/Religious	3	1.4	5	2.5	8	2.0
Don't know	3	1.4	3	1.5	6	1.5
Others	1	.5			1	.2
Age at first sexual intercourse						
	N=190	**%**	**N=203**	**%**	**N=393**	**%**
8 - 15 years	38	20.0	33	16.3	71	18.1
16 - 19 years	92	48.4	106	52.2	198	50.4
20 - 28 years	41	21.6	60	29.6	101	25.7
Didn't remember	17	8.9	4	2.0	21	5.3
No response	2	1.1			2	.5
Median	**18**		**18**		**18**	
Mean/Std. Deviation	**17.77/2.82**		**18.15/2.53**		**17.97/2.68**	
Sexual intercourse in the past 12 months						
Yes	129	67.9	147	72.4	276	70.2
No	55	28.9	54	26.6	109	27.7
No response	6	3.2	2	1.0	8	2.0
Number of different sexual partners in the past 12 months						
	N=129	**%**	**N=147**	**%**	**N=276**	**%**
Single partner	77	59.7	93	63.3	170	61.6
Multiple partner	52	40.3	54	36.7	106	38.4

* Percentage total may exceed to 100 due to multiple responses

Among those who ever had sex, a little less than three-fourths had sex in the past year. Of total, who had sex in the past year, nearly two-fifths (38.4 percent) had multiple partners in the past year *(Figure 5.13).*

Figure 5.13: Sexual intercourse in the past 12 months and number of sexual partner



Type of Sex Partners

The sex partners of the study population have been categorized as regular partners, non-regular partners and female sex workers. In this study, a regular partner is defined as the spouse or any sexual partner living together with the respondent. Similarly, non-regular partner is defined as those with whom the participants are not married or living together but being distinct and separate from sex workers. Likewise, sex workers are defined as those who sell sex in exchange for cash or kind.

Among those out of school youths, who had sexual contact in the past twelve months, more than a three-fourths (75.7 percent) had had sex with their regular partner. While asking about the casual sex, almost one-fifth (19.2 percent) of the respondents said that they had had sex with non-regular sex partners. A little less than a quarter of urban youth (22.5 percent) had had sex with non-regular sex partners while less than one-fifth (16.3 percent) of rural youth had had sex with non-regular sex partners. In addition, a notably higher proportion of urban youths (10.1 percent) than rural youths (4.1 percent) had sex with sex workers in the past year. Regarding to male have sex with male (was asked to male respondents to only), six out of hundred (6.0 percent) of urban youths and seven out of ninety-two (7.6 percent) of rural youths said that they ever had sex with males. A clear majority of the youths (63.4 percent) said that their last sex partner was the regular partner followed by other female friends (response from male youths; 26.7 percent) *(Table 5.22).*

Table 5.22: Types of sex partners in the last 12 months and sexual practice

	Urban		Rural		Total	
	N=129	%	N=147	%	N=276	%
Had sex with regular partner						
Yes	91	70.5	118	80.3	209	75.7
No	21	16.3	14	9.5	35	12.7
Unmarried or no live in partner	17	13.2	15	10.2	32	11.6
Had sex with non-regular sex partner						
Yes	29	22.5	24	16.3	53	19.2
No	100	77.5	123	83.7	223	80.8

Had sex with sex worker						
Yes	13	10.1	6	4.1	19	6.9
No	116	89.9	141	95.9	257	93.1
Ever had sex with males**						
	N=100	**%**	**N=92**	**%**	**N=192**	**%**
Yes	6	6.0	7	7.6	13	6.8
No	94	94.0	85	92.4	179	93.2
Had anal sex with male sex partner **						
	N=6	**%**	**N=7**	**%**	**N=13**	**%**
Yes	1	16.7			1	7.7
No	5	83.3	7	100.0	12	92.3
Last sex partner						
	N=190	**%**	**N=203**	**%**	**N=393**	**%**
Regular partner (spouse or live in sexual partner)	112	58.9	137	67.5	249	63.4
Other female friend	54	28.4	51	25.1	105	26.7
No response	9	4.7	6	3.0	15	3.8
Don't know	5	2.6	5	2.5	10	2.5
Male friend	7	3.7	1	.5	8	2.0
FSW/MSW	3	1.6	3	1.5	6	1.5

** Asked only to male respondents

Knowledge and Use of Condom

Condom promotion has been one of the important components of HIV/AIDS awareness campaigns. Majority of out-school youths (95.1 percent) had heard about condom before this survey. Of the total respondents, eight out ten (84.5 percent) of them thought that condom prevents people from HIV/AIDS while 80.6 percent of them believed that condom as a means of prevention of pregnancy as well as use as a contraceptive method. Likewise, little more than a quarter (27.2 percent) of the youths thought condoms as a means of prevention of sexually transmitted infections *(Table 5.23)*.

A little more than three-fourths (76.2 percent) of the out-school youths think that condoms were safe in contrary a little less than one-tenth (9.7 percent) considered that using condom not safe. Condoms were regarded unsafe by these respondents because they could break easily (83.8 percent) and they could not protect against diseases (9.5 percent) *(Table 5.23).*

Table 5.23: Knowledge about condom

	Urban		**Rural**		**Total**	
	N=400	**%**	**N=400**	**%**	**N=800**	**%**
Ever heard of condom						
Yes	376	94.0	385	96.3	761	95.1
No	24	6.0	15	3.8	39	4.9
Condoms are used to *						
	N=376	**%**	**N=385**	**%**	**N=761**	**%**
Prevent HIV/AIDS	307	81.6	336	87.3	643	84.5
Prevent pregnancy/Used as a contraception	313	83.2	300	77.9	613	80.6
Prevent STI	110	29.3	97	25.2	207	27.2

Don't know	9	2.4	8	2.1	17	2.2
No response	5	1.3			5	.7
Others	4	1.1			4	.5
Thinks condom are safe						
Yes	284	75.5	296	76.9	580	76.2
No	30	8.0	44	11.4	74	9.7
Don't know	59	15.7	42	10.9	101	13.3
No response	3	.8	3	.8	6	.8
Reasons why condoms are considered unsafe						
	N=30	**%**	**N=44**	**%**	**N=74**	**%**
Break easily	22	73.3	40	90.9	62	83.8
Do not protect against diseases	4	13.3	3	6.8	7	9.5
Don't know	3	10.0	1	2.3	4	5.4
No response	1	3.3			1	1.4

* Percentage total may exceed to 100 due to multiple responses

Knowledge about Condom Available Places

Majority of the respondents (81.7 percent) said that they knew at least one place or a person where condom could be obtained. Almost nine in ten (89.9 percent) of them said that condom could be obtained from hospitals, followed by nearly two-thirds (61.1 percent) who reported that that condom could obtained from BHUs and almost a half 47.1 percent had mentioned it could be obtained from shops. Likewise, a little less than a quarter (21.5 percent) of them said condom could be obtained from pharmacy/clinics. A notably higher proportion of the urban youth (32.9 percent) than of the rural youth (10.3 percent) said that condom could be obtained from pharmacy. Furthermore, some respondents had mentioned that it could obtain from health workers (14.1 percent), clinics (8.7 percent), family planning centers (5.9 percent) as well as friend (8.5 percent) and bars/guesthouses/hotels (4.7 percent). Additionally, a little more than two-fifths (41.4 percent) of out-school youths had received condom free of cost in the past year *(Figure 5.14)*. For detail of Urban and Rural out-school youths' response see *Table 5.24*.

Figure 5.14: Know place or person where condom can be obtained

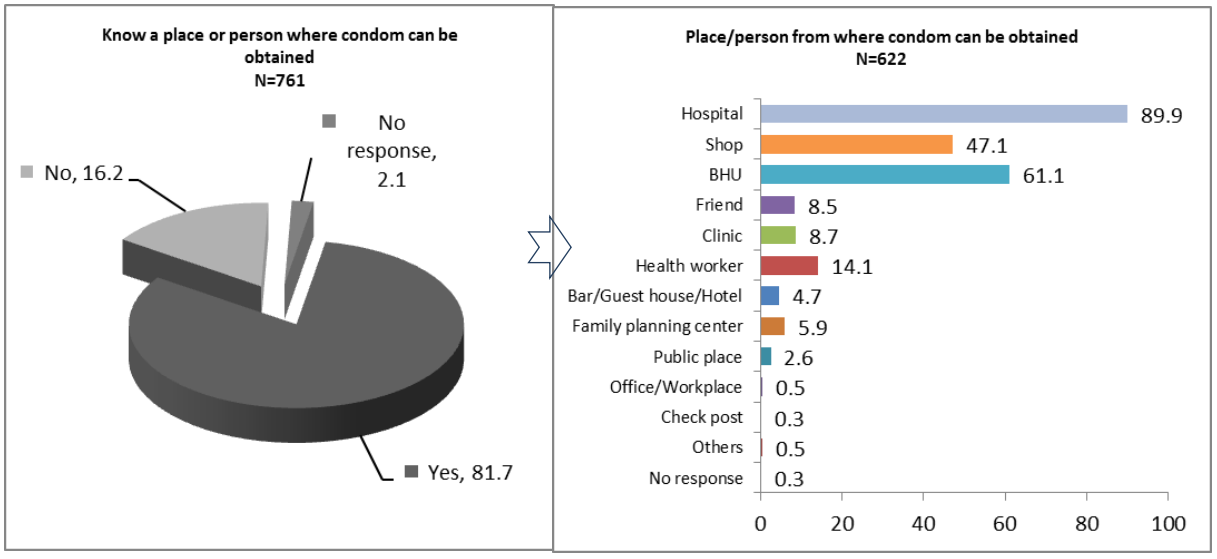


Table 5.24: Known places for obtaining condoms

	Urban		Rural		Total	
Know a place or person where condom can be obtained						
	N=376	**%**	**N=385**	**%**	**N=761**	**%**
Yes	310	82.4	312	81.0	622	81.7
No	58	15.4	65	16.9	123	16.2
No response	8	2.1	8	2.1	16	2.1
Place/person from where condom can be obtained *						
	N=310	**%**	**N=312**	**%**	**N=622**	**%**
Hospital	276	89.0	283	90.7	559	89.9
BHU	160	51.6	220	70.5	380	61.1
Shop	150	48.4	143	45.8	293	47.1
Pharmacy	102	32.9	32	10.3	134	21.5
Health worker	39	12.6	49	15.7	88	14.1
Clinic	38	12.3	16	5.1	54	8.7
Friend	39	12.6	14	4.5	53	8.5
Family planning center	22	7.1	15	4.8	37	5.9
Bar/Guest house/Hotel	15	4.8	14	4.5	29	4.7
Public place	12	3.9	4	1.3	16	2.6
Office/Workplace	2	.6	1	.3	3	.5
Others	1	.3	2	.6	3	.5
Check post	2	.6			2	.3
Don't know	1	.3	1	.3	2	.3
No response99	1	.3	1	.3	2	.3
Received condoms free of cost in the past 12 months						
	N=376	**%**	**N=385**	**%**	**N=761**	**%**
Yes	157	41.8*	158	41.0	315	41.4
No	197	52.4	219	56.9*	416	54.7
No response	22	5.9	8	2.1	30	3.9

**Percentage total may exceed to 100 due to multiple responses

* The difference is statistically significant at 0.05 level.

Source of Information about Condoms

The out-school youths were asked how they learn about condom. They had heard about it from various sources. The most common source of information (90.0 percent) was televisions followed by health workers/volunteers (78.7 percent). Similarly, another common information sources were revealed as friends/peers (73.3 percent) and teacher (61.3 percent). Furthermore 58.4 percent claimed that their source of information was newspaper/magazine., followed by 51.5 percent who reported that bill board/posters, pamphlets/posters (50.3 percent) and work place (44.6 percent). Respondents had got information about condom from various sources including community event/training (27.5 percent) and people from NGO (20.2 percent) *(Table 5.25).*

Table 5.25: Sources of Information about condom

	Urban		Rural		Total	
	N	%	N	%	N	%
Sources of Information about condom *						
Radio	223	59.5	272	71.2	495	65.4
Television	339	90.4	342	89.5	681	90.0
Newspapers/Magazines	229	61.1	213	55.8	442	58.4
Pamphlets/Posters	208	55.5	173	45.3	381	50.3
Teachers	227	60.5	237	62.0	464	61.3
Health Worker/Volunteer	270	72.0	326	85.3	596	78.7
Friends/Peers	276	73.6	279	73.0	555	73.3
Work place	154	41.1	184	48.2	338	44.6
People from NGO	87	23.2	66	17.3	153	20.2
Relatives	175	46.7	154	40.3	329	43.5
Community Event/Training	103	27.5	105	27.5	208	27.5
Cinema Hall	117	31.2	117	30.6	234	30.9
Bill Board/Sign board	173	46.1	217	56.8	390	51.5
Others	47	12.5	51	13.4	98	12.9

* Percentage total may exceed to 100 due to multiple responses

Use of Condoms with Different Sex Partners

One of the main causes of HIV and STI transmission is unprotected sex as this may transmit such infections from one sex partner to another. In this backdrop, in-school youths were asked about the condom using practice with different types of sex partners and reason of not using condom, if any. This information helps program designers to address the target population with appropriate message.

Condom Use with Regular Sex Partner

Of total, who had sexual contact with regular partners in the past year (N=91), more than a half (51.2 percent) had used condom with regular partners during the last sexual intercourse. Almost a half (47.8 percent) of the respondents reported they hadn't used condom during their last sexual act with regular partner. A significantly higher proportion of rural youth (55.1 percent) than urban youth (38.5 percent) reported that they had not used a condom during their last sex with regular sex partner. The reported reason, more than a quarter (28.4 percent) of not using condom, was they used other contraceptives. Likewise, wish for a child (15.7 percent), partner objection (15.7 percent), trust to partner (6.9 percent) and not availability (3.9 percent) were also reported the reasons behind not using the condom during their last sex. Likewise, majority of the out-school youths (93.5 percent) reported that they had used condom with regular partners in the last sexual intercourse to avoid pregnancy. The reason for condom use was HIV prevention for almost a quarter (24.3 percent) of respondents, while nearly one-fifth (18.7 percent) had used condom for the purpose of STI prevention with regular sex partners in the past twelve months. Furthermore, overall (11.0 percent; urban youth-15.4 and rural youth 7.4 percent) had reported they had used condom consistently with regular sex partner in the past twelve months *(Table 5.26).*

Table 5.26: Use of condoms with regular partner

	Urban		Rural		Total	
Used condom with regular partner during last sexual intercourse						
	N=91	**%**	**N=118**	**%**	**N=209**	**%**
Yes	54	59.3*	53	44.9	107	51.2
No	35	38.5	65	55.1*	100	47.8
No response	2	2.2			2	1.0
Reason for not using condom with regular partners during last sexual intercourse						
	N=37	**%**	**N=65**	**%**	**N=102**	%
Used other contraceptive	8	21.6	21	32.3	29	28.4
Didn't think it was necessary	4	10.8	12	18.5	16	15.7
Wish for a child	8	21.6	8	12.3	16	15.7
Partner objected	4	10.8	6	9.2	10	9.8
Trust to sex partner	4	10.8	3	4.6	7	6.9
Don't know	3	8.1	4	6.2	7	6.9
Didn't think of it	3	8.1	3	4.6	6	5.9
Not available	1	2.7	3	4.6	4	3.9
Don't like them	1	2.7	3	4.6	4	3.9
Others			2	3.1	2	2.0
No response	1	2.7			1	1.0
Reasons for using condom with regular partner during last sexual intercourse *						
	N=54	**%**	**N=53**	**%**	**N=107**	**%**
Pregnancy prevention	47	87.0	53	100.0	100	93.5
HIV/AIDS prevention	12	22.2	14	26.4	26	24.3
STI prevention	10	18.5	10	18.9	20	18.7
Others	1	1.9			1	.9
Don't know	1	1.9			1	.9
No response	1	1.9			1	.9
Used condom with regular sex partner in the past 12 months						
	N=91	**%**	**N=118**	**%**	**N=209**	%
Every times	14	15.4*	9	7.6	23	11.0
Almost every-times	19	20.9*	10	8.5	29	13.9
Sometimes	33	36.3	49	41.5*	82	39.2
Never used	20	22.0	47	39.8*	67	32.1
Don't know	2	2.2	2	1.7	4	1.9
No response	3	3.3	1	.8	4	1.9

** Percentage total may exceed to 100 due to multiple responses

* The difference is statistically significant at 0.05 level.

Condom Use with Female Sex Worker

Of the total 19 youths, little higher than a half of youths (52.6 percent, n=10) had reported that, they used condom with the sex worker during last sexual intercourse. Around one-fifths (21.1 percent, n=4) of them did not used condom with the sex worker during their last sex. While asking about the reason of not using the condom, each among 9 had different reason like not available (n=1), partner objected (n=1), other reason (n=1). Concerning about the consistent use of condom less than a half

(42.1 percent, n=8) youths had reported that they used condom consistently with sex worker in the past year *(Table 5.27)*.

Table 5.27: Use of condoms with sex worker

	Urban		Rural		Total	
Used condom with sex worker during last sexual intercourse						
	N=13	**%**	**N=6**	**%**	**N=19**	**%**
Yes	7	53.8	3	50.0	10	52.6
No	3	23.1	1	16.7	4	21.1
Don't know			1	16.7	1	5.3
No response	3	23.1	1	16.7	4	21.1
Reason for not using condom with sex worker during last sexual intercourse						
	N=6	**%**	**N=3**	**%**	**N=9**	**%**
Not available	1	16.7			1	11.1
Partner objected			1	33.3	1	11.1
Others			1	33.3	1	11.1
Don't know	1	16.7			1	11.1
No response	4	66.7	1	33.3	5	55.6
Used condom with sex worker partner in the past 12 months						
	N=13	**%**	**N=6**	**%**	**N=19**	**%**
Every times	5	38.5	3	50.0	8	42.1
Sometimes	3	23.1	1	16.7	4	21.1
Never used	3	23.1	1	16.7	4	21.1
No response	2	15.4	1	16.7	3	15.8

Condom Use with Non-regular Sex Partner

Among the respondents who had sex with casual sex partners in the past year, a little higher than three-fourths (75.5 percent, n=53) had reported that they had used condom during last sexual intercourse with non-regular partner. Those who reported of not used condom (24.5 percent, n=13), all male, were asked the reason. Among those thirteen respondents nearly a quarter of the youths (23.1 percent, n=3) had reported that the condom was not available the same numbers of the youths (23.1 percent, n=3) had also reported the reason as; didn't thought of it, nearly a half (47.2 percent) of them had used condom consistently. The proportion of consistent condom using practice among rural (41.7 percent, n=10) was higher than the urban (51.7 percent, n=15), with non-regular partners during last sex in the past year *(Table5.28).*

Table 5.28: Use of condoms with non-regular partner

	Urban		Rural		Total	
Used condom with non-regular partner during last sexual intercourse						
	N=29	**%**	**N=24**	**%**	**N=53**	**%**
Yes	24	82.8	16	66.7	40	75.5
No	5	17.2	8	33.3	13	24.5
Reason for not using condom with non-regular partner during last sexual intercourse						
	N=5		**N=8**		**N=13**	
Not available	2	40.0	1	12.5	3	23.1

Didn't think of it			3	37.5	3	23.1
No satisfaction	2	40.0	1	12.5	3	23.1
Don't like them			1	12.5	1	7.7
Didn't think it was necessary			1	12.5	1	7.7
Others			1	12.5	1	7.7
No response	1	20.0			1	7.7
Used condom with non-regular partner in the past 12 months						
	N=29	**%**	**N=24**	**%**	**N=53**	%
Every times	15	51.7	10	41.7	25	47.2
Almost every-times	2	6.9	2	8.3	4	7.5
Sometimes	9	31.0	9	37.5	18	34.0
Never used			2	8.3	2	3.8
Don't know	1	3.4			1	1.9
No response	2	6.9	1	4.2	3	5.7
* The difference is statistically significant at 0.05 level						

Condom Use in Last Sexual Contact

Table 5.29 reflects the condom using practice by the respondents with their last sexual partners. A high proportion of rural youths (43.5 percent) did not use condoms in comparison to urban out of school youths (31.8 percent) who did not used condoms in the last intercourse sexual contact that took place in last 12 months. Similarly, more than a half of study participants from rural locations ((56.2%) than urban locations (37.4%) had used condoms with their sexual partners in the last sexual activity. In addition, participants were queried about whether they have multiple sex partners and condom use. Among those having multiple sex partner, majority from rural areas (40.7 percent) than urban areas (26.9 percent) had not used condoms in the most recent sexual act. *(Table 5.29).*

Table 5.29: Use of condoms with different sexual partners

	Urban		**Rural**		**Total**	
Used condom with sexual partner during last intercourse within the past 12 months						
	N=129	**%**	**N=147**	**%**	**N=276**	**%**
Yes	87	67.4	83	56.5	170	61.6
No	41	31.8	64	43.5	105	38.0
No response	1	.8			1	.4
Used condom with sexual partner during last sexual act (till survey date)						
	N=190	**%**	**N=203**	**%**	**N=393**	**%**
Yes	119	62.6*	89	43.8	208	52.9
No	71	37.4	114	56.2*	185	47.1
Used condom in the last sex by the respondent who have had multiple sex partners in the last 12 months						
	N=52	**%**	**N=54**	**%**	**N=106**	**%**
Yes	38	73.1	32	59.3	70	66.0
No	14	26.9	22	40.7	36	34.0
* The difference is statistically significant at 0.05 level						

Condom Use by Selected Background Characteristics

Use of condom in the last sexual intercourse has been analyzed according to different background characteristics of the respondents. Use of condom in the last sex with regular partner (49.3 percent) was found comparatively higher than in the last sex with non-regular partner and sex workers. About one-third (31.1 percent) of them used condom with sexual workers as against 28.5 percent who used condoms with non-regular partner. Tally with the corresponding table.

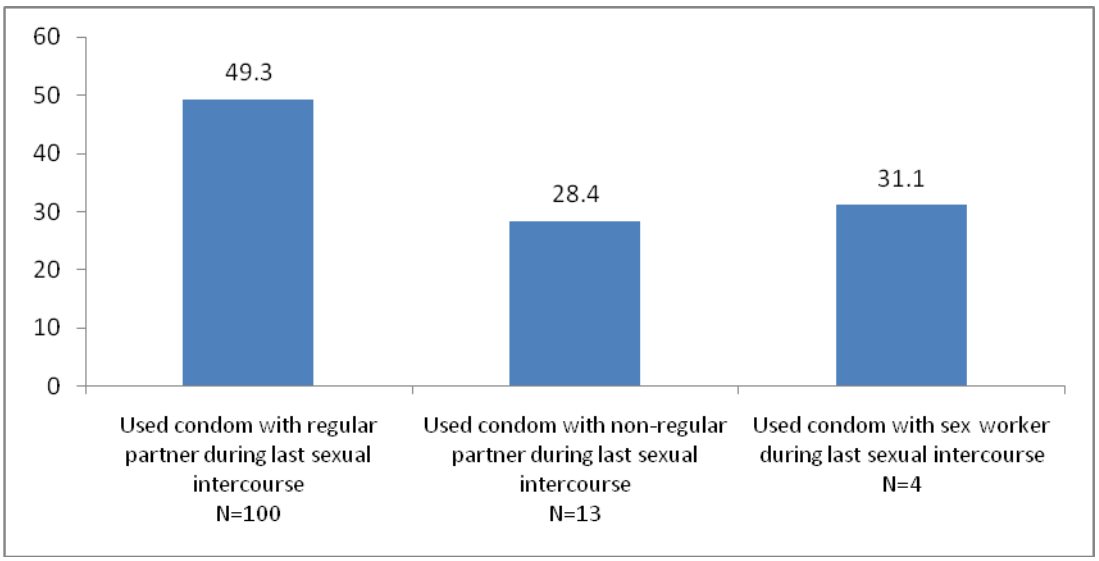
Around a half (50 percent) of them were found of using condoms with regular sex partners while categorizing by gender. Concerning their last sex with non-regular partner, a higher fraction of respondents belonging to age group of 20 to 24(25.5 percent) had used condoms in comparison to respondents between (15-19) years (16.7 percent). But only four out of four of them from the age group 20-24 reported to have used condoms with sex workers in their last sexual encounter.
Likewise, condom using practice among with regular partner for both male and female was higher (nearly 50 percent) in comparison to non-regular partner and sex workers. However, only 3 of female school youths used condom with non-regular partner in their last sexual activity. In addition, only 2 male and female each reported to use condoms in the last sexual contact with sex workers.

While cross tabulating condom use with education variables, there is very little variation among out of school youths in condom use with regular partners. Almost 50 percent of them reported using condoms. But with regular partners, 5 respondents (41.7 percent,) from illiterate group, 4 from 1-6 grade (28.6 percent) and 4 from 7-10 grade (15.4%) told that they used condoms in their last act. Similarly, 2 youths from illiterate group mentioned of using condom while having sexual contact with sex worker in their last sex. *(Table 5.30).*

Table 5.30: Use of condom in the last sex with different partners by background characteristics of respondents

	Used condom with regular partner during last sexual intercourse		Used condom with non-regular partner during last sexual intercourse		Used condom with sex worker during last sexual intercourse	
	N=100	%	N=13	%	N=4	%
Age group						
15-19 years	8	50.0	1	16.7		
20 - 24 years	92	47.7	12	25.5	4	21.1
Sex						
Male	32	51.6	10	21.3	2	13.3
Female	68	46.3	3	50.0	2	50.0
Education						
Illiterate	21	55.3	5	41.7	2	40.0
1-6 grade	20	47.6	4	28.6		
7-10 grade	41	43.2	4	15.4	1	12.5
Literate/no formal education	18	52.9			1	50.0

Figure 5.15: Use of condom in last sex with different partners



Consistent condom use with different types of sex partners in the past 12 months has been analyzed in this part. Consistent condom use in the past year was high with non-regular (47.2 percent) compared to regular partner and sex workers. Similarly, less than a half (42.1 percent) of the respondent had reported consistently use of condom with sex worker and a small apportion of the respondents (11.0 percent) had reported with regular sex partner in the past 12 months *(Table 5.31).*

Table 5.31: Consistent use of condom by respondents in the past 12 months with different partners by background characteristics of respondents

	Used condom consistently with regular sex partner in the past 12 months		**Used condom consistently with non-regular partner in the past 12 months**		**Used condom consistently with sex worker in the past 12 months**	
	N=23	**%**	**N=25**	**%**	**N=8**	**%**
Age group						
15-19 years	2	12.5	3	50.0		
20 - 24 years	21	10.9	22	46.8	8	42.1
Sex						
Male	9	14.5	23	48.9	8	53.3
Female	14	9.5	2	33.3		
Education						
Illiterate	6	15.8	5	41.7	1	20.0
1-6 grade	4	9.5	8	57.1	4	100.0
7-10 grade	12	12.6	12	46.2	2	25.0
Literate/no formal education	1	2.9			1	50.0
Total:	**23**	**11.0**	**25**	**47.2**	**8**	**42.1**

Condom use by Respondents with Comprehensive Knowledge about HIV Transmission

Further analysis of consistent use of condoms was done to detect the condom using practice of those respondents who knew all the five core indicators of HIV transmission (BCDEF) as mentioned in the previously described table.

Among the out-school youths who knew all the five core indicators, an overwhelmingly high proportion (17.4 percent, n=4) of them used condom consistently with regular partner in the past 12 months. Likewise, less than a half (42.9 percent, n=3) with non-regular partners and more than two-thirds (66.7 percent, n=2) had mentioned that they had used condom consistently with sex worker in the past year *(Table 5.32)*.

Table 5.32: Consistent use of condom with different partners by respondents with comprehensive knowledge of HIV transmission

	Used condom consistently with regular sex partner in the past 12 months		Used condom consistently with non-regular partner in the past 12 months		Used condom consistently with sex worker partner in the past 12 months	
	N	%	N	%	N	%
Age group						
15-19 years	-	-	-	-	-	-
20 - 24 years	4	18.2	3	50.0	2	66.7
Sex						
Male	1	11.1	2	33.3	2	66.7
Female	3	21.4	1	100.0		
Education						
Illiterate					1	100.0
1-6 grade			1	100.0		
7-10 grade	4	25.0	2	40.0	1	50.0
Literate/no formal education	-	-	-	-	-	-
Total	**4**	**17.4**	**3**	**42.9**	**2**	**66.7**

Perception on Who Should Take Decision Regarding Condom Use

Likewise, Out-school youths were asked to give their opinion on who among the sex partners should decide whether or not to use a condom. It was about a half (43.3 percent - 47.4 from urban and 39.4 from rural) of them think that they should decide this matter jointly and one-fourth (24.9 percent- 18.4 percent from urban and 31.0 percent from rural) reported that the woman should make a decision about condom use. Similarly, 19.8 percent (22.6 percent from urban and 17.2 percent from rural) felt that decisions to be made by the man whether or not to use a condom during sexual act *(Table 5.33)*.

Table 5.33: Perception on who should make decision regarding condom use

	Urban		Rural		Total	
	N=190	%	N=203	%	N=393	%
Decision on use of condom						
A joint decision	90	47.4	80	39.4	170	43.3
The women's decision	35	18.4	63	31.0	98	24.9
The man's decision	43	22.6	35	17.2	78	19.8
Don't know	16	8.4	18	8.9	34	8.7
No response	6	3.2	7	3.4	13	3.3

5.6 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.

Use of Drugs

Overall less than five (3.5 percent) of the respondent (urban- 4.5 percent and rural – 2.5 percent) had ever used drugs. But till the date of the survey not a single youth either from urban or rural area were found that they had ever injected drugs *(Table 5.34)*.

Table 5.34: Drug injecting practice of the respondent

	Urban		Rural		Total	
Ever used drugs						
	N=400	%	N=400	%	N=800	%
Yes	18	4.5	10	2.5	28	3.5
No	381	95.3	389	97.3	770	96.3
No response	1	.3	1	.3	2	.3
Ever injected drugs						
	N=18	%	N=10	%	N=28	%
No	18	100.0	10	100.0	28	100.0

5.7 Summary of findings

- The median age of the respondent was 21 and 52.1 percent of them were female. Among 65.5 percent of out of school youth are married. A more than half (51.6 percent) of them were married before the age of 20 years. About 13.6 percent were illiterate and about four out of them (48.1 percent) are currently living in parental house.
- Television is the most popular media among the out-of school youth (89.3 percent) as the main source of information about HIV/AIDS. Almost all of them (96.1 percent) have access to at least one media (TV or Newspaper or Radio) daily or almost daily or at least once a week.
- The entire respondent (100 percent) had heard of HIV/AIDS. Similarly, more than one- third (35.6 percent) of them perceived that there was a difference between HIV and AIDS. Nearly half of them (45.5 percent) think that AIDS is incurable disease. Likewise, more than half (60

percent) believe that HIV/AIDS is a serious problem in the community. Similarly, only 39.7 percent of them think that they are at high or moderate risk.

- Similarly, 11.3 percent of them know infected with HIV or died by AIDS. And about four-fifths (75.6 percent) of out-school youth did not share any relation with the deceased ones. The reason for putting them in high or moderate risk are due to having many sexual partners and not using condom in each sex act, their sex partners had other sex partners, had sex with sex workers, and had their hair cut in the saloon.
- Only 11.53 percent of the youths had comprehensive knowledge about HIV transmission as they correctly identified the five major indicators of HIV transmission. They found conscious of two ways of preventing sexual transmission of HIV; about two-third(67.2 percent) are using a condom every time they had sex and 57.9 percent having sex with only one faithful uninfected sexual partner. More out of school youths(88.7 percent) reject major misconceptions about HIV transmission; that a person cannot get infected by sharing a meal and about of(74.0 %) of the accepted that a healthy looking person could be infected with HIV(59.8 percent).
- Among the total out-of school youth, more than half (62.0 percent) know the place where they could go for test. Overall, one-fifth (20.6 percent) had been tested for HIV; less than half (40.2 percent) among them tested for HIV recently within past twelve months. About three-fourth (70.6 percent) of these youth ever tested HIV did receive the test result. More than half (59.6 percent)of theme shared the test results with their sex partner. A encouraging proportion (69.8 percent) are interested to take confidential HIV testing.
- The out-of school youth believe that persons living with HIV/AIDS could protect themselves by eating healthy food, using medicine, visiting to a doctor/s, and making use of condom in each sex act, abstaining from sex, avoiding alcohol drink and engaging in normal exercise.
- A clear majority of the study population (70.4 percent) would like to behave HIV infected person like a normal person and other would give additional love and help and provide counseling. A substantial proportion(87.2 percent) are ready to take care of male or female relative, if turned out be positive, however, 56.6 percent preferred not to talk with other and keep it confidential . An overwhelming majority (72.0 percent) of them are willing to buy food from HIV infected shopkeeper and about two-thirds (61.6 percent) believe that HIV infected teachers should be allowed to continue their work unless they become very sick.
- The percentage of those out-of school youth who have ever heard of Sexually Transmitted Infections is 33.8 percent that is very low compared to those having heard of HIV/AIDS (100 percent). Gonorrhea (70.0 percent) and Syphilis (31.5 percent) are two major STIs that the youths have heard of. However, more than half (58.9 percent) do not know about the symptoms of female STI as against 49.3 percent who do not know about symptoms of male STI. The most common symptoms cited were itching genial area, blood in urine, abdominal pain and genital discharge, weight loss and burning pain on urination. Only 4.8 percent of them experienced at least one symptoms of STI. And among them, more than two-thirds (69.2 percent) seek treatment and significant proportion (77.8 percent) treated the STI/s in government health facilities. However, only one-third (33.3 percent) got their partners treated.
- Around a half (49.1 percent) of respondents of told of ever having sexual intercourse. Interestingly, approximately half (50.4 percent) had engaged in sexual intercourse before they reach 20 years. Among them, around one-third (38.4 percent) had more than one sex partner and of them less than half (47.1 percent) did not use condoms in the last sex. Sexual contact of out-school youth with regular partner is highest (75.7 percent), higher with non-regular partner (19.2 percent) and high (6.9 percent) with sexual worker. However, only 47.8 percent of them with regular partner, 24.5 percent with non-regular partner and 21.1 percent with

sex worker did not use condoms in the last sex respectively. Similarly, consistent condom use with regular partner was high (90.5 percent).

- Television (90.0 percent), health workers/volunteers (78.3 percent) and friends/peer (73.3 percent) are the sources of information about condoms for majority of respondents. Around 81.7 percent know at least one place of obtaining condoms and a substantial proportion (89.9 percent) know hospital as condom obtaining place/source. Approximately a half of (41.4 percent) they obtained condoms free of charge in the past year.
- Less than half (43.3 percent) believed that this should be a joint decision taken mutually while taking decision about condom use. And another 24.9 percent thinks that the female partner should decide about it while 19.1 believes to rest the decision on male partner.
- Only 3.5 percent (n=18) of out-of school youths had ever use drugs and no-one ever injecting drugs was found as of the study period.

Summary of finding specifics

Demographics

- The median age of the respondent was 21 and 52.1 percent of them are female. Among 65.5 percent of out of school youth are married. A more than half (51.6 percent) of them were married before the age of 20 years. About 13.6 percent were illiterate and about four out of them (48.1 percent) are currently living in parental house.

Media

- Television is the most popular media among the out-of school youth (89.3 percent) as the main source of information about HIV/AIDS. Almost all of them (96.1 percent) have access to at least one media (TV or Newspaper or Radio) daily or almost daily or at least once a week.

Knowledge

- The entire respondent (100 percent) has heard of HIV/AIDS. Similarly, more than one- third (35.6 percent) of them perceived that there was a difference between HIV and AIDS. Nearly half of them (45.5 percent) think that AIDS is incurable disease. Similarly, 11.3 percent of them know infected with HIV or died by AIDS. And about four-fifths (75.6 percent) of out-school youth did not share any relation with the deceased ones.
- Only 18.5 percent of out-of school youths have comprehensive knowledge about HIV transmission as they correctly identify the five major indicators of HIV transmission. They found conscious of two ways of preventing sexual transmission of HIV; about two-third(81.4 percent) are using a condom every time they had sex and 69.5 percent having sex with only one faithful uninfected sexual partner. More out of school youths reject major misconceptions about HIV transmission; that a person cannot get infected by sharing a meal (88.5%) and that a healthy looking person could be infected with HIV (54.9 percent).
- A higher proportion (91.0 percent) of the respondents were aware that a person could get HIV by using needles and 88.9 percent of them believed that blood transfusion from an infected person could transmit HIV to other. A higher proportion (74.8 percent) cited condom use in every sexual act is the safe way to avoid the transmission and abstaining from sex was another safe measure reported by 32.8 percent.
- The percentage of those out-of school youth who have ever heard of Sexually Transmitted Infections is 33.8 percent that is very low compared to those having heard of HIV/AIDS (100 percent). Gonorrhea (70.0 percent) and Syphilis (31.5 percent) are two major STIs that the youths have heard of. However, more than half (58.5 percent) do not know about the symptoms of female STI as against 49.3 percent who do not know about symptoms of male

STI. The most common symptoms cited were itching genial area, blood in urine, abdominal pain and genital discharge, weight loss and burning pain on urination.

- Television (90.0 percent), health workers/volunteers (78.3 percent) and friends/peer (73.3 percent) are the sources of information about condoms for majority of respondents. Around 81.7 percent know at least one place of obtaining condoms and a substantial proportion (89.9 percent) know hospital as condom obtaining place/source.

Attitude

- Likewise, more than half (60 percent) believe that HIV/AIDS is a serious problem in the community. Similarly, only 39.7 percent of them think that they are at high or moderate risk. The reason for putting them in high or moderate risk are due to having many sexual partners and not using condom in each sex act, their sex partners had other sex partners, had sex with sex workers, and had their hair cut in the saloon.
- A clear majority of the study population (70.4 percent) would like to behave HIV infected person like a normal person and other would give additional love and help and provide counseling. A substantial proportion(87.2 percent) are ready to take care of male or female relative, if turned out be positive, however, 56.6 percent preferred not to talk with other and keep it confidential. A significant majority (72.8 percent) of them are willing to buy food from HIV infected shopkeeper and about two-thirds (61.6 percent) believe that HIV infected teachers should be allowed to continue their work unless they become very sick. More than half (53.1 percent) of them said the health care needs to an HIV infected person should be more than those someone with other chronic disease.
- The out-of school youth believe that persons living with HIV/AIDS could protect themselves by eating healthy food, using medicine, visiting to a doctor/s, and making use of condom in each sex act, abstaining from sex, avoiding alcohol drink and engaging in normal exercise.
- Less than half (43.3 percent) believed that this should be a joint decision taken mutually while taking decision about condom use. And another 24.9 percent thinks that the female partner should decide about it while 19.1 believes to rest the decision on male partner.

Practice

- Only 4.8 percent of them experienced at least one symptoms of STI. And among them, more than two-thirds (69.2 percent) seek treatment and significant proportion (77.8 percent) treated the STI/s in government health facilities. However, only one-third (33.3 percent) got their partners treated.
- Around a half (49.1 percent) of respondents of told of ever having sexual intercourse. Interestingly, more than one-third (68.0 percent) had engaged in sexual intercourse before they reach 20 years. Among them, around one-third (38.4 percent) had more than one sex partner and of them less than half (47.1 percent) did not use condoms in the last sex. Sexual contact of out-school youth with regular partner is highest (75.7 percent), higher with non-regular partner (19.2 percent) and high (6.9 percent) with sexual worker. However, around half (47.8 percent)of them with regular partner, 24.5 percent with non-regular partner and 21.1 percent with sex worker did not use condoms in the last sex respectively. Similarly, consistent condom use with regular partner was low (11.0 percent), higher with sex worker (42.1) and highest with non-regular partner (47.2%).
- Approximately a half of (41.4 percent) they obtained condoms free of charge in the past year.
- Only 3.5 percent (n=18) of out-of school youths had ever use drugs and no-one ever injecting drugs was found as of the study period.

Other summary

- Among the total out-of school youth, more than half (62.0 percent) know the place where they could go for test. Overall, one-fifth (20.6 percent) had been tested for HIV; less than half (40.2 percent) among them tested for HIV recently within past twelve months. About three-fourth (70.6 percent) of these youth ever tested HIV did receive the test result. More than half (59.6 percent) of theme shared the test results with their sex partner. An encouraging proportion (69.8 percent) is interested to take confidential HIV testing.

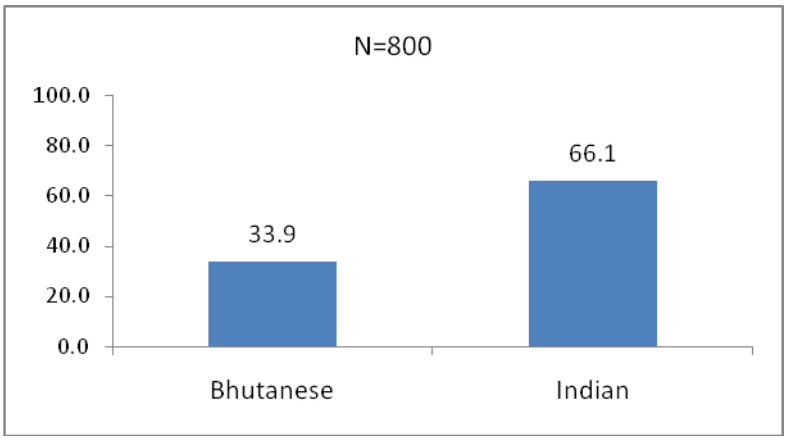
Chapter 6

CONSTRUCTION WORKER

6.1 Socio-demographic Characteristics of Constructions Workers

This chapter presents the demographic and social characteristics of 800 Construction workers working in various construction sites located in different Dzongkhags. While investigating about nationality of the constrictions worker out of 800 respondents more than one- third (33.9 percent) were Bhutanese where two thirds of them were (66.1 percent) were Indian*(Figure* 6.1).

Figure 6.1: Nationality of the Respondent



Demographic characteristics

The distribution of respondents by age, gender, enrolled place, marital status and age at first marriage is shown in Table 3.1. The sampled construction workers belonged to the age from 15 to 60. Respondents below the age of 30 (61.0 percent) were higher than those above 30(39 percent). The median age of the respondents was 28, whereas the mean and the standard deviation were 29.72 and 9.68 respectively *(Table 6.1).*

In terms of gender, a substantial proportion of respondents were male (98.4 percent) in comparison with the female respondents (1.6 percent). With regard to the location of enrollment, 66.8 percent (63.5 percent - Bhutanese and 68.4 percent - Indian) of them were from the urban area. As far as marital status is concerned, married ones (54.0 percent) were slightly in higher proportion than those who were unmarried (44.8 percent) along with divorced/Permanently separated and widow/widowers constituting less than 1percent each. More than half (52.6 percent) of Indian Workers were single as against Bhutanese ones (29.5 percent). Among those who were married, nearly a half(45.9 percent) of those marriage took place between age 20-24 years as against the rest taking place above 25(30.1 percent) and below 20(24 percent). Around one-fourth (28.0 percent) of those marriage took place below 20 years for Bhutanese workers and one-fifth (20.8percent) for Indian counterparts. The median age of the first marriage was 21 for Bhutanese and 22 for Indian workers *(Table 6.1)*.

A little less than half (43.0 percent) of the construction workers pointed out that they were usually living with their spouse/children and parents (41.8 percent), whereas only 6.3 percent of them were residing with friends and those living with relatives were 4.0 percent. However, more than half (59.0 percent) of Bhutanese workers and only one-third (34.8percent) of Indian were living with their family (spouse/children). Whereas around half (47.6 percent) of Indian workers in comparison with Bhutanese ones (30.3 percent) were living with their parents *(Table 6.1)*.

Besides that, 24.0 percent of them were currently living with their own family (spouse/children) whereas about one-fifth (19.9 percent) were residing with employer and 13.8 percent with living with friends in their house (11.3 percent). Some others were living on their own (9.8 percent). Categorically, more than half (56.1 percent) of Bhutanese workers were currently living with their own family whereas about one-fourth (28.0 percent) and one-fifth (18.5 percent) of Indians counterparts were residing with employers and friends in rented house respectively. In these manners, living for less than a year(40.1 percent) were higher in proportion than those living from last 1 to 5 years(38.9 percent) and for more than five years(12.9 percent). In contrast, a small portion (4.3 percent) was living in this way since their birth. Likewise, less than half (48.8 percent) of Indian workers in comparison with Bhutanese workers (23.2 percent) were living in these manners for last one year. Similarly, more than one-fourth (27.4 percent) Bhutanese workers were living in these ways for last 6 years and more. Mean duration of stay in these manners was 5.1 for Bhutanese and 1.76 for Indian *(Table 6.1)*

Table 6.1 Percent Distribution of the Respondent by their Demographic Characteristics

	Bhutanese		**Indian**		**Total**	
	N=271	**%**	**N=529**	**%**	**N=800**	**%**
Age group						
15-19 years	23	8.5	42	7.9	65	8.1
20 - 24 years	46	17.0	171	32.3	217	27.1
25 - 29 years	66	24.4	140	26.5	206	25.8
30 - 34 years	42	15.5	63	11.9	105	13.1
35 - 39 years	41	15.1	49	9.3	90	11.3
40 years and above	53	19.6	64	12.1	117	14.6
Median	**30**		**26**		**28**	
Mean/Std Deviation	**32.18/11.00**		**28.47/8.66**		**29.73/9.67**	
Sex of respondent						
Male	262	96.7	525	99.2	787	98.4
Female	9	3.3	4	.8	13	1.6
Respondent enrolled from						
Urban	172	63.5	362	68.4	534	66.8
Rural	99	36.5	167	31.6	266	33.3
Marital status						
Single	80	29.5	278	52.6	358	44.8
Married	188	69.4	244	46.1	432	54.0
Divorced/Permanently separated	2	.7	5	.9	7	.9
Widow/Widower	1	.4	2	.4	3	.4
Age at first marriage	**N=191**	**%**	**N=251**	**%**	**N=442**	**%**
10-19 years	54	28.3	52	20.7	106	24.0
20 - 24 years	94	49.2	109	43.4	203	45.9
25 years and above	43	22.5	90	35.9	133	30.1

Median	**21**		**22**		**22**	
Mean/Std Deviation	**21.83/4.06**		**22.73/4.17**		**22.34/4.15**	
Usually live with	**N=271**	**%**	**N=529**	**%**	**N=800**	**%**
Own family (spouse/children)	160	59.0	184	34.8	344	43.0
Parents	82	30.3	252	47.6	334	41.8
With friends	8	3.0	42	7.9	50	6.3
With relative	12	4.4	20	3.8	32	4.0
On your own (Single)	7	2.6	18	3.4	25	3.1
Employer	1	.4	5	.9	6	.8
Others			6	1.1	6	.8
No response	1	.4	2	.4	3	.4
Currently living with						
With Own family (spouse/children)	152	56.1	40	7.6	192	24.0
Employer	11	4.1	148	28.0	159	19.9
With friends in rented house	12	4.4	98	18.5	110	13.8
With friends in his house	13	4.8	77	14.6	90	11.3
On your own (Single)	14	5.2	63	11.9	77	9.6
Others	13	4.8	58	11.0	71	8.9
Parental house	26	9.6	31	5.9	57	7.1
With relative	28	10.3	13	2.5	41	5.1
No response	2	.7	1	.2	3	.4
Duration of stay						
Less than a year	63	23.2	258	48.8	321	40.1
1 - 5 years	106	39.1	205	38.8	311	38.9
6 years and above	74	27.3	29	5.5	103	12.9
Since birth	22	8.1	12	2.3	34	4.3
Don't know	5	1.8	22	4.2	27	3.4
No response	1	.4	3	.6	4	.5
Median	**2**		**0**		**1**	
Mean/Std Deviation	**5.01/7.46**		**1.76/3.19**		**2.86/5.28**	

Respondents were similarly queried about their current working district (Dzongkhag) along with their durations of stay. About half (48.5 percent) of them were stationed at Thimphu followed by those who were stationed at Trongsa(20.3 percent) and Wangduephodrang(12.0 percent). Other working Dzongkhags mentioned by them were Sarpang(5.9 percnet), Trashigang(3.8 percent) and Bhumthang(2.1 percent) . Similarly, remaining seven Dzongkhags namely: Zhemzhang, Dagana, Lhuntse, Mongar, Tsirang , Pemagatshel and Punakha each were reported by less than 2 percent of participants. More than four-fifths (81.4 percent) of Indian workers were stationed in Thimphu and Trongsa, and less than two-thirds (60.5 percent) of Bhutanese were stationed in Thimphu (36.9percent) and Wangduephodrang (23.6 percent) *(Table 6.2).*

Participants, staying in these manners for less than a year were in higher proportion (46.1 percent) in comparison to those living for 1-5 years (42.3 percent) and 6 years and above (6 percent). Similarly, 6 percent of them were living in that particular Dzongkhag since they were born. Similarly, more than half (53.9 percent) of Indian respondents were living in this manner since last year *(Table 6.2)*.

Table 6.2: Currently working Dzongkhags of the Respondents

	Bhutanese		Indian		Total	
	N=271	%	N=529	%	N=800	%
Currently working Dzongkhag						
Thimphu	100	36.9	288	54.4	388	48.5
Trongsa	19	7.0	143	27.0	162	20.3
Wangduephodrang	64	23.6	32	6.0	96	12.0
Sarpang	5	1.8	42	7.9	47	5.9
Trashigang	25	9.2	5	.9	30	3.8
Bhumthang	17	6.3			17	2.1
Zhemgang	15	5.5			15	1.9
Dagana	10	3.7			10	1.3
Lhuntse	8	3.0			8	1.0
Mongar	7	2.6	1	.2	8	1.0
Tsirang	1	.4	6	1.1	7	.9
Pema Gatshel			6	1.1	6	.8
Punakaha			6	1.1	6	.8
Duration of the stay in currently working Dzongkhag						
Less than one year	86	31.7	285	53.9	371	46.4
1 - 5 years	112	41.3	226	42.7	338	42.3
6 years and above	30	11.1	18	3.4	48	6.0
Always (since birth)	43	15.9			43	5.4

Education, Ethnicity (language speaking), Religious background

In terms of education qualification, illiterate respondents constituted a higher proportion (40.9 percent) than those literate but had no schooling (11.6 percent). There was no or little variation(less than 5 percent) in education level among Bhutanese and Indian respondents. Likewise, about two out of ten (18.3 percent) had attended the primary education followed by the secondary education (25.9 percent) and the remaining ones (3.4 percent) had the higher secondary education or above. Among the literates with no formal schooling, 62 percent cited unidentified method/institution, followed by those respondents who were self-taught (24.7 percent) , and other educated from monastic institutions(8.6 percent). Only a small fraction (4.3 percent) learned to read and write from the state-offered non-formal education system *(Table 6.3)*.

Almost two-thirds (66.1percent) of Non-Bhutanese construction workers identified themselves from other than the listed nine different ethnicities/castes for this survey. These were assumed to be workers from other countries. Among those from the listed ethnicities (language speaking), 8.9 percent of them were from Scharchop (Tsangla) and Lhotsampa each, 7.3 percent from gallop, and; 3 percent from Bumthap. Other minorities comprising less than 2 percent were Kurtep, Kengpa, Trongsapa and Mangdep while tabulating in the decreasing order, whereas the rest 1 percent belonged to "Others" category *(Table 6.3)*.

Insomuch as to faiths of construction workers are concerned, sampled respondents selected on the study, more than a half (50.8 percent) reported their belief on Hinduism (Bhutanese – 8.9 percent and Indian 72.9 percent) followed by those pursuing Buddhism (31.0 percent; includes Bhutanese – 87.8 percent, India - 1.9 percent), Christian (5.4 percent) and rest constituting Muslim (0.3 percent), all of them were an Indian. However, 12.6 percent of them did not found to practice any of those faiths. Mobility patterns of construction workers within last twelve months before the survey were also

investigated. Less than a half (47.0 percent) of them reported to have been away from their homes/barracks for more than a month whereas 48.9 percent of those did not move away either from their homes or barracks for that same period. Similarly, no notable difference was found while categorizing the response into Bhutanese and non-Bhutanese workers in their mobility pattern in last 12 months *(Table 6.3)*.

Table 6.3: Percent Distribution of Respondents by their Social Characteristics

	Bhutanese		Indian		Total	
	N=271	**%**	**N=529**	**%**	**N=800**	**%**
Education						
Illiterate	108	39.9	219	41.4	327	40.9
Primary	51	18.8	95	18.0	146	18.3
Secondary	64	23.6	143	27.0	207	25.9
Higher secondary and above	8	3.0	19	3.6	27	3.4
Literate/No schooling	40	14.8	53	10.0	93	11.6
Literate from	**N=40**	**%**	**N=53**	**%**	**N=93**	**%**
Non-formal education	3	7.5	1	1.9	4	4.3
Monastic Institution	6	15.0	2	3.8	8	8.6
Self-learned	3	7.5	20	37.7	23	24.7
Others	28	70.0	30	56.6	58	62.4
Ethnicity	**N=271**	**%**	**N=529**	**%**	**N=800**	**%**
Ngalop	58	21.4			58	7.3
Scharchop (Tsangla)	71	26.2			71	8.9
Kurtep	14	5.2			14	1.8
Bumthap	24	8.9			24	3.0
Lhotsampa	71	26.2			71	8.9
Khengpa	13	4.8			13	1.6
Mangdep	1	.4			1	.1
Trongsapa	8	3.0			8	1.0
Others	11	4.1			11	1.4
None of above			529	100.0	529	66.1
Religion						
Buddhism	238	87.8	10	1.9	248	31.0
Hinduism	24	8.9	382	72.2	406	50.8
Christian	7	2.6	36	6.8	43	5.4
Muslim			2	.4	2	.3
Others	2	.7	99	18.7	101	12.6
Away from home/barrack for more than one month in the last 12 months						
Yes	133	49.1	243	45.9	376	47.0
No	128	47.2	263	49.7	391	48.9
Don't know/remember	1	.4	5	.9	6	.8
No response	9	3.3	18	3.4	27	3.4

Employment

A majority (52.2 percent) of respondents recently joined in construction service within a year preceding the survey and 42 percent enrolled between the last one to five years. Similarly, a small fraction (5.6 percent) of the respondents had work history of 5 years and more in the construction sector. Classifying the response among Bhutanese and non-Bhutanese, more than half of Indian workers (56.5 percent) and Bhutanese-workers (43.4) had work history of one year. Whereas one out of ten (10 percent) Bhutanese workers as compared to 3.5 percent Indian ones had worked for 5 years and more *(Table 6.4)*.

In terms of previous working Dzongkhags, more than two-thirds (69.1 percent) of Indian workers reported they previously worked in countries other than Bhutan. Around one-third(33.2 percent) of them were working in the same Dzongkhag. However, more than two-thirds(68.5 percent) of Bhutanese workers in comparison to Indian counterparts(16.5 percent) were working in same Dzongkhag. In terms of decreasing order, participants cited Thump (4.6 percent) as previous working place, followed by Wangduephodrang(2.7 percent) and Chukka(2percent). Similarly, Other Dzongkhags reported by less than 2 percent of respondents were Samdrup Jongkhar, Samste, Zhemgang,Mongar and Punakha. About one out of ten (14.5 percent) of them had participated in training that took place abroad. Similarly, a little more Indian worker (15.3 percent) had participated in that training than Bhutanese ones (12.7 percent)*(Table 6.4)*.

Table 6.4: Employment History

	Bhutanese		Indian		Total	
	N=251	%	N=517	%	N=768	%
Years of joining the work						
Less than one year	109	43.4	292	56.5	401	52.2
1 - 5 years	117	46.6	207	40.0	324	42.2
5 years and more	25	10.0	18	3.5	43	5.6
Previous working Dzongkhag						
From another country			357	69.1	357	46.5
Nowhere (same Dzongkhag)	172	68.5	83	16.1	255	33.2
Thimphu	6	2.4	29	5.6	35	4.6
Wangduephodrang	12	4.8	9	1.7	21	2.7
Chukka	8	3.2	7	1.4	15	2.0
SamdrupJongkhar	4	1.6	6	1.2	10	1.3
Samtse	5	2.0	5	1.0	10	1.3
Zhemgang	9	3.6			9	1.2
Mongar	6	2.4	2	.4	8	1.0
Punakaha	4	1.6	4	.8	8	1.0
Tsirang	6	2.4	1	.2	7	.9
Trashigang	3	1.2	3	.6	6	.8
Dagana	3	1.2	1	.2	4	.5
Lhuntse	3	1.2	1	.2	4	.5
Pema Gatshel	1	.4	3	.6	4	.5
Trashiyangtse	4	1.6			4	.5

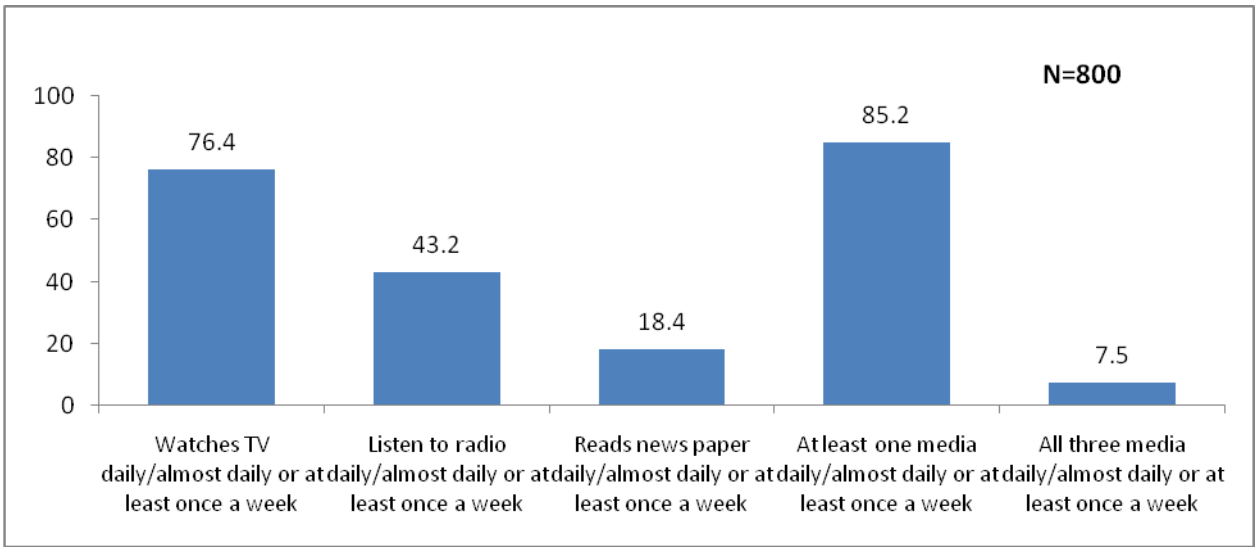
Trongsa	1	.4	3	.6	4	.5
Paro	1	.4	2	.4	3	.4
Bhumthang	2	.8			2	.3
Sarpang	1	.4	1	.2	2	.3
Ever participated in training abroad						
Yes	32	12.7	79	15.3	111	14.5
No	217	86.5	422	81.6	639	83.2
No response	2	.8	16	3.1	18	2.3

Exposure to Mass Media

The study also explores about different kinds of mass media the target population were exposed of. The mass media as everywhere is cited as sources of information to make the public aware in different issues.

Moreover, three types of mass media with demographic variables were tabulated to put up a clear picture associated with it. More than three-fourths (76.44 percent) of the population referred television as a major source of information seconded by the respondents who opted for radio (43.25 percent) and newspaper (18.44 percent). This survey also disclosed that a significant majority (85.2 percent) of the population accessed at least one media, television or radio or newspaper daily/ almost daily or, at least once a week. However, only a small minority (7.55 percent) had access to all three media in the same period. Bhutanese workers were little bit (from 1.3 percent to 9.5 percent) more exposed to three types of media(Radio, TV and Newspaper) than their Indian counterparts *(Figure 6.2)*.

Figure 6.2: Exposed to Mass Media



Also, television was equally popular among participants (ranging 72.2 percent to 78.8 percent) with different levels of education in comparison to age-groups that showed little more variation (72.4 percent to 81.5 percent). Similarly, radio listening practice showed almost uniformed popularity in various age groups (45.3 percent to 49.2 percent) except among responded aged between 20-24 years (35.9 percent). This survey revealed that equal popularity (41.8 percent to 46.6 percent) apart from those who completed higher secondary education and above (22.2 percent). Concerning newspaper, it showed more variability among different age groups and education background than

former twos ranging from 4.4 percent to 26.2 percent and 11.6 percent to 40.7 percent respectively *(Table 6.5)*.

It was found that at least 81 percent of people had access to at least one media daily/almost daily or at least weekly in different age groups. Whereas, it also showed that age was inversely related with those having access to all three media daily/almost daily or at least once a week *(Table 6.5)*.

Table 6.5: Construction worker who are exposed to three specific mass media at least once a week by their background characteristics

			Watches TV 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 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
Bhutanese	**Age group**	**N**	**%**	**%**	**%**	**%**	**%**
	18-19 years	23	82.6	60.9	43.5	100.0	17.4
	20 - 24 years	46	78.3	52.2	26.1	91.3	13.0
	25 - 29 years	66	80.3	48.5	16.7	90.9	3.0
	30 - 34 years	42	92.9	57.1	11.9	92.9	4.8
	35 - 39 years	41	92.7	53.7	4.9	100.0	2.4
	40 years and above	53	81.1	62.3	3.8	92.5	1.9
	Education						
	Illiterate	108	79.6	58.3		92.6	
	Primary	51	90.2	62.7	9.8	98.0	3.9
	Secondary	64	84.4	51.6	48.4	95.3	20.3
	Higher secondary and above	8	87.5	25.0	50.0	87.5	12.5
	Literate/No schooling	40	87.5	47.5	5.0	90.0	
Indian	**Age group**						
	18-19 years	42	81.0	42.9	16.7	88.1	9.5
	20 - 24 years	171	70.8	31.6	10.5	78.9	2.9
	25 - 29 years	140	70.7	45.7	17.1	82.1	7.9
	30 - 34 years	63	71.4	41.3	12.7	82.5	7.9
	35 - 39 years	49	65.3	44.9	4.1	79.6	2.0
	40 years and above	64	67.2	31.3	12.5	75.0	3.1
	Education						
	Illiterate	219	68.5	40.2		79.9	
	Primary	95	72.6	37.9	12.6	84.2	5.3
	Secondary	143	73.4	36.4	22.4	80.4	8.4
	Higher secondary and above	19	73.7	21.1	36.8	73.7	15.8
	Literate/No schooling	53	67.9	45.3	30.2	79.2	15.1
All Total	**Age group**						
	18-19 years	65	81.5	49.2	26.2	92.3	12.3
	20 - 24 years	217	72.4	35.9	13.8	81.6	5.1
	25 - 29 years	206	73.8	46.6	17.0	85.0	6.3

	30 - 34 years	105	80.0	47.6	12.4	86.7	6.7
	35 - 39 years	90	77.8	48.9	4.4	88.9	2.2
	40 years and above	117	73.5	45.3	8.5	82.9	2.6
	Education						
	Illiterate	327	72.2	46.2		84.1	
	Primary	146	78.8	46.6	11.6	89.0	4.8
	Secondary	207	76.8	41.1	30.4	85.0	12.1
	Higher secondary and above	27	77.8	22.2	40.7	77.8	14.8
	Literate/No schooling	93	76.3	46.2	19.4	83.9	8.6

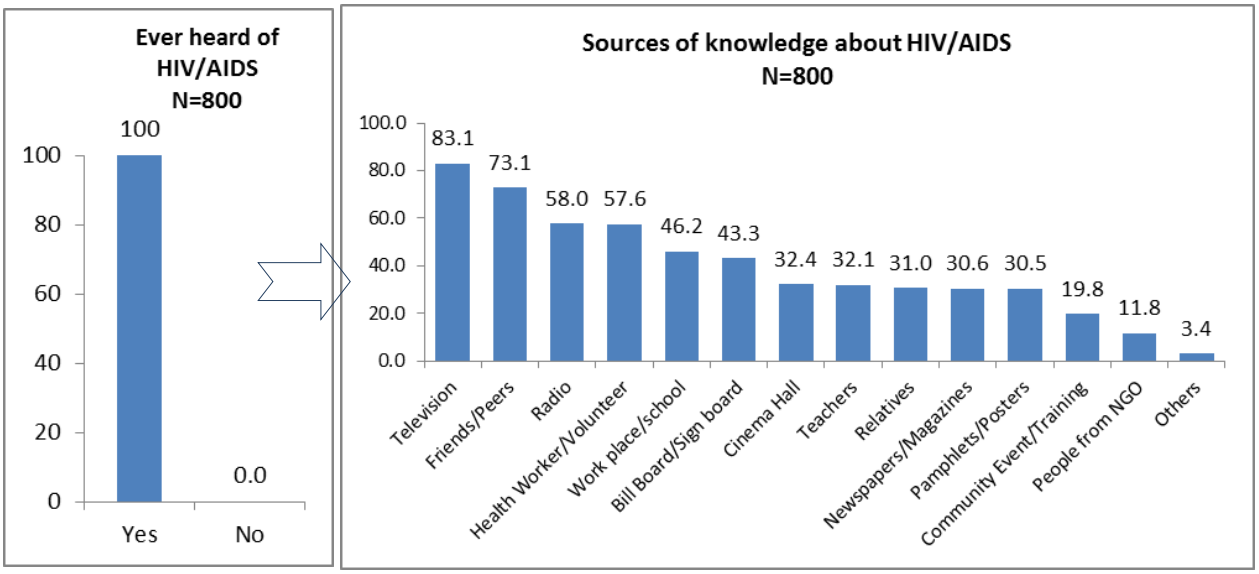
6.2 Knowledge about HIV/AIDS

Assessing knowledge about HIV/AIDs is one of the important determinants in understanding the different modes of HIV transmission. To comply with complete knowledge, it used a comprehensive knowledge model used in analyzing similar surveys elsewhere. It also recorded perception and attitudes of the respondents towards HIV/AIDs to search for links between these three domains.

HIV/AIDS Awareness and Sources of Knowledge about HIV/AIDS

All of the respondents (100 percent) reported to have heard about HIV/AIDs before *(Figure 6.3)*. Data pertaining to sources of knowledge about HIV/AIDS will assist in knowing the programmatic requirements and provide feedback to tailor the plan. Thirteen categories of sources that disseminate information about HIV/AIDS were explored in the multiple response questionnaires. A significant proportion (83.1 percent) quoted television as source of information followed those who reported they had been informed by friends/peers (73.1percent), radio (58.0 percent) and health worker/volunteer (57.6 percent). Besides that, a considerable proportion(46.2 percent) of them have also received some information related to HIV/AIDS, bill board/sign board(43.3 percent), cinema hall(32.4 percent) , teachers(32.1 percent) and relatives(31 percent). Besides, newspaper/magazines (30.6 percent) also contributed in delivering HIV/AIDS related information, followed by pamphlets/posters (30.5 percent), community events/trainings (19.8 percent) and people from NGOS (11.8 percent) *(Figure 6.3).*

Figure 6.3: Ever heard of HIV/AIDS and Source of Knowledge about HIV/AIDS



There was little or more variation regarding sources of knowledge of HIV/AIDs among Bhutanese and Non-Bhutanese workers (Table 6.6).

Table 6.6: Sources of Knowledge of HIV/AIDS

	Bhutanese		Indian		TOTAL	
	N	%	N	%	N	%
Sources of knowledge about HIV/AIDS *						
Radio	183	69.6	240	51.5	423	58.0
Television	230	87.5	376	80.7	606	83.1
Newspapers/Magazines	76	28.9	147	31.5	223	30.6
Pamphlets/Posters	61	23.2	161	34.5	222	30.5
Teachers	86	32.7	148	31.8	234	32.1
Health Worker/Volunteer	190	72.2	230	49.4	420	57.6
Friends/Peers	183	69.6	350	75.1	533	73.1
Work place/school	133	50.6	204	43.8	337	46.2
People from NGO	40	15.2	46	9.9	86	11.8
Relatives	98	37.3	128	27.5	226	31.0
Community Event/Training	52	19.8	92	19.7	144	19.8
Cinema Hall	48	18.3	188	40.3	236	32.4
Bill Board/Sign board	109	41.4	207	44.4	316	43.3
Others	14	5.3	11	2.4	25	3.4
Others	3	1.1	6	1.3	9	1.2
Others	2	.8	9	1.9	11	1.5

* Percentage total may exceed to 100 due to multiple responses

Out of them, only 13.1 percent (18.8 percent- Bhutanese and 10.2 percent- Indian) reported to know people living with HIV/AIDS or died due to AIDS. When further interrogated about the kind of relationship they shared with living/deceased one, 66.7 percent had not shared relation with such people while 19 percent of them were friends and 9 percent living with HIV/AIDs or died due to it

were their relatives. Similarly, 14.8 percent of Indian workers as against Bhutanese ones (3.9 percent) shared relationship with living/deceased ones *(Table 6.7)*.

When asked about the symptoms in persons infected with HIV/AIDS, less than a half (40.1 percent) informed that they did not know anything about it whereas 32.4 percent believed that the person would become weaker, followed by those 25.5 percent who thought that the person would lose weight. Similarly, nearly one-fifth (18.4 percent) mentioned that the infected person would get fever while 12.0 percent of them believed the infected person would become black. Likewise, one out of ten(10.3 percent) reported the affected person would suffer from vomiting and other(9.9 percent) thought of suffering from prolonged sickness, followed by those who believed that the person would become pale(8.9 percent). Adding further, 8.5 percent believed the infected person would get diarrhea, headache (8.0 percent) and cold/cough (7.3 percent). Other responses reported were immune system decrease, unable to eat and ulcers/wounds/sore. In totality, minor differences in terms of perceived effects of HIV/AIDS among Bhutanese and Non-Bhutanese workers *(Table 6.7)*.

Table 6.7: Knowledge of HIV/AIDS

	Bhutanese		Indian		Total	
	N=271	**%**	**N=529**	**%**	**N=800**	**%**
Ever heard of HIV/AIDS						
Yes	271	100.0	529	100.0	800	100.0
Know anyone living with HIV/AIDS or died due to AIDS						
Yes	51	18.8	54	10.2	105	13.1
No	214	79.0	451	85.3	665	83.1
No response	6	2.2	24	4.5	30	3.8
Relationship with the deceased	**N=51**	**%**	**N=54**	**%**	**N=105**	**%**
Relative	2	3.9	8	14.8	10	9.5
Friend	8	15.7	12	22.2	20	19.0
Relative and friend			1	1.9	1	1.0
No relation	40	78.4	30	55.6	70	66.7
No response	1	2.0	3	5.6	4	3.8
Perceived effect of HIV/AIDS on positive person *	**N=271**	**%**	**N=529**	**%**	**N=800**	**%**
Don't know	113	41.7	208	39.3	321	40.1
They get weaker	89	32.8	170	32.1	259	32.4
They lose weight	78	28.8	126	23.8	204	25.5
They get fever	55	20.3	92	17.4	147	18.4
Becomes black	36	13.3	60	11.3	96	12.0
Vomiting	27	10.0	55	10.4	82	10.3
They suffer from prolonged sickness	22	8.1	57	10.8	79	9.9
They look pale	28	10.3	43	8.1	71	8.9
They suffer from diarrhea	24	8.9	44	8.3	68	8.5
Headache	22	8.1	42	7.9	64	8.0
Cold/cough	13	4.8	45	8.5	58	7.3
Immune system decrease	20	7.4	26	4.9	46	5.8
Unable to eat	10	3.7	16	3.0	26	3.3
No Response	3	1.1	11	2.1	14	1.8
Ulcer/Wounds/Sores	5	1.8	7	1.3	12	1.5
Others	5	1.8	7	1.3	12	1.5

* Percentage total may exceed to 100 due to multiple responses

Comprehensive Knowledge of HIV Transmission

Central to the assessment of comprehensive knowledge of HIV transmission is one that measures the percentage of respondents who both correctly identify ways of preventing sexual transmission of HIV along with who reject major misconception about HIV transmission. Comprehensive knowledge assess the respondent's understanding of the five main HIV/AIDS prevention measures covering correct ways of preventing HIV/AIDS and major misconceptions about HIV transmission. Comprehensive knowledge, in this context, definitively means the person can correctly identify the two major methods of preventing the sexual transmission of HIV; namely: limiting sex to one faithful uninfected partner (B) and using condoms(C). Additionally it also means

the person can reject the two most common local misconceptions about HIV transmission and, he/ she knows that a healthy looking individual could have HIV (D). Those two misconceptions include sharing a meal with an HIV infected person does not transmit HIV (E) and a person could not get infected with HIV virus from a mosquito bite (F). Altogether, these five indicators sum up to contribute for the BCDE&F cumulative indicator.

A majority of respondents(67 percent) were aware about using condoms during each sexual act prevents them from HIV followed by those who cited sharing a meal with HIV infected person doesn't transmit HIV(60.4 percent). The next larger chunk (53.6 percent) of study participants reported being faithful to one partner prevents from HIV, and "Healthy looking person could be infected with HIV" also informed by 39.4 percent of them. Similarly, 65.6 percent of the respondents cited that "a person cannot get HIV virus from mosquito bite". Categorically Bhutanese workers had more knowledge on each five indicator than Indian counterparts. In addition, overall, 10.6 percent of construction workers reported to have the comprehensive knowledge (BCDEF) of HIV transmission. But, more Bhutanese workers (12.9 percent) had comprehensive knowledge than Indian ones (9.5 percent) *(Figure 6.4)*. For *Knowledge on ways of HIV/AIDS Transmission by background Characteristic of Respondents*, see *Table 6.7.*

Figure 6.4: Knowledge on way of HIV/AIDS transmission

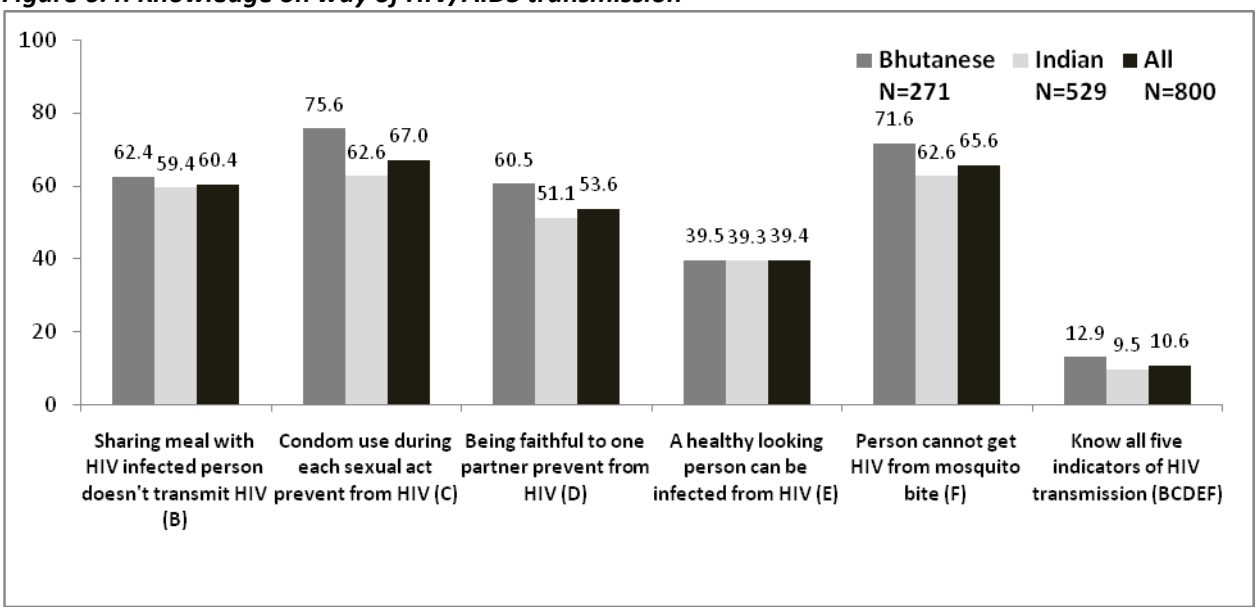


Table 6.7: Knowledge on ways of HIV/AIDS Transmission by background Characteristic of Respondents

			Being faithful to one partner prevents from HIV (B)	Condom use during each sexual act prevents from HIV (C)	A healthy looking person can be infected with HIV (D)	A person can't get HIV from mosquito bite (E)	Sharing a meal with HIV infected person doesn't transmit HIV (F)	Know all five indicators of HIV transmission (BCDEF)
			Right Knowledge	Right Knowledge	Right Knowledge	Right Knowledge	Right Knowledge	Correct knowledge
			%	%	%	%	%	%
Bhutanese	**Age group**	N=271						
	18-19 years	23	30.4	78.3	60.9	30.4	65.2	8.7

	20 - 24 years	46	56.5	69.6	78.3	47.8	80.4	19.6
	25 - 29 years	66	66.7	74.2	63.6	43.9	74.2	19.7
	30 - 34 years	42	71.4	83.3	57.1	52.4	73.8	16.7
	35 - 39 years	41	68.3	90.2	61.0	36.6	75.6	7.3
	40 years and above	53	64.2	64.2	43.4	22.6	58.5	1.9
	Education							
	Illiterate	108	59.3	69.4	55.6	28.7	63.9	6.5
	Primary	51	64.7	76.5	54.9	51.0	72.5	17.6
	Secondary	64	59.4	75.0	71.9	51.6	81.3	17.2
	Higher secondary and above	8	62.5	75.0	75.0	75.0	100.0	37.5
	Literate/No schooling	40	72.5	92.5	60.0	27.5	70.0	12.5
	Listen to radio daily/almost daily or at least once a week	149	65.1	77.9	58.4	38.3	76.5	14.1
	Watches TV daily/almost daily or at least once a week	228	62.3	75.9	61.4	40.4	73.7	12.7
	Reads newspaper daily/almost daily or at least once a week	42	45.2	71.4	69.0	42.9	76.2	4.8
	Total	271	**62.4**	**75.6**	**60.5**	**39.5**	**71.6**	**12.9**
Indian	**Age group**							
	18-19 years	42	50.0	64.3	35.7	38.1	50.0	4.8
	20 - 24 years	171	55.6	62.6	45.6	42.7	69.6	7.6
	25 - 29 years	140	62.9	65.0	56.4	37.1	64.3	14.3
	30 - 34 years	63	60.3	60.3	55.6	41.3	63.5	9.5
	35 - 39 years	49	65.3	69.4	57.1	32.7	61.2	12.2
	40 years and above	64	62.5	53.1	46.9	39.1	48.4	4.7
	Education							
	Illiterate	219	60.7	63.5	54.3	34.2	55.3	8.2
	Primary	95	58.9	60.0	37.9	36.8	68.4	7.4
	Secondary	143	55.2	59.4	45.5	47.6	69.9	9.1
	Higher secondary and above	19	68.4	78.9	73.7	52.6	78.9	31.6
	Literate/No schooling	53	62.3	66.0	58.5	37.7	56.6	11.3
	Listen to radio daily/almost daily or at least once a week	204	65.7	65.7	54.4	38.7	62.7	8.8
	Watches TV daily/almost		62.3	68.2	53.7	38.8	62.6	9.1

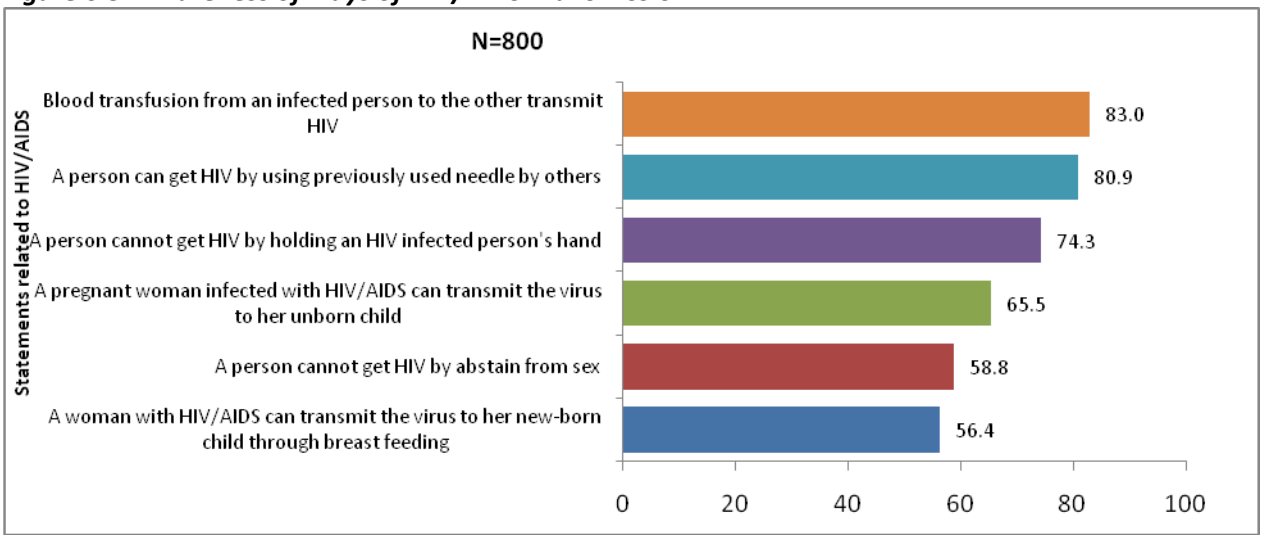
	daily or at least once a week	374						
	Reads newspaper daily/almost daily or at least once a week	67	67.2	65.7	43.3	50.7	59.7	11.9
	Total	529	**59.4**	**62.6**	**51.5**	**39.3**	**62.6**	**9.5**
All Total	**Age group**							
	18-19 years	65	43.1	69.2	44.6	35.4	55.4	6.2
	20 - 24 years	217	55.8	64.1	52.5	43.8	71.9	10.1
	25 - 29 years	206	64.1	68.0	58.7	39.3	67.5	16.0
	30 - 34 years	105	64.8	69.5	56.2	45.7	67.6	12.4
	35 - 39 years	90	66.7	78.9	58.9	34.4	67.8	10.0
	40 years and above	117	63.2	58.1	45.3	31.6	53.0	3.4
	Education							
	Illiterate	327	60.2	65.4	54.7	32.4	58.1	7.6
	Primary	146	61.0	65.8	43.8	41.8	69.9	11.0
	Secondary	207	56.5	64.3	53.6	48.8	73.4	11.6
	Higher secondary and above	27	66.7	77.8	74.1	59.3	85.2	33.3
	Literate/No schooling	93	66.7	77.4	59.1	33.3	62.4	11.8
	Listen to radio daily/almost daily or at least once a week	353	65.4	70.8	56.1	38.5	68.6	11.0
	Watches TV daily/almost daily or at least once a week	602	62.3	71.1	56.6	39.4	66.8	10.5
	Reads newspaper daily/almost daily or at least once a week	109	58.7	67.9	53.2	47.7	66.1	9.2
	Total	**800**	**60.4**	**67.0**	**53.6**	**39.4**	**65.6**	**10.6**

Awareness of ways of HIV/AIDS Transmission

Concerning the understanding of HIV/AIDS and its different modes of transmission amongst the construction workers, they were further asked with a few probing questions. Overall, overwhelmingly high proportions (83.0 percent) of the respondents were aware that blood transfusion from an infected person could transmit HIV to other. Likewise, 80.9 percent of them believed that a person could get HIV by using needles previously used by others. Around three-fourths (74.3 percent) construction workers were aware that by holding an infected person's hand could not transmit HIV. Furthermore, 65.5 percent respondents said a pregnant woman infected with HIV/AIDS could transmit the virus to her unborn child. In addition, nearly more than half (58.8 percent) thought a person could not get HIV by abstaining from sex. Somewhat similar proportion (56.4 percent) told

that a woman with HIV/AIDS could transmit the virus to her new-born child through breast feeding *(Figure 6.5)*.

Figure 6.5: Awareness of ways of HIV/AIDS Transmission



Categorizing the response set, it showed that Bhutanese workers were more aware of in each ways of HIV/Transmission than Indian ones. Majority of Bhutanese workers reported blood transfusion from an infected person to the another transmit HIV (93.0 percent) followed by previously used needle by other (91.9 percent). Whereas Indian workers; almost four-fifths (77.9 percent) of them reported blood transfusion from an infected person to another transmit HIV followed by three-fourths (75.2 percent) of them reported using needle previously used by others *(Table 6.9)*.

Table: 6.9 Awareness of ways of HIV/AIDS Transmission

	Bhutanese		Indian		Total	
	N	%	N	%	N	%
A person can get HIV by using previously used needle by others	249	91.9	398	75.2	647	80.9
Blood transfusion from an infected person to the other transmit HIV	252	93.0	412	77.9	664	83.0
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	223	82.3	301	56.9	524	65.5
A person cannot get HIV by holding an HIV infected person's hand	215	79.3	379	71.6	594	74.3
A woman with HIV/AIDS can transmit the virus to her new-born child through breast feeding	182	67.2	269	50.9	451	56.4
A person cannot get HIV by abstain from sex	162	59.8	308	58.2	470	58.8

Awareness on ways of avoiding HIV/AIDS transmission

With the help of probing questions, this study explores about different modes of transmission of HIV/AIDS among construction workers.

To further add up, certain questionnaires related to preventive measures were also asked. This was done with the intention of gaining understanding about practices that should be followed to limit the

ways of HIV/AIDS transmission. A majority (72 percent) cited condom use in every sexual act is the safe way to avoid the transmission; and that a person cannot get HIV by abstaining from sex (30.1percent), and not having casual sex (18.9 percent). Others (15 percent) of them said that a person cannot get HIV by avoiding sharing of blades while 13.0 percent did not know about any such measures. Around 1 out of 10(13 percent) believed that a person should avoid injection with used needles to prevent oneself from HIV; that a person should avoid sex with sex worker(11.9 percent) to prevent from getting the infection. A small portion of the respondents (6.9 percent) cited to have fewer partners and even a smaller portion respondents (5.5 percent), reported that both partners should not have any other partners, followed by those who (5.0 percent) reported to avoid sex with infected person. An equally small (4.6 percent).respondents reported not to have untested blood transfusion *(Table 6.10)*.

Conclusively, Bhutanese workers were more aware on ways of avoiding HIV/AIDS transmission than Indian workers; particularly on condom use at every sex, not engaging on casual sex and on avoiding injection with used needles.

Table 6.10: Knowledge on ways of avoiding HIV/AIDS Transmission

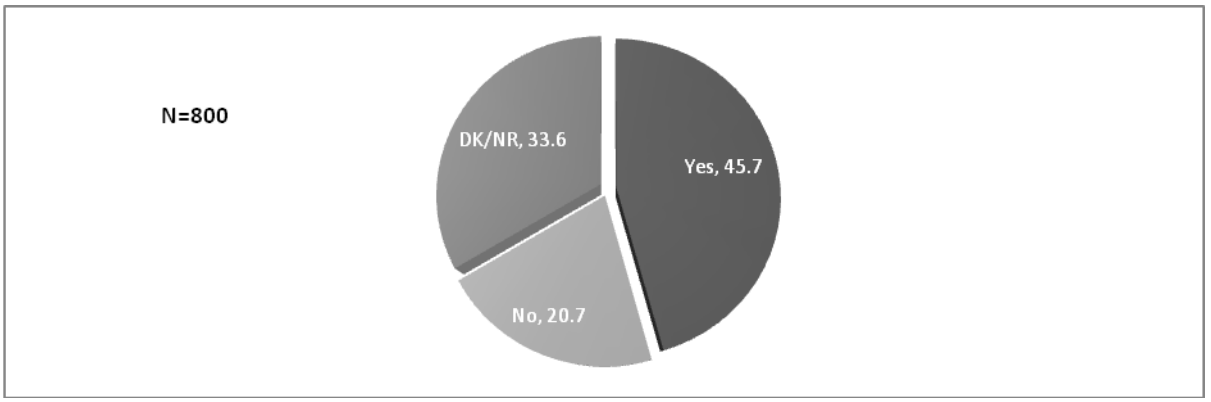
	Bhutanese		Indian		Total	
	N	%	N	%	N	%
Known ways of avoiding HIV/AIDS Transmission *						
Use a condom at every sex	236	87.1	340	64.3	576	72.0
Abstain from sex	95	35.1	146	27.6	241	30.1
No casual sex	75	27.7	76	14.4	151	18.9
Avoid sharing blade	55	20.3	65	12.3	120	15.0
Don't know	15	5.5	92	17.4	107	13.4
Avoid injection with used needles	62	22.9	42	7.9	104	13.0
Avoid sex with sex	34	12.5	61	11.5	95	11.9
Have fewer partner	20	7.4	35	6.6	55	6.9
Both partners have no other partner	14	5.2	30	5.7	44	5.5
Avoid sex with infected person	13	4.8	27	5.1	40	5.0
Avoid blood transfusion without test	19	7.0	18	3.4	37	4.6
No response			5	.9	5	.6
Others	1	.4	3	.6	4	.5

* Percentage total may exceed to 100 due to multiple responses

Knowledge about HIV testing facility

HIV testing facility coupled with confidentiality in services allows people to receive test without disclosing their identity. Only less than half(45.8 percent) of construction workers reported to have known about the existence of such facility in their communities as against one-fifth(20.8 percent) quoting non- existence of such place meeting the standard(criteria) and the rest(30.3 percent) were not aware of existence such facility at all *(Figure 6.6)*.

Figure 6.6: A confidential HIV testing facility is available in the community



Furthermore, more than half (56.5 percent) of Bhutanese workers as against Indians (40.3 percent) were aware about existence of such test in the community *(Table 6.11)*.

But, about five out of ten (53.5 percent) knew about them where they could go for HIV test. However, a little more of Bhutanese workers (58.3 percent) as compared to Indians (51.0 percent) reported to know about that place *(Table 6.11)*.

HIV testing

Data showed that little less than one-fourth (24.3 percent) of the respondents had taken up the HIV testing. But in terms of respondent type, more Indian workers (26.7 percent) had taken up the test than Bhutanese workers. However, categorizing the response set in chronological order, around four out of ten (38.5 percent) found to have taken the test within last 12 months whereas, 26.0 percent tested between the period of past 13 to 24 months, followed by those who tested before 48 months(7.7 percent). A small portion of respondent (4.8 percent) had taken the test in the period between 25 to 48 months preceding the survey. Notable fraction (17.3 percent) could not specify the date of HIV testing. Around half (43.8 percent) of Bhutanese workers took up the test between last 13-24 months and 40.3 percent of Indian Workers in last 12 months*(Table 6.11)*.

Similarly, in terms of receiving the test result, little more than two-thirds (66.3 percent) had received the test result as against those 31.7 percent who had not received. More than two-thirds (69.4 percent) of Indian workers as against 59.4 percent of Bhutanese workers received the test result.In addition more than three-fourth (78.3 percent) shared the test result with near and dear ones. Categorically, more Bhutanese workers (84.2 percent) reported to share the results than their Indian co-workers (76.0). Likewise, respondent sharing the test result with their sex partners (48.1 percent) were in higher proportion in comparison to those who shared their results with their friends (46.3 percent) and those respondents who shared their results with family members (29.6 percent). Similarly, Respondents sharing results with health workers were also made up to 16.7 percent*(Table 6.11)*.

Around two-thirds(62.3 percent) of sampled respondents expressed their willingness to get a confidential HIV testing followed by those who were not interested(24.6) and undecided(8.6 percent). However, a higher proportion of Bhutanese workers (67.5 percent) were interested to get the test than Indian counterparts (59.5 percent) *(Table 6.11)*.

Only 27.1 percent of study participants sure that AIDS is incurable disease and there was almost no difference in the response among Bhutanese and Non-Bhutanese workers *(Table 6.11).*

Table 6.11: Knowledge about HIV testing facilities and history of HIV test

	Bhutanese		Indian		Total	
	N=271	%	N=529	%	N=800	%
A confidential HIV testing facility is available in the community						
Yes	153	56.5	213	40.3	366	45.8
No	51	18.8	115	21.7	166	20.8
Don't know	65	24.0	177	33.5	242	30.3
No response	2	.7	24	4.5	26	3.3
Know where to go for HIV test						
Yes	158	58.3	270	51.0	428	53.5
No	113	41.7	259	49.0	372	46.5
Ever had an HIV test	**N=158**	**%**	**N=270**	**%**	**N=428**	**%**
Yes	32	20.3	72	26.7	104	24.3
No	126	79.7	190	70.4	316	73.8
No response			8	3.0	8	1.9
Timing of last HIV test	**N=32**	**%**	**N=72**	**%**	**N=104**	**%**
Within the past 12 months	11	34.4	29	40.3	40	38.5
Between 13-24 months	14	43.8	13	18.1	27	26.0
Between 25-48 months	1	3.1	4	5.6	5	4.8
More than 48 months	2	6.3	6	8.3	8	7.7
Don't know/remember	1	3.1	17	23.6	18	17.3
No response	3	9.4	3	4.2	6	5.8
Test result received						
Yes	19	59.4	50	69.4	69	66.3
No	13	40.6	20	27.8	33	31.7
No response			2	2.8	2	1.9
Shared the result with someone	**N=19**	**%**	**N=50**	**%**	**N=69**	**%**
Yes	16	84.2	38	76.0	54	78.3
No	3	15.8	12	24.0	15	21.7
Test result shared with *	**N=16**	**%**	**N=38**	**%**	**N=54**	**%**
Sex partner	10	62.5	16	42.1	26	48.1
Family member	4	25.0	12	31.6	16	29.6
Health worker	4	25.0	5	13.2	9	16.7
Friends	6	37.5	19	50.0	25	46.3
Interested in getting a confidential HIV test	**N=271**	**%**	**N=529**	**%**	**N=800**	**%**
Yes	183	67.5	315	59.5	498	62.3
No	73	26.9	124	23.4	197	24.6
Don't know	10	3.7	59	11.2	69	8.6
No response	5	1.8	31	5.9	36	4.5
Believe that it is not possible to cure AIDS						
Yes	72	26.6	145	27.4	217	27.1
No	152	56.1	228	43.1	380	47.5
Don't know	46	17.0	142	26.8	188	23.5
No response	1	.4	14	2.6	15	1.9

* Percentage total may exceed to 100 due to multiple responses

Risk Perception

To further add up the findings, questionnaires related to perceptual understanding of oneself in terms of risk of contracting HIV were also collected. A majority (28.9 percent) reported to considered themselves at high risk against 27.1 percent at no risk at all. Cumulating the risk level, one than one-third (36.5 percent) put themselves at high or moderate risk whereas almost similar proportion (33.9 percent) exposed themselves at small or no risk of getting contracted with HIV virus. A little less than half (45.1 percent) of Bhutanese workers put themselves at high/moderate risk than Non-Bhutanese workers (32.1 percent) *(Table 6.12).*

The most common reason for putting themselves at a high or moderate risk of contracting HIV/AIDs was due to having many sexual partners(54.1 percent) whereas, others mentioned of not always using condoms every time they have sex(33.9 percent). Likewise, some reported to have found themselves in that same risk levels because they had sex with sex workers (25.7 percent), their sex partner had other sex partner (25.0 percent) and others get their haircut in saloon (15.1 percent). A few of them (8.2 percent) put at this risk level as they had used intravenous drug. About one out of 10(11.6 percent) did not know any of such risk related activities *(Table 6.12)*.

Alternatively, only about one-third (29.2 percent) reported to put them at small or no risk level due to their trustworthiness of their partners whereas, about three out of ten (27.3 percent) did not go to sex workers, and they had the practice of always using condoms (23.2 percent). Similarly, two out of ten(22.5 percent) did not consider themselves at risk of HIV infection because they never had sex; always had transfusion of tested blood(10.3 percent) and never shared blades(8.9 percent) and never used intravenous drugs(6.3 percent). Similarly, more Bhutanese workers found to have clear understanding in putting themselves at small/no risk level than their counterparts as reflected by their awareness and practices in related activities. However, one out ten (10 percent) did not know any risk avoiding methods at all *(Table 6.12)*.

In addition, this study informed that around a half (52.8 percent) of them believed that HIV/AIDS is the serious problem for the community as against 10.4 percent considering HIV as a not-serious problem. Similarly, 16.1percent held the belief of citing HIV/AIDs as "somewhat of a problem" in the community; falling the response in between former two. Categorically, two-thirds (67.5 percent) of Bhutanese workers in comparison to Indian workers (45.2 percent) believed that HIV/AIDs is a serious problem for the community *(Table 6.12)*.

Table 6.12: Risk of HIV Infection to self as perceived by the respondents

	Bhutanese		Indian		Total	
	N	%	N	%	N	%
High risk	95	35.1	136	25.7	231	28.9
Moderate risk	27	10.0	34	6.4	61	7.6
Small risk	19	7.0	35	6.6	54	6.8
No risk	87	32.1	130	24.6	217	27.1
Don't know	35	12.9	163	30.8	198	24.8
No response	8	3.0	31	5.9	39	4.9
Total	271	100.0	529	100.0	800	100.0
Reason for perceiving self at high or moderate risk of contracting HIV/AIDS *						
	N=122	%	N=170	%	N=292	%
Have many sex partners	67	54.9	91	53.5	158	54.1
Do not always use condom	50	41.0	49	28.8	99	33.9
Have had sex with sex worker	46	37.7	29	17.1	75	25.7

Sex partner has other sex partner	30	24.6	43	25.3	73	25.0
Have cut hair in salon	28	23.0	16	9.4	44	15.1
Don't know	12	9.8	22	12.9	34	11.6
Have used intravenous drugs	11	9.0	13	7.6	24	8.2
Others	2	1.6	1	.6	3	1.0
No response	2	1.6			2	.7
Reasons for perceiving self at small or no risk of contracting HIV/AIDS *	**N=106**	**%**	**N=165**	**%**	**N=271**	**%**
Trust my partner	43	40.6	36	21.8	79	29.2
Do not go to sex worker	38	35.8	36	21.8	74	27.3
Always use condom	31	29.2	32	19.4	63	23.2
Never had sex	13	12.3	48	29.1	61	22.5
Tested blood	12	11.3	16	9.7	28	10.3
Don't know	7	6.6	20	12.1	27	10.0
Never shared blade	15	14.2	9	5.5	24	8.9
Do not use intravenous drug	14	13.2	3	1.8	17	6.3
Others	6	5.7	5	3.0	11	4.1
Have sex with non-regular partner	3	2.8	5	3.0	8	3.0
No response	3	2.8	3	1.8	6	2.2
Consider HIV is a serious problem in the community	**N=271**	**%**	**N=529**	**%**	**N=800**	**%**
Serious problem	183	67.5	239	45.2	422	52.8
Somewhat of a problem	31	11.4	98	18.5	129	16.1
Not a problem	33	12.2	50	9.5	83	10.4
Don't know	24	8.9	128	24.2	152	19.0
No response			14	2.6	14	1.8

* Percentage total may exceed to 100 due to multiple responses

Perceptions on how an HIV positive person can take care of themselves and of others

A less than half(43.1 percent) of study participants thought that a person living with HIV should use medicines, whereas 36.9 percent suggested for eating healthy food and 34.4 percent recommended to pay visits to doctor. Likewise, about one-fourth(25.8 percent) informed that such people should use condoms in each sex act, followed by those (12.6 percent) who advised the infected persons to keep positive attitude, abstaining from sex(12.4 percent), not drinking alcohol(12.3 percent) and not smoking(11.3 percent). Some of them recommended that they should remain faithful to one partner (6.9 percent), should not share needles/Blades (5.5 percent) and should not donate the blood (4.6 percent) *(Table 6.13)*.

In totality, Bhutanese workers were more aware about ways in which an HIV positive person can take care of themselves than Indian counterparts particularly on medicine use, eating healthy food, use of condom in each sexual act *(Table 6.13)*.

Table 6.13: Respondents opinion on ways in which an HIV positive person can take care of themselves and of others

	Bhutanese		Indian		Total	
	N	%	N	%	N	%
What can people who have HIV/AIDS do to take care of themselves and others *						
Medicine use	142	52.4	203	38.4	345	43.1
Eat healthy food	132	48.7	163	30.8	295	36.9
Visit doctor	116	42.8	159	30.1	275	34.4

Use condom in each sex act	68	25.1	138	26.1	206	25.8
Don't know	44	16.2	126	23.8	170	21.3
Keep a positive attitude	40	14.8	61	11.5	101	12.6
Abstain from sex	41	15.1	58	11.0	99	12.4
Not drink alcohol	41	15.1	57	10.8	98	12.3
Get normal exercise	33	12.2	63	11.9	96	12.0
Not smoke	37	13.7	53	10.0	90	11.3
Remain faithful to one partner	12	4.4	43	8.1	55	6.9
Do not share needle/Blade	17	6.3	27	5.1	44	5.5
Do not donate blood	16	5.9	21	4.0	37	4.6
Keep happy/Not to lose hope	15	5.5	11	2.1	26	3.3
Provide counseling/Suggestions	15	5.5	6	1.1	21	2.6
No response	1	.4	13	2.5	14	1.8
Live separately/Isolate	4	1.5	8	1.5	12	1.5
Others	3	1.1	2	.4	5	.6

* Percentage total may exceed to 100 due to multiple responses

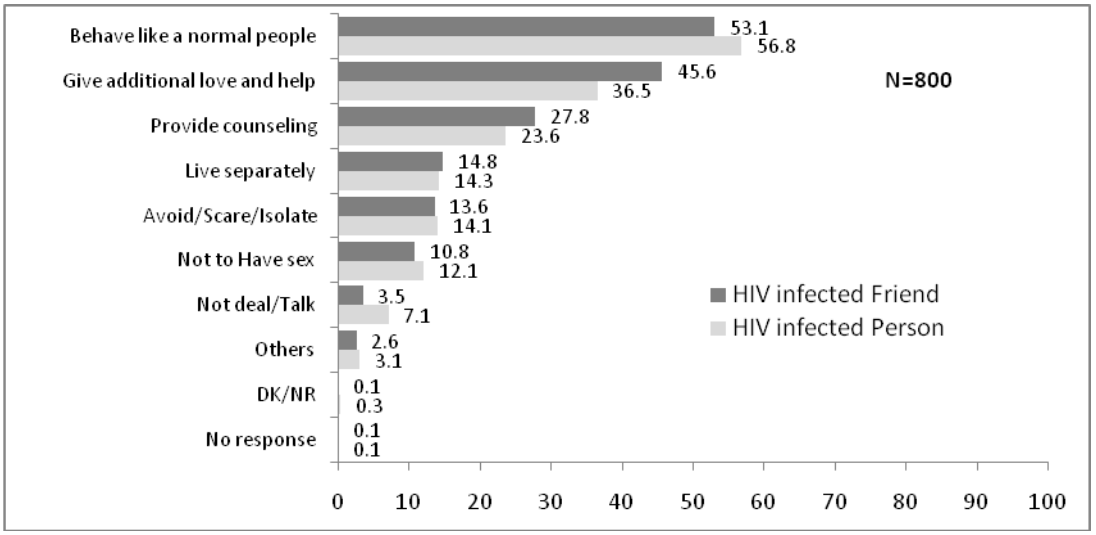
6.3 Attitude, Belief and Practice

One of factor in increasing the impact of HIV on the patients has been the associated stigma with HIV/AIDS. The perception of construction workers towards HIV-Infected people and the stigma associated with the disease was demystified with the help of series of questions. Henceforth, this chapter is devoted for presenting results that explain perceptions and beliefs regarding HIV/AIDS and attitudes towards PLWA.

Attitude towards HIV/AIDS positive people

When queried about their response in case they met a person living with HIV, about six out of ten (56.8 percent) mentioned to have behaved in a normal manner and, would give additional love and help (36.5 percent) and would provide counseling (23.6 percent) to them. But only a few said they would live separately (14.1 percent) and would isolate/scare/avoid (14.1 percent) such persons/friends living with HIV/AIDS. Similarly, a significant proportion of respondents informed to have behaved normally(53.1 percent), followed by those who would give additional love and help(45.6 percent) and would provide counseling(27.8 percent) should they find their friend to be HIV positive*(Figure 6.7)*.

Figure 6.7: Respondents Response to HIV Positive Person/Friend



About two-thirds (62.7 percent) of Bhutanese workers found to behave normally when they met a person living with HIV in comparison to Indian workers (53.7 percent). And approximately half (44.3 percent) of Bhutanese workers as against Non-Bhutanese workers (32.5 percent) mentioned to provide counseling if they met such persons *(Table 6.14)*.

Table 6.14: Respondents Response to HIV Positive Person

	Bhutanese		Indian		Total	
	N	%	N	%	N	%
Reported ways in which the respondents would react if they meet an HIV positive person *						
Behave like a normal people	170	62.7	284	53.7	454	56.8
Give additional love and help	120	44.3	172	32.5	292	36.5
Provide counseling	97	35.8	92	17.4	189	23.6
Live separately	31	11.4	83	15.7	114	14.3
Avoid/Scare/Isolate	27	10.0	86	16.3	113	14.1
Not to Have sex	37	13.7	60	11.3	97	12.1
Not deal/Talk	25	9.2	32	6.0	57	7.1
Others	3	1.1	22	4.2	25	3.1
Don't know	2	.7			2	.3
No response			1	.2	1	.1
Reported ways in which the respondents would react if they found their friend to be HIV positive person *						
Behave like a normal people	162	59.8	263	49.7	425	53.1
Give additional love and help	147	54.2	218	41.2	365	45.6
Provide counseling	109	40.2	113	21.4	222	27.8
Live separately	34	12.5	84	15.9	118	14.8
Avoid/Scare/Isolate	28	10.3	81	15.3	109	13.6
Not to Have sex	31	11.4	55	10.4	86	10.8
Not deal/Talk	14	5.2	14	2.6	28	3.5
Others	1	.4	20	3.8	21	2.6
Don't know			1	.2	1	.1

No response			1	.2	1	.1

* Percentage total may exceed to 100 due to multiple responses

More than three fourths told that they were ready to take care of HIV-positive male relative (78.3 percent) or an HIV-positive female relative (77.0 percent) in their home if needed. More than half(56.0 percent) of them thought that they would kept this matter confidential if some of their family member turned out to be HIV-positive. A little more of Bhutanese workers said that they are ready to take care of their relatives either male or female than Indian co-workers*(Table 6.15)*.

Similarly, more than a half (59.6 percent) mentioned of not having any problem while buying food from vendor infected with HIV. Categorically, about two-thirds (71.2 percent) of Bhutanese workers as against Indian counterparts (53.7 percent) reported of not having such problem while buying food. Also, approximately a half (52.4 percent) of them also held the belief that HIV infected teachers/colleagues should be allowed to continue working unless they were very sick. A higher fraction of Bhutanese (63.5 percent) held such belief than Indian ones (46.7 percent) *(Table 6.15)*.

When inquired about health care needs of an HIV infected person, nearly a half (42.4 percent) of construction workers pointed out that they should be provided with more care and treatment than that deemed necessary for someone having other chronic diseases. In the same context, about one third of respondents (34.3 percent) cited the need to give the same amount of care for infected persons that one would give to those suffering from other chronic diseases and followed by those who were of opinion that the infected persons should get less amount of care than that those suffering from other chronic diseases (2.9 percent). A higher proportion (55.0 percent) of Bhutanese workers pointed out more amount of care needed for such persons than their Indian counterparts (35.9 percent) *(Table 6.15)*.

Table 6.15: Attitude towards an HIV Positive Person

	Bhutanese		Indian		Total	
	N=271	%	N=529	%	N=800	%
Would readily take care of HIV positive male relative in the household						
Yes	223	82.3	403	76.2	626	78.3
No	39	14.4	73	13.8	112	14.0
Don't know	9	3.3	52	9.8	61	7.6
No response			1	.2	1	.1
Would readily take care of HIV positive female relative in the household						
Yes	219	80.8	397	75.0	616	77.0
No	43	15.9	79	14.9	122	15.3
Don't know	9	3.3	52	9.8	61	7.6
No response			1	.2	1	.1
Would prefer not to talk about a family member being HIV positive						
Yes	149	55.0	299	56.5	448	56.0
No	106	39.1	163	30.8	269	33.6
Don't know	16	5.9	66	12.5	82	10.3
No response			1	.2	1	.1
Would be ready to buy food from HIV infected shopkeeper						
Yes	193	71.2	284	53.7	477	59.6
No	67	24.7	181	34.2	248	31.0
Don't know	7	2.6	46	8.7	53	6.6
No response	4	1.5	18	3.4	22	2.8
Believe that HIV infected teacher/colleagues should be allowed to continue working unless very						

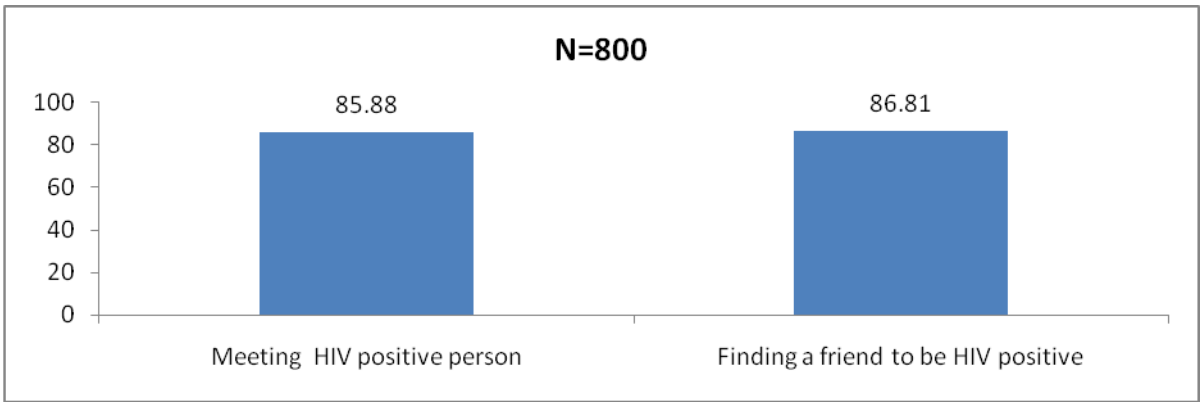
sick						
Yes	172	63.5	247	46.7	419	52.4
No	57	21.0	140	26.5	197	24.6
Don't know	39	14.4	122	23.1	161	20.1
No response	3	1.1	20	3.8	23	2.9
Believe that the health care needs to an HIV infected person should be the same, more or less than those someone with other chronic disease						
Same	93	34.3	181	34.2	274	34.3
More	149	55.0	190	35.9	339	42.4
Less	7	2.6	16	3.0	23	2.9
Don't know	20	7.4	120	22.7	140	17.5
No response	2	.7	22	4.2	24	3.0

Response to HIV positive people by HIV/AIDS awareness level

Respondents having comprehensive knowledge were further analyzed to find their responses towards HIV positive person/friends. Comprehensive knowledge is here measured using the five core indicators (BCDEF) related to HIV transmission; entailing both factual information and misconception *(Figure 6.8)*.

Altogether an overwhelming majority (86.81 percent) of construction workers reported to have behaved the HIV infected friends like a normal person in comparison to those (85.88 percent) who reported to have behaved similarly with HIV infection person. Categorizing the response, a higher proportion of Indian workers found to behave normally with HIV infected person/friends than Bhutanese co-workers *(Figure 6.8)*.

Figure 6.8: Behavior towards HIV/AIDS infected people



Comprehensive knowledge with different age group and education level were cross-tabulated. A significant population (more than 90 percent) of population said they would behave like a normal person when their friend turned out to be HIV positive. However 72.2 percent and 64.7 percent of people from the literate but not schooling category would behave normally with friends and people infected with HIV respectively *(Table 6.16)*.

In terms of age categories, at least three-fourths (71 percent) of population mentioned to have behaved normally when they meet HIV infected persons or friends. Slight variation among age groups was observed with response ranging from 71.4percent to 97.8 percent(with people) and 75.0percent to 98.1percent (with friends) when they would meet HIV positive person or HIV positive friend*(Table 6.16)*.

Table 6.15: Reported ways in which respondents with comprehensive knowledge of HIV transmission react to an HIV positive person/friend

			Reaction on meeting on HIV positive person	Reaction on finding a friend to be HIV positive
		TOTAL	Positive reaction	Positive reaction
Bhutanese	**Age group**	**N=35**	**%**	**%**
	18-19 years	2	33.3	33.3
	20 - 24 years	9	88.2	100.0
	25 - 29 years	13	94.7	95.5
	30 - 34 years	7	75.0	76.9
	35 - 39 years	3	80.0	80.0
	40 years and above	1	66.7	66.7
	Education			
	Illiterate	7	76.9	76.9
	Primary	9	87.5	93.8
	Secondary	11	100.0	100.0
	Higher secondary and above	3	100.0	100.0
	Literate/No schooling	5	44.4	55.6
Indian	**Age group**	**N=50**	**%**	**%**
	18-19 years	2	100.0	100.0
	20 - 24 years	13	88.9	88.9
	25 - 29 years	20	100.0	100.0
	30 - 34 years	6	87.5	88.9
	35 - 39 years	6	100.0	88.9
	40 years and above	3	75.0	80.0
	Education			
	Illiterate	18	96.2	96.3
	Primary	7	88.9	88.9
	Secondary	13	94.4	94.7
	Higher secondary and above	6	100.0	91.7
	Literate/No schooling	6	87.5	88.9
All Total	**Age group**	**N=85**	**%**	**%**
	18-19 years	4	75.0	75.0
	20 - 24 years	22	88.6	94.3
	25 - 29 years	33	97.8	98.1
	30 - 34 years	13	80.0	81.8
	35 - 39 years	9	92.3	85.7
	40 years and above	4	71.4	75.0

	Education			
	Illiterate	25	89.7	90.0
	Primary	16	88.0	92.0
	Secondary	24	97.2	97.6
	Higher secondary and above	9	100.0	93.3
	Literate/No schooling	11	64.7	72.2

[Logic: if Q302=1,2,3 >> Positive reaction on meeting HIV +ve person: if Q303=1,2,3 >> Positive reaction on finding friend to be HIV +ve]-Questions are in Annex.

Similarly, attitudes of the respondents with comprehensive knowledge composing all major five indicators were further analyzed to gain further insights towards HIV infected persons. For this purpose, a composite scale consisting of four parameters; namely: a)taking care of an HIV positive male/female relative at home, b) talk about family member being HIV positive with others) buy food from HIV positive vendors including; and d) whether an HIV positive person should be allowed to continue the job, were included*(Table 6.17)*.

Less than a one-fifth (17.6 percent) of respondents said reported that they would have treated the HIV positive person in positive way. In terms of type of respondents, a higher proportion of Bhutanese workers (25.7 percent) with comprehensive knowledge as against Indian ones (12.0 percent) found to have positive attitude towards HIV positive person. There was a little fluctuation in responses among respondents with the lowest (6.3 percent) from primary education category and 12.1 percent from 25-29 age groups *(Table 6.17)*.

Table 6.17: Reported responses of respondents with comprehensive knowledge of HIV transmission to an HIV positive person

	Bhutanese		**Indian**		**All Total**	
	Attitude towards HIV positive person		**Attitude towards HIV positive person**		**Attitude towards HIV positive person**	
	Positive response		**Positive response**		**Positive response**	
	%	**N**	**%**	**N**	**%**	**N**
Age group						
18-19 years	50.0	2		2	25.0	4
20 - 24 years	22.2	9	7.7	13	13.6	22
25 - 29 years	7.7	13	15.0	20	12.1	33
30 - 34 years	42.9	7		6	23.1	13
35 - 39 years	33.3	3	33.3	6	33.3	9
40 years and above	100.0	1		3	25.0	4
Education						
Illiterate	42.9	7	5.6	18	16.0	25
Primary	11.1	9		7	6.3	16
Secondary	18.2	11	30.8	13	25.0	24
Higher secondary and above	33.3	3	16.7	6	22.2	9
Literate/No schooling	40.0	5		6	18.2	11
Total:	**25.7**	**35**	**12.0**	**50**	**17.6**	**85**

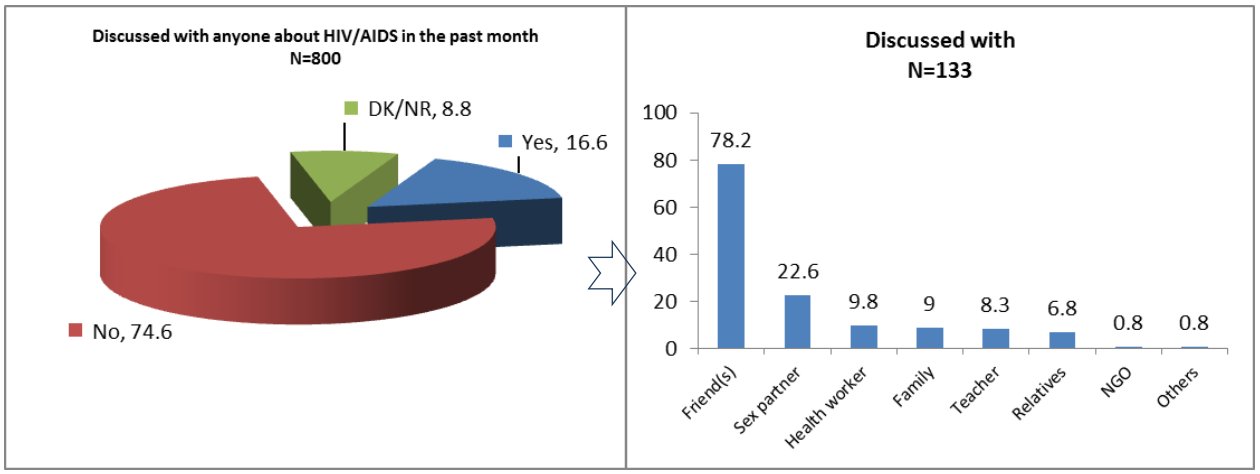
[Logic: if Q304=1 and Q305=1 and Q306=2 and Q307=1 and Q309=1 >> Positive response]

Participation in Discussion about HIV/AIDS

Sharing information among different persons enhances self-knowledge as people can acquire more understanding on the subject they discuss either through listening or probing. Hence the respondents were asked whether or not they had discussed HIV/AIDs in the past month.

A little less than one-fifth (16.6 percent) of them had discussed about HIV/AIDS in the past month. Among them, nearly three-fourths (78.2 percent) of the respondent had discussed with their friends, about one-fourth (22.6 percent) of them talked about with their sex partners. Furthermore, 9.8 percent told to discuss about this with health workers whereas others had a discussion with family member (9.0 percent) and teacher (8.3percent) about the issue *(Figure 6.8).*

Figure 6.8: Discussed about HIV/AIDS in the past month and discusses with…



A more proportion of Bhutanese workers (19.5 percent) against their counterparts (15.3 percent) discussed about the issue in the past months *(Table 6.18)*.

Table 6.18: Discussed about HIV/AIDS in the past month

	Bhutanese		Indian		Total	
	N=271	%	N=529	%	N=800	%
Discussed with anyone about HIV/AIDS in the past month						
Yes	52	19.2	81	15.3	133	16.6
No	206	76.0	391	73.9	597	74.6
Don't know	12	4.4	43	8.1	55	6.9
No response	1	.4	14	2.6	15	1.9
Discussed about HIV/AIDS in the past month with *	**N=52**	**%**	**N=81**	**%**	**N=133**	**%**
Friend(s)	38	73.1	66	81.5	104	78.2
Sex partner	11	21.2	19	23.5	30	22.6
Health worker	9	17.3	4	4.9	13	9.8
Family	6	11.5	6	7.4	12	9.0
Teacher	9	17.3	2	2.5	11	8.3
Relatives	6	11.5	3	3.7	9	6.8
NGO			1	1.2	1	.8
Others			1	1.2	1	.8

* Percentage total may exceed to 100 due to multiple responses

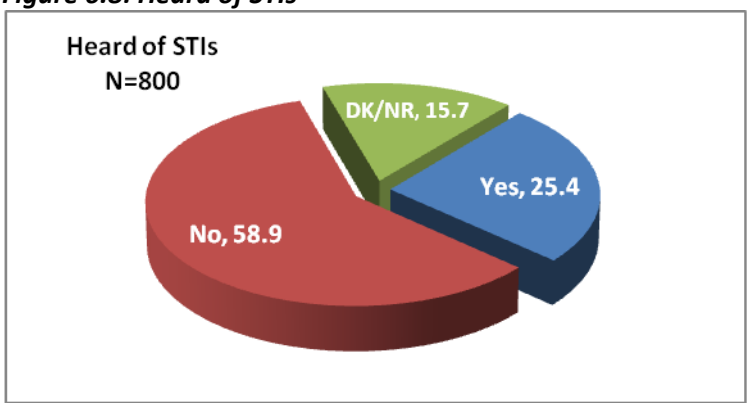
6.4 Sexually Transmitted Infection

A questionnaire containing symptoms associated with STI was also administered among construction workers. This section presents the knowledge amongst them regarding STIs. Furthermore, this section also includes the information about respondents' personal experience of STI symptoms in the past year as well as whether they had sought treatment or not.

Knowledge of Sexually Transmitted Infection (STI)

Overall, a little more than one-fourth (25.4 percent) of the respondents reported that they had ever heard of STI *(Figure 6.9)*.

Figure 6.8: Heard of STIs



Twice as much of Bhutanese workers (37.6 percent) reported to have heard about STI than their Indian co-workers (19.1 percent).Of the respondents, who had heard of STIs, majority of them were aware of Gonorrhea (70.0 percent) followed by Syphilis (23.6 percent) and genital herpes (5.4 percent). Note worthily, more than one-fourth (27.1 percent) had not heard about any STI at all. A higher fraction of Bhutanese workers reported to know about each type of STI than their Indian counterparts *(Table 6.19)*.

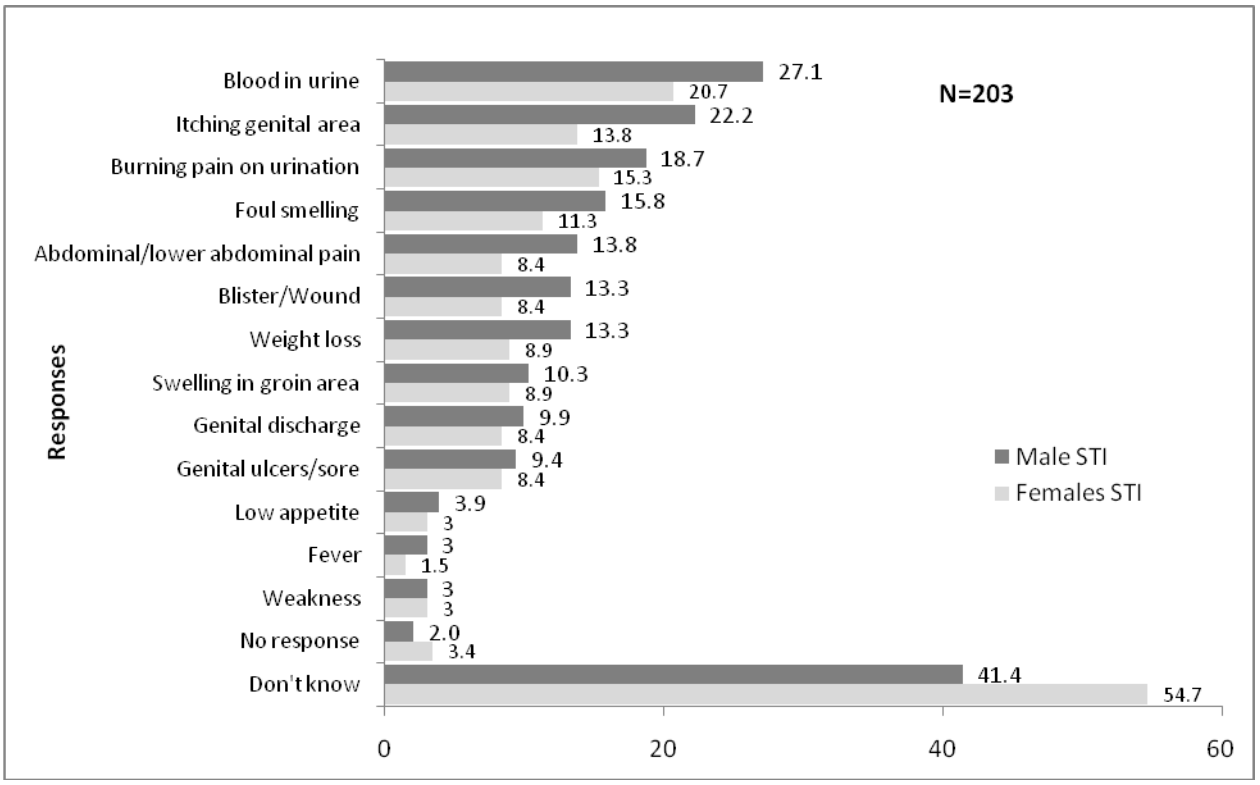
Table 6.19: Heard about STI& STI types

	Bhutanese		Indian		Total	
	N=271	%	N=529	%	N=800	%
Heard of STIs						
Yes	102	37.6	101	19.1	203	25.4
No	134	49.4	337	63.7	471	58.9
Don't know	35	12.9	82	15.5	117	14.6
No response			9	1.7	9	1.1
Types of STIs heard*	**N=102**	**%**	**N=101**	**%**	**N=203**	**%**
Gonorrhea	76	74.5	66	65.3	142	70.0
Don't know	24	23.5	31	30.7	55	27.1
Syphilis	27	26.5	21	20.8	48	23.6
Genital Herpes	8	7.8	3	3.0	11	5.4
Chlamydia	1	1.0	1	1.0	2	1.0
Others	1	1.0			1	.5
No response			1	1.0	1	.5

* Percentage total may exceed to 100 due to multiple responses

However, around one out of ten (11.8 percent) of them did not found to know any symptoms of STI at all. Only about a half of respondents (45.3 percent) and little more than half (58.6 percent) who had heard of STI did not know about symptoms associated with Male and Female STIs. Among those who came to know about it, the most common symptoms cited were blood in urine (20.7percent in male and 27.1 percent in female); burning pain on urination(15.3 percent in male and 18.7 percent in female); itching in genital area(13.8 percent in male and 22.2 percent in female); foul smelling discharge (11.3 percent in male and 15.8 percent in female) and swelling in groin area (8.9percent in male and 10.3 percent in female)*(Figure 6.10)*.

Figure 6.10: Symptoms STI as understood by the respondent



Similarly, a higher proportion of Bhutanese workers as against Non-Bhutanese ones cited the most common symptoms of STIs both in Male and Female. Besides that, weight loss, lower abdominal pain, genital discharge, genital ulcer, blister and wound, low appetite and fever were other symptoms mentioned by both male and female respondents *(Table 6.20)*.

Table 6.20: Symptoms STI as understood by the respondent

	Bhutanese		Indian		Total	
	N=102	%	N=101	%	N=203	%
Females STIs *						
Don't know	54	52.9	57	56.4	111	54.7
Blood in urine	23	22.5	19	18.8	42	20.7
Burning pain on urination	17	16.7	14	13.9	31	15.3
Itching genital area	16	15.7	12	11.9	28	13.8
Foul smelling	14	13.7	9	8.9	23	11.3
Swelling in groin area	13	12.7	5	5.0	18	8.9
Weight loss	10	9.8	8	7.9	18	8.9
Lower abdominal pain	13	12.7	4	4.0	17	8.4

Genital discharge	8	7.8	9	8.9	17	8.4
Genital ulcers/sore	9	8.8	8	7.9	17	8.4
Blister/Wound	11	10.8	6	5.9	17	8.4
No response	3	2.9	4	4.0	7	3.4
Low appetite	4	3.9	2	2.0	6	3.0
Weakness	1	1.0	5	5.0	6	3.0
Fever	1	1.0	2	2.0	3	1.5
Male STIs *						
Don't know	37	36.3	47	46.5	84	41.4
Blood in urine	33	32.4	22	21.8	55	27.1
Itching genital area	24	23.5	21	20.8	45	22.2
Burning pain on urination	22	21.6	16	15.8	38	18.7
Foul smelling	18	17.6	14	13.9	32	15.8
Abdominal pain	19	18.6	9	8.9	28	13.8
Weight loss	13	12.7	14	13.9	27	13.3
Blister/Wound	17	16.7	10	9.9	27	13.3
Swelling in groin area	13	12.7	8	7.9	21	10.3
Genital discharge	13	12.7	7	6.9	20	9.9
Genital ulcers/sore	8	7.8	11	10.9	19	9.4
Low appetite	3	2.9	5	5.0	8	3.9
Fever	2	2.0	4	4.0	6	3.0
Weakness	1	1.0	5	5.0	6	3.0
No response	3	2.9	1	1.0	4	2.0

* Percentage total may exceed to 100 due to multiple responses

STI symptoms experienced and Treatment Sought

Shedding lights on the respondents experience regarding STIs' symptoms, the study also acquired information about whether they themselves had experienced STI symptoms in the past year. Only a small fraction (5.9 percent) of them said to have experienced at least one of the symptoms associated with STIs whereas ample proportion (87.2 percent) mentioned of not having any such experience and the rest 6.9 percent were not aware about these symptoms at all. However a more than twice of Bhutanese workers (8.8 percent) in comparison to Indian workers (3.0 percent) experienced at least one of the symptoms associated with STIs.

Among those persons experiencing STIs symptoms, more than a half (58.3 percent) reported to have sought medical service to cure them. But, all of Indian workers (100 percent) sought medical treatment than Bhutanese workers (44.0 percent).By source of treatment; Government Hospital was the ones that recorded the higher visits (85.7 percent) as against undisclosed category (4.8 percent). All Bhutanese workers (100 percent) as against only two-thirds (66.7 percent) of Indian workers mentioned to seek treatments in Government Hospital. In the link up question explaining whether his/her partners also obtained the treatment, more than half (57.1 percent) said that that their partners also received the treatment for STI. All of Indian coworkers (100.0 percent) in comparison to Bhutanese one (25.0 percent) also reported to treat their sexual partners for STI *(Table 6.21)*.

Table 6.21: STI symptoms experienced and treatment sought

	Bhutanese		Indian		Total	
	N=102	%	N=101	%	N=203	%
Had an STI in the past year						
Yes	9	8.8	3	3.0	12	5.9
No	85	83.3	92	91.1	177	87.2
Don't know	8	7.8	6	5.9	14	6.9
Sought treatment	**N=9**	**%**	**N=3**	**%**	**N=12**	**%**
Yes	4	44.4	3	100.0	7	58.3
No	5	55.6			5	41.7
Source of treatment	**N=4**	**%**	**N=3**	**%**	**N=7**	**%**
Govt. hospital/clinic	4	100.0	2	66.7	6	85.7
Others			1	33.3	1	14.3
Treatment obtained by sexual partner (partners treatment)						
Yes	1	25.0	3	100.0	4	57.1
No	1	25.0			1	14.3
Don't know	2	50.0			2	28.6

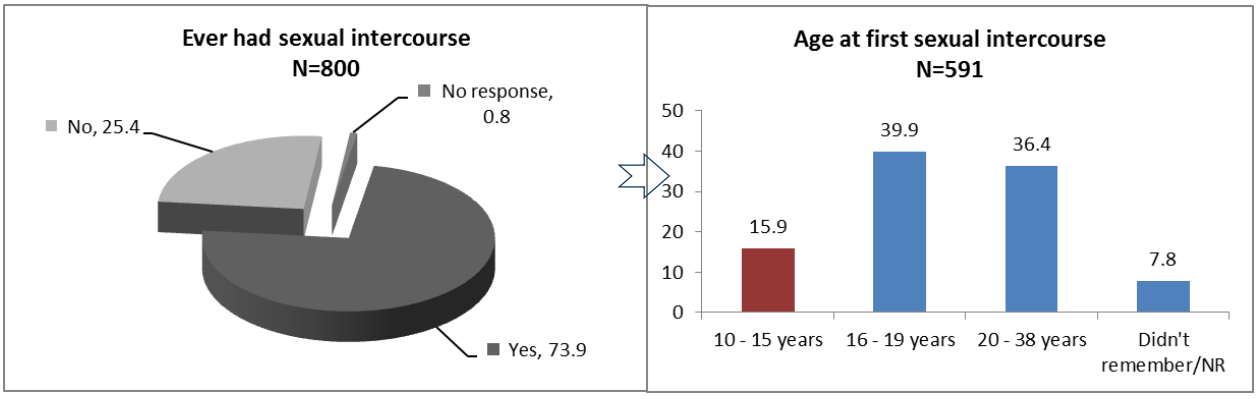
6.5 Sexual behavior and condom using practice

HIV can be easily transmitted in situation when someone engaged in unprotected sexual behaviors. Unsafe sexual contact with regular, non-regular or sexual partners put them at the risk of HIV transmission from an infected person. This part is allocated in explains such practices prevalent in construction workers and put their sexual practices in three categories. Also knowledge about condoms and condom using practices are addressed in this section.

Sexual behavior

About three-fourths (73.9 percent) of the target respondents reported to have engaged in sexual intercourse. Among the respondents engaged in sexual intercourse before the survey, almost three-fifths (55.8 percent) reported to have engaged in the activity before they turned 20 years *(Figure 6*.10).

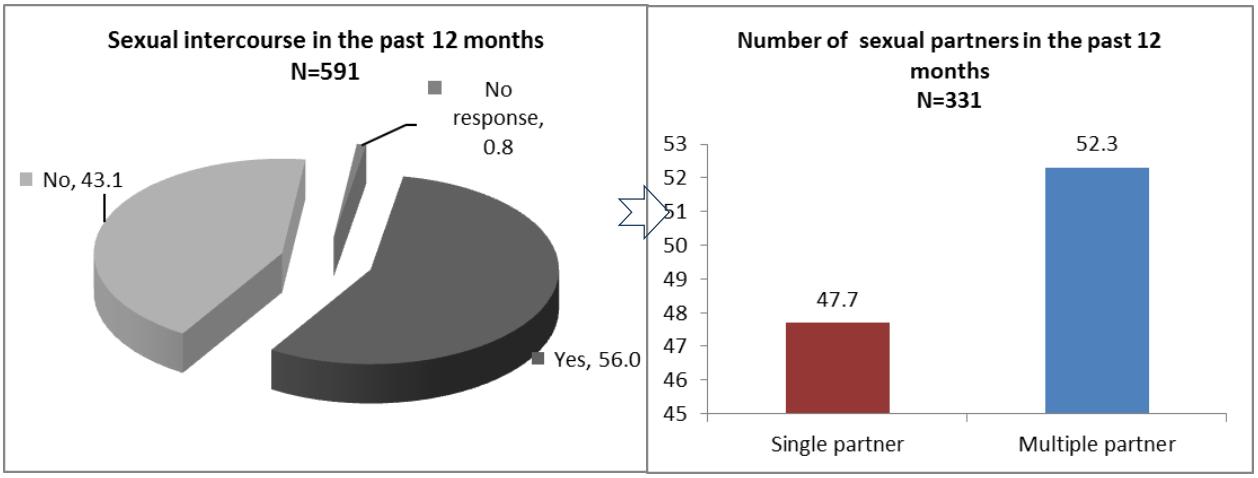
Figure 6.10: Ever had sexual intercourse and age at first sexual intercourse



Similarly, out of those respondents who had sexual intercourse before, almost more than a half (56.0 percent) happened to have taken place in past 12 months. While concerning the type of sexual

partner in that same period, little less than half (47.7 percent) had single partners in comparison to other having two or more sex partners (52.3 percent) *(Figure 6.11).*

Figure 6.11: Sexual intercourse in the past 12 months and number of sexual partner



More than four-fifths (84.5 percent) of Bhutanese workers as against Indian workers (68.4 percent) mentioned to engage in sexual intercourse in terms of types of respondent. Similarly, only a quarter (25.4 percent) who had not been engaged in sexual intercourse was further instigated for not having sex. Soliciting the response set showed that about one-fourth (28.7 percent) thought that they were not interested to engage in sexual activity; whereas, 24.9 percent felt that they were too young. Similarly, those thinking sex before marriage was wrong constituted (17.7 percent), followed by those had not getting chance to make sexual relation(16.7 percent) and those thinking themselves not ready for sex(14.8 percent) , and those feeling afraid of getting infected with HIV or STI(14.4 percent). Others response stated by construction workers in not engaging in sexual activity were due to their shyness (12.0 percent) and fear of getting pregnant (11.5 percent) (*Table 6.22*).

Categorically, more than two-thirds (69.8 percent) of Bhutanese workers in comparison to Indian ones (46.9 percent) engaged in such act before they turned 20 years. Median age for sexual intercourse was 18 for Bhutanese workers and 19 for Indian ones.Categorically, more than two-thirds (70.7 percent) of Bhutanese workers compared to Indian workers (46.7 percent) had sexual intercourse in that period. A higher proportion of Bhutanese workers (59.3 percent) had multiple partners than Indian co-workers (45.6%) (*Table 6.22*).

Table 6.22: Sexual behavior

	Bhutanese		Indian		Total	
	N=271	%	N=529	%	N=800	%
Ever had sexual intercourse						
Yes	229	84.5	362	68.4	591	73.9
No	42	15.5	161	30.4	203	25.4
No response			6	1.1	6	.8
Reason for not having sexual intercourse *	**N=42**	**%**	**N=167**	**%**	**N=209**	**%**
Not interested	16	38.1	44	26.3	60	28.7
I am/feel too young	12	28.6	40	24.0	52	24.9
Sex before marriage is wrong	3	7.1	34	20.4	37	17.7
Have not had the chance	5	11.9	30	18.0	35	16.7

Don't feel ready to have sex	6	14.3	25	15.0	31	14.8
Afraid of getting HIV/AIDS or STI	9	21.4	21	12.6	30	14.4
Feel shy	6	14.3	19	11.4	25	12.0
Afraid of getting pregnant	7	16.7	17	10.2	24	11.5
No response			12	7.2	12	5.7
Don't know	2	4.8	2	1.2	4	1.9
Others			1	.6	1	.5
Age at first sexual intercourse	**N=229**	**%**	**N=362**	**%**	**N=591**	**%**
10 - 15 years	58	25.3	37	10.2	95	16.1
16 - 19 years	102	44.5	133	36.7	235	39.8
20 - 38 years	61	26.6	154	42.5	215	36.4
Didn't remember	7	3.1	38	10.5	45	7.6
No response	1	.4			1	.2
Median	**18**		**19**		**18**	
Mean/Std Deviation	**17.77/3.57**		**19.93/4.34**		**19.05/4.18**	
Sexual intercourse in the past 12 months						
Yes	162	70.7	169	46.7	331	56.0
No	66	28.8	189	52.2	255	43.1
No response	1	.4	4	1.1	5	.8
Number of different sexual partners in the past 12 months						
Single partner	66	40.7	92	54.4	158	47.7
Multiple partner	96	59.3	77	45.6	173	52.3

* Percentage total may exceed to 100 due to multiple responses

Type of Sex partners

As per the questionnaires, the sex partners were further classified into three categories namely: regular partners, non-regular partners and female sex workers. The term “regular sex partner” delineate as spouse or any sexual partner living together with the respondents. *Table 6.23* indicates that three-fourths (74.9 percent) of the respondents who had sex contact told to have regular sex partner in the last 12 months. In terms of type of respondents, more than four-fifths (81.5) of Bhutanese workers than Indian coworkers (68.6 percent) reported to have sex with regular sex partner in that period *(Table 6.23)*.

Similarly, that question carrying the same theme but related to "Non-regular Partner" was administered to the construction workers. Here "Non-regular partner” characterizesthose whom the respondents are not married or living together. However, they are completely different entity than regular partner and sex worker. The below table indicates about one-third (31.1 percent) of them had sex with non-regular partners in the past year. More than one-third (36.1 percent) of Indian workers than Bhutanese workers (25.9 percent) had sex with non-regular partner in the past 12 months *(Table 6.23)*.

Furthermore, data about sexual practices of participants with sex workers was also collected. "Sex Workers" are defined as those who sell sex in exchange for cash or other non-cash items. Small proportion (12.1 percent) of respondents had sex with a sex worker in the past year. Categorizing the response set, three times of Indian workers (17.8 percent) than Bhutanese ones (6.2 percent) reported to engage in sexual act with sex workers in that period *(Table 6.23)*.

Sex between males is also in practice in many countries around the world. To explore the presence of such practice, only male respondents were inquired about it also. Negligible proportion (2.2 percent) of them ever happened to have sex with male partners. However, no presence of anal sex between male was found out*(Table 6.23)*.

When questioning the respondents about their last sex partner, three-fourths (71.6 percent) cited regular partners whereas other (20.8 percent) said female friends were their sex partner. Only negligible (2.2 percent) informed to have Female Sex Workers as their last sex partner *(Table 6.23)*.

For the participants who ever had gone outside the country for training purpose, a question related to whether participants engagement in sexual activity while they were in abroad was administered. Only 12.2 percent responded to have sexual intercourse while remaining abroad for training (*Table 6.23)*.

Table 6.23: Types of sex partners in the last 12 months and sexual practice

	Bhutanese		Indian		Total	
	N=162	**%**	**N=169**	**%**	**N=331**	**%**
Had sex with regular partner						
Yes	132	81.5	116	68.6	248	74.9
No	25	15.4	43	25.4	68	20.5
Unmarried or no live in partner	5	3.1	10	5.9	15	4.5
Had sex with non-regular sex partner						
Yes	42	25.9	61	36.1	103	31.1
No	120	74.1	108	63.9	228	68.9
Had sex with sex worker						
Yes	10	6.2	30	17.8	40	12.1
No	152	93.8	139	82.2	291	87.9
Had anal sex with male sex partner **	**N=13**	**%**	**N=33**	**%**	**N=46**	**%**
Yes	1	7.7			1	2.2
No	12	92.3	33	100.0	45	97.8
Last sex partner	**N=229**	**%**	**N=362**	**%**	**N=591**	**%**
Regular partner (spouse or live in sexual partner)	185	80.8	238	65.7	423	71.6
Other female friend	36	15.7	87	24.0	123	20.8
No response	5	2.2	12	3.3	17	2.9
Don't know	1	.4	14	3.9	15	2.5
FSW/MSW	2	.9	11	3.0	13	2.2
Had sexual intercourse during training abroad	**N=47**	**%**	**N=84**	**%**	**N=131**	**%**
Yes	5	10.6	11	13.1	16	12.2
No	42	89.4	72	85.7	114	87.0
No response			1	1.2	1	.8

** Asked only to male respondents

Knowledge About and Use of Condoms

Condom promotion activity underpinning consistent and correct use of condoms has been one of the important components embraced by HIV/AIDS awareness programs. All of the participants had heard of condoms before.

A large majority (77.2 percent) of them thought that the condoms were safe contraceptive method to prevent pregnancy whereas 74.0percent took it as a means to prevent HIV/AIDS, and remaining

one perceived as a safe measure to prevent Sexually Transmitted Infections (25.7 percent). Only negligible proportion (2.8 percent) did not know about the use of condoms *(Table 6.24)*. In terms of safety associated with condoms, a majority (84.2 percent) of them thought that condoms were safe in comparison to those 10.6 percent had out on the safety of condoms. Out of those questioning about the safety, a majority (82.4 percent) complained that condoms could break easily and would not protect against any disease (5.9 percent) *(Table 6.24)*. A higher proportion of Bhutanese workers were found to be more aware about the use of condoms as safe measure for pregnancy, HIV AIDS and STI prevention than Indian coworkers.

Table 6.24: Knowledge about condom

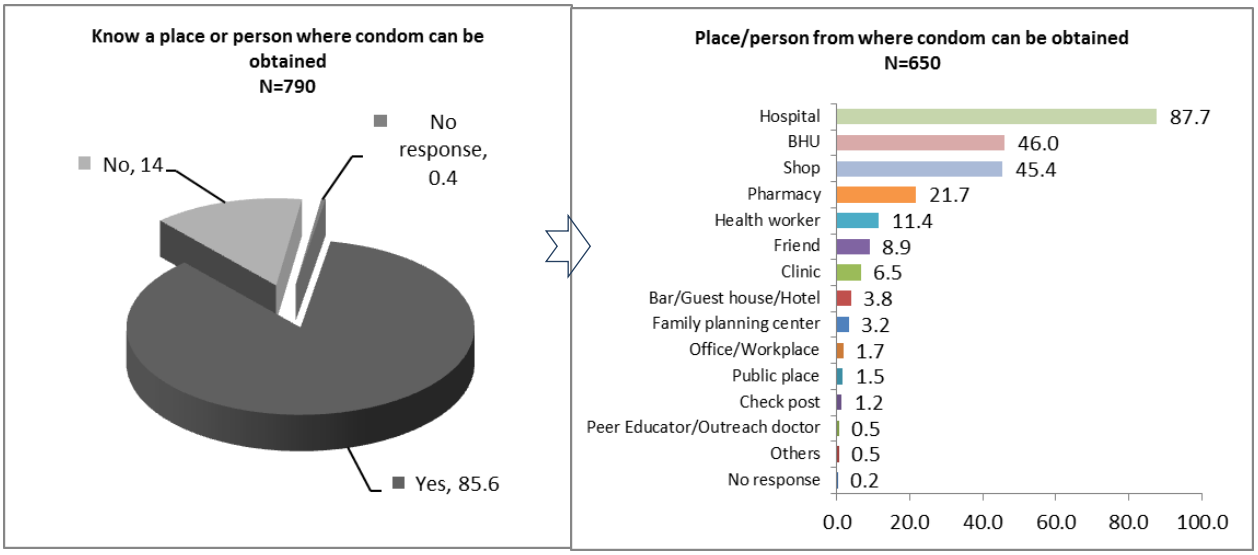
	Bhutanese		Indian		Total	
	N=262	%	N=497	%	N=759	%
Condoms are used to *						
Prevent pregnancy/Used as a contraception	223	85.1	363	73.0	586	77.2
Prevent HIV/AIDS	221	84.4	341	68.6	562	74.0
Prevent STI	109	41.6	86	17.3	195	25.7
Others	1	.4	2	.4	3	.4
Don't know	3	1.1	18	3.6	21	2.8
No response	2	.8	2	.4	4	.5
Thinks condom are safe						
Yes	228	87.0	410	82.5	638	84.1
No	17	6.5	17	3.4	34	4.5
Don't know	16	6.1	69	13.9	85	11.2
No response	1	.4	1	.2	2	.3
Reasons why condoms are considered unsafe	**N=17**	**%**	**N=17**	**%**	**N=34**	**%**
Break easily	14	82.4	14	82.4	28	82.4
Don't know	2	11.8	1	5.9	3	8.8
Do not protect against diseases	1	5.9	1	5.9	2	5.9
Others			1	5.9	1	2.9

* Percentage total may exceed to 100 due to multiple responses

Knowledge about condom available Places

Participant's knowledge about the place from where they could easily obtain condoms was also asked. A clear majority (85.6 percent) of respondents mentioned of knowing at least one place of obtaining condoms. A higher proportion of Bhutanese workers (95.0 percent) than Indian coworkers (80.7 percent) know about place of obtaining condoms. Responding to the further query about the place/person where they can be obtained, a majority (87.7 percent) of them cited hospital followed by Basic Health Units (BHUs) (46.0 percent) and shops (45.4 percent). Similarly other responses were pharmacy constituting 21.7 percent, friend (8.9 percent) and clinics (6.5 percent). And other additional places/persons of obtaining condoms were bars/guest houses/hotels, family planning centers, office/workplaces, public places and check-posts and office/check post cited by less than four(<4 percent) of them*(Figure 6.12)*.

Figure 6.12: Know place or person where condom can be obtained



More than half (53.0 percent) of them obtained the condoms free of cost in the past year. About three-fourths (73.7 percent) of Bhutanese workers than Indian workers (42.1 percent) obtained free condoms in the past year *(Table 6.25)*.

Table 6.25: Known places for obtaining condoms

	Bhutanese		Indian		Total	
	N=262	%	N=497	%	N=759	%
Know a place or person where condom can be obtained						
Yes	249	95.0	401	80.7	650	85.6
No	12	4.6	94	18.9	106	14.0
No response	1	.4	2	.4	3	.4
Place/person from where condom can be obtained *	**N=249**	**%**	**N=401**	**%**	**N=650**	**%**
Hospital	235	94.4	335	83.5	570	87.7
BHU	193	77.5	106	26.4	299	46.0
Shop	108	43.4	187	46.6	295	45.4
Pharmacy	38	15.3	103	25.7	141	21.7
Health worker	37	14.9	37	9.2	74	11.4
Friend	23	9.2	35	8.7	58	8.9
Clinic	6	2.4	36	9.0	42	6.5
Bar/Guest house/Hotel	11	4.4	14	3.5	25	3.8
Family planning center	8	3.2	13	3.2	21	3.2
Office/Workplace	5	2.0	6	1.5	11	1.7
Public place	3	1.2	7	1.7	10	1.5
Check post	4	1.6	4	1.0	8	1.2
Peer Educator/Outreach doctor	2	.8	1	.2	3	.5
Others	1	.4	2	.5	3	.5
No response99			1	.2	1	.2
Received condoms free of cost in the past 12 months	**N=262**	**%**	**N=497**	**%**	**N=759**	**%**
Yes	193	73.7	209	42.1	402	53.0
No	66	25.2	265	53.3	331	43.6

No response	3	1.1	23	4.6	26	3.4

* Percentage total may exceed to 100 due to multiple responses

Source of Information about Condoms

The construction workers were asked how they learn about condom. They had heard about it from various sources. The most common source of information for almost all (84.5 percent) was television followed by friends/peers (74.5 percent). Similarly, another common information sources were revealed as health worker/volunteer (62.7 percent) and Radio (61.0 percent). Furthermore 49.1 percent claimed that their source of information was workplace, followed by 47.3 percent who reported that, billboard/signboard and Teacher (35.7 percent). Respondents had got information about condom from various sources including cinema hall (34.9 percent), newspaper/magazines and pamphlets/posters (33.6 percent) each, community event/training (23.0 percent) and people from NGOs (12.8 percent)*(Table 6.26)*.

More Bhutanese workers received information about condoms from Television, Health workers/Volunteer, Radio and Friends/Peer, Whereas Indian workers receive such information more from Television, Friends/Peers, Radio and Health workers/volunteers *(Table 6.26)*.

Table 6.26: Source of information about condom

	Bhutanese		Indian		TOTAL	
	N	%	N	%	N	%
Sources of Information about condom *						
Radio	189	72.7	273	54.9	462	61.0
Television	221	85.0	419	84.3	640	84.5
Newspapers/Magazines	75	28.8	179	36.0	254	33.6
Pamphlets/Posters	75	28.8	179	36.0	254	33.6
Teachers	101	38.8	169	34.0	270	35.7
Health Worker/Volunteer	211	81.2	264	53.1	475	62.7
Friends/Peers	189	72.7	382	76.9	571	75.4
Work place	132	50.8	240	48.3	372	49.1
People from NGO	39	15.0	58	11.7	97	12.8
Relatives	96	36.9	156	31.4	252	33.3
Community Event/Training	54	20.8	120	24.1	174	23.0
Cinema Hall	50	19.2	214	43.1	264	34.9
Bill Board/Sign board	119	45.8	239	48.1	358	47.3
Others	4	1.5	7	1.4	11	1.5

Use of condoms with Different sex partners

Unprotected sex may result in transmission of HIV and STI from one sexual partner to another. In this context, uniformed personnel were asked about condom using / not using condoms with different types of sex partners and reasons. It also explains about sexual intercourse that happened for past 12 months.

Condom use with Regular partner

A little more than one-third (39.1 percent) of the respondents were reported to have used condoms at the time of sex with regular partner. When they were queried about sexual practice of last 12 months, categorically, only a negligible difference was recorded in condom using practice between Bhutanese and Non-Bhutanese workers. Among condom users, around one-fifth(19.2 percent) did

not use condoms due to their trust in sex partners whereas 17.2 percent said that they thought condom use was unnecessary and other reported that they did not like them(12.6 percent). Correspondingly, 11.9 percent of them told they did not think about them whereas 11.9 percent did not use because of their partner objections and, due to use of other contraception. More than one-fourth (28.4 percent) of Bhutanese workers did not use condoms as they trust their sex partner/s, whereas a higher proportion (20.0 percent) of Indian workers thought that condoms were not necessary *(Table 6.27)*.

Alternatively, reasons for using condoms at last sexual contact were also tabulated. About 9 out of 10(85.6 percent) respondents used condoms they did so as to avoid pregnancy as against those 19.6 percent who had used condoms in order to prevent HIV and Sexually Transmitted Infection (5.2 percent). A minor difference was found in reported categories between Bhutanese and Indian workers. Regarding the consistence use of condoms measures on 4 point scale, prevalence of using condoms was substantially low (6.5 percent)in past twelve months and 32.3 percent who told of never using condoms. However, consistence use of condoms with regular partners in last 12 months was higher in Bhutanese workers (7.6 percent) than Non-Bhutanese workers *(Table 6.27)*.

Table 6.27: Use of condoms with regular partner

	Bhutanese		Indian		Total	
	N=132	%	N=116	%	N=248	%
Used condom with regular partner during last sexual intercourse						
Yes	51	38.6	46	39.7	97	39.1
No	81	61.4	66	56.9	147	59.3
Don't know			3	2.6	3	1.2
No response			1	.9	1	.4
Reason for not using condom with regular partners during last sexual intercourse	**N=81**	**%**	**N=70**	**%**	**N=151**	**%**
Trust to sex partner	23	28.4	6	8.6	29	19.2
Didn't think it was necessary	12	14.8	14	20.0	26	17.2
Don't like them	10	12.3	9	12.9	19	12.6
Didn't think of it	6	7.4	12	17.1	18	11.9
Partner objected	10	12.3	4	5.7	14	9.3
Used other contraceptive	10	12.3	4	5.7	14	9.3
Wish for a child	3	3.7	7	10.0	10	6.6
Don't know	2	2.5	6	8.6	8	5.3
Sterilized	2	2.5	4	5.7	6	4.0
Others	2	2.5	1	1.4	3	2.0
Not available	1	1.2	1	1.4	2	1.3
No response			2	2.9	2	1.3
Reasons for using condom with regular partner during last sexual intercourse *	**N=51**	**%**	**N=46**	**%**	**N=97**	**%**
Pregnancy prevention	46	90.2	37	80.4	83	85.6
HIV/AIDS prevention	9	17.6	10	21.7	19	19.6
STI prevention	4	7.8	1	2.2	5	5.2
Don't know			2	4.3	2	2.1
No response	1	2.0	1	2.2	2	2.1
Used condom with regular sex partner in	**N=132**	**%**	**N=116**	**%**	**N=248**	**%**

the past 12 months						
Every times	10	7.6	6	5.2	16	6.5
Almost every-times	3	2.3	11	9.5	14	5.6
Sometimes	75	56.8	44	37.9	119	48.0
Never used	39	29.5	41	35.3	80	32.3
Don't know	2	1.5	12	10.3	14	5.6
No response	3	2.3	2	1.7	5	2.0

* Percentage total may exceed to 100 due to multiple responses

Condom use with Sex worker

About 2 out of 10(22.5 percent) of respondents did not use condoms when having sex with sex workers in the last sex that took place in last twelve months. Use of condoms with sex workers in the recent sex was higher in Indian workers (73.3 percent) than among Bhutanese counterparts (60.0 percent). They did not use them because their partner did not like it(25 percent), and due to their partner's objection(16.7 percent) and rest told that they did not think of it (16.7 percent). However, they reported to have used condoms consistently (47.5 percent) as against only 10.0 percent not using them at all when they had sex in the past 12 months. Three out of four Bhutanese workers did not use condoms because they don't like them *(Table 6.28)*.

Table 6.28: Use of condoms with sex worker

	Bhutanese		Indian		Total	
	N=10	**%**	**N=30**	**%**	**N=40**	**%**
Used condom with sex worker during last sexual intercourse						
Yes	6	60.0	22	73.3	28	70.0
No	4	40.0	5	16.7	9	22.5
Don't know			2	6.7	2	5.0
No response			1	3.3	1	2.5
Reason for not using condom with sex worker during last sexual intercourse	**N=4**	**%**	**N=8**	**%**	**N=12**	**%**
Don't like them	3	75.0			3	25.0
Partner objected	1	25.0	1	12.5	2	16.7
Didn't think of it			2	25.0	2	16.7
No response			2	25.0	2	16.7
Not available			1	12.5	1	8.3
Didn't think it was necessary			1	12.5	1	8.3
Don't know			1	12.5	1	8.3
Used condom with sex worker partner in the past 12 months	**N=10**	**%**	**N=30**	**%**	**N=40**	**%**
Every times	5	50.0	14	46.7	19	47.5
Almost every-times			3	10.0	3	7.5
Sometimes	1	10.0	7	23.3	8	20.0
Never used	3	30.0	1	3.3	4	10.0
Don't know			2	6.7	2	5.0
No response	1	10.0	3	10.0	4	10.0

Use of condoms with Non-Regular Partner

Similarly, the same questionnaires were addressed to construction workers about their non-regular partners. About 2 out of 10(20.4 percent) respondents told the enumerators of not using condoms while having sex with non-regular partners in last 12 months. There was no marked difference about use of condoms between Bhutanese and Non-Bhutanese workers. Participants who did not use condoms in the incident/s reported reasons like they do not like them(34.8 percent), and 17.4 percent told that they did not think it was necessary and others mentioned the condom was not available(13.3 percent). Whereas remaining one told that use of condoms did not satisfy them(13.0 percent), followed by those who reported their partner objection(4.3 percent) in using condoms.Five out of ten Bhutanese workers did not use condoms with Non-regular partners because they don't like in using them. On the other hand, less than a half (47.6 percent) reported having consistent condom use while small proportion (10.7 percent) told of never using it during the period. However, around two-thirds (59.5 percent) of Bhutanese workers than Indian workers (39.3 percent) found to use condoms every times they had sex with non-regular partner *(Table 6.29)*.

Table 6.29: Use of condoms with non-regular partner

	Bhutanese		Indian		Total	
	N=42	%	N=61	%	N=103	%
Used condom with non-regular partner during last sexual intercourse						
Yes	32	76.2	48	78.7	80	77.7
No	10	23.8	11	18.0	21	20.4
Don't know			1	1.6	1	1.0
No response			1	1.6	1	1.0
Reason for not using condom with non-regular partner during last sexual intercourse	**N=10**	**%**	**N=13**	**%**	**N=23**	**%**
Don't like them	5	50.0	3	23.1	8	34.8
Didn't think it was necessary	2	20.0	2	15.4	4	17.4
Not available	1	10.0	2	15.4	3	13.0
No satisfaction	1	10.0	2	15.4	3	13.0
No response	1	10.0	2	15.4	3	13.0
Partner objected			1	7.7	1	4.3
Didn't think of it			1	7.7	1	4.3
Used condom with non-regular partner in the past 12 months	**N=42**	**%**	**N=61**	**%**	**N=103**	**%**
Every times	25	59.5	24	39.3	49	47.6
Almost every-times	3	7.1	9	14.8	12	11.7
Sometimes	8	19.0	19	31.1	27	26.2
Never used	4	9.5	7	11.5	11	10.7
Don't know	2	4.8	1	1.6	3	2.9
No response			1	1.6	1	1.0

Condom use during abroad Training

The construction workers who had opportunity to go abroad to participate in training session may have been involved in sexual relation in that training location. Only smaller proportion(12.2 percent) of them informed to use condoms when they had sex during the training period abroad. Categorically,

a higher fraction of Indian workers (13.1 percent) as against Bhutanese workers(10.6 percent) used condoms when they were abroad for training *(Table 6.30)*.

Table 6.30: Condom use by respondents during the sex act when attending training abroad

	Bhutanese		Indian		Total	
	N=47	%	N=84	%	N=131	%
Used condom with sexual partner during training abroad						
Yes	5	10.6	11	13.1	16	12.2
No	42	89.4	72	85.7	114	87.0
No response			1	1.2	1	.8

Condom use in last sexual contact

In general, more than half (51.7percent) of respondents used condoms with the sexual partners during the last intercourse that happened within the past 12 months. Condom use in that last sexual contact was higher among Bhutanese workers (57.4 percent) than Indian workers (46.2 percent). Similarly, less than a half of the population (41.1 percent) had used condoms during the latest sexual act till survey date with sexual partners. Categorically, a less than half (45.9 percent) of Indian workers than Bhutanese workers (33.6 percent) used condom in that incident. That might have been taken place at any time prior to the survey. Likewise, more than a half (45.7 percent) among selected respondents having multiple sex partners informed to have used condoms in the last sexual contact in past 12 months. Use of condoms in last sex among respondents who had multiple sex partners in last 12 months was higher among Indian workers (53.2 percent) than Bhutanese counterparts (39.6 percent) *(Table 6.31)*.

Table 6.31: Use of condoms with different sexual partners

	Bhutanese		Indian		Total	
	N=162	%	N=169	%	N=331	%
Used condom with sexual partner during last intercourse within the past 12 months						
Yes	93	57.4	78	46.2	171	51.7
No	68	42.0	84	49.7	152	45.9
Don't know/remember			5	3.0	5	1.5
No response	1	.6	2	1.2	3	.9
Used condom with sexual partner during last sexual act (till survey date)	**N=229**	**%**	**N=362**	**%**	**N=591**	**%**
Yes	77	33.6	166	45.9	243	41.1
No	152	66.4	196	54.1	348	58.9
Used condom in the last sex by the respondent who have had multiple sex partners in the last 12 months	N=96	%	N=77	%	N=173	%
Yes	38	39.6	41	53.2	79	45.7
No	58	60.4	36	46.8	94	54.3

Condom use by selected background characteristics

The following table indicates the use of condoms with different sexual partners with selected background variables. Less than a half (47.6 percent) of selected participants informed to have used condoms in last the sexual intercourse with non-regular partners that happened within the past 12 months. Similarly, 47.5 percent of them reported of have used condoms in the last sexual act with

sex workers in the past 12 months whereas 6.5percent of construction workers had used condoms with their regular partner *(Table 6.32)*.

Consistent condom use was a little bit higher for regular sex partner and sex workers among Bhutanese workers than Indian workers. However consistent condom use was higher with non-regular partners among Bhutanese workers (59.5 percent) than Indian workers (39.3 percent)*(Table 6.32)*.

Table 6.32: Consistent use of condom by respondents in the past 12 months with different partners by background characteristics of respondents

		Used condom consistently with regular sex partner in the past 12 months		Used condom consistently with non-regular partner in the past 12 months		Used condom consistently with sex worker partner in the past 12 months	
		N	**%**	**N**	**%**	**N**	**%**
Bhutanese	**Age group**						
	18-19 years						
	20 - 24 years	2	28.6	5	71.4		
	25 - 29 years	2	7.4	3	30.0	3	75.0
	30 - 34 years	2	6.5	5	62.5	1	50.0
	35 - 39 years	2	6.3	8	88.9		
	40 years and above	2	5.9	4	57.1	1	33.3
	Education						
	Illiterate	6	10.2	8	44.4	2	40.0
	Primary	1	4.0	6	85.7	1	100.0
	Secondary	3	14.3	6	75.0	2	66.7
	Higher secondary and above			2	50.0		
	Literate/No schooling			3	60.0		
	Total	**10**	**7.6**	**25**	**59.5**	**5**	**50.0**
Indian	**Age group**						
	18-19 years						
	20 - 24 years	2	18.2	8	47.1	4	50.0
	25 - 29 years	1	2.6	7	31.8	5	55.6
	30 - 34 years	1	3.7	5	50.0	4	66.7
	35 - 39 years	1	6.7	2	50.0		
	40 years and above	1	4.3	2	50.0	1	33.3
	Education						
	Illiterate	3	6.5	9	33.3	5	55.6
	Primary			2	66.7	1	33.3
	Secondary	2	5.4	7	43.8	5	41.7
	Higher secondary and above			2	28.6	2	100.0
	Literate/No schooling	1	7.7	4	50.0	1	25.0
	Total	**6**	**5.2**	**24**	**39.3**	**14**	**46.7**
All Total	**Age group**						
	18-19 years						
	20 - 24 years	4	22.2	13	54.2	4	44.4

	25 - 29 years	3	4.5	10	31.3	8	61.5
	30 - 34 years	3	5.2	10	55.6	5	62.5
	35 - 39 years	3	6.4	10	76.9		
	40 years and above	3	5.3	6	54.5	2	33.3
	Education						
	Illiterate	9	8.6	17	37.8	7	50.0
	Primary	1	2.4	8	80.0	2	50.0
	Secondary	5	8.6	13	54.2	7	46.7
	Higher secondary and above			4	36.4	2	66.7
	Literate/No schooling	1	2.5	7	53.8	1	25.0
	Total	**16**	**6.5**	**49**	**47.6**	**19**	**47.5**

Condom Use by the respondents with Comprehensive Knowledge about HIV transmission

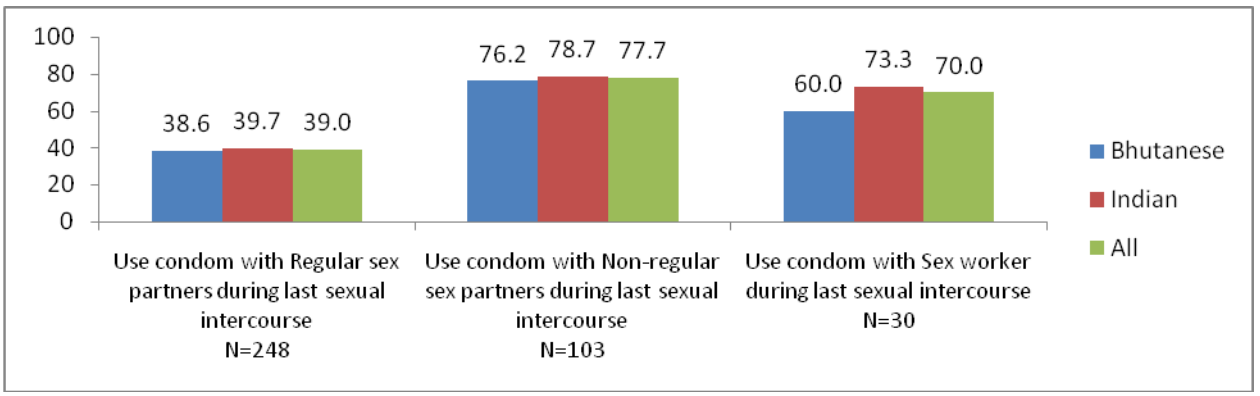
The five core indicators (BCDEF) were tabulated with six age groups along with similar number of categories of education qualification. As shown in *Table 6.33*, all respondents (11.1 percent) with knowledge about five core indicators reported to have used condoms consistently with regular partner in the past 12 months in comparison with sex workers (50.0 percent). In the same context whereas, 64.5 percent of respondents of the similar class reported condoms use with non-regular partners in last 12 months *(Table 6.33)*.

Table 6.33: Consistent use of condom with different partners by respondents with comprehensive knowledge of HIV transmission

		Used condom consistently with regular sex partner in the past 12 months		Used condom consistently with non-regular partner in the past 12 months		Used condom consistently with sex worker partner in the past 12 months	
		N	**%**	**N**	**%**	**N**	**%**
Bhutanese	**Age group**						
	20 - 24 years	1	50.0	2	100.0		
	25 - 29 years			1	50.0		
	30 - 34 years			2	100.0		
	35 - 39 years			1	100.0		
	40 years and above						
	Education						
	Illiterate			1	50.0		
	Primary	1	25.0	1	100.0		
	Secondary						
	Higher secondary and above			2	66.7		
	Literate/No schooling			2	100.0		
	Total	**1**	**5.9**	**6**	**75.0**		
	Age group						
Indian	20 - 24 years						
	25 - 29 years	1	11.1	1	33.3		
	30 - 34 years	1	25.0	2	66.7	1	100.0

	35 - 39 years	1	33.3				
	40 years and above						
	Education						
	Illiterate	2	33.3	1	50.0	1	100.0
	Primary						
	Secondary	1	16.7				
	Higher secondary and above						
	Literate/No schooling			2	66.7		
	Total	**3**	**15.8**	**3**	**50.0**	**1**	**100.0**
All Total	**Age group**						
	20 - 24 years	1	33.3	2	100.0		
	25 - 29 years	1	7.7	2	40.0		
	30 - 34 years	1	9.1	4	80.0	1	100.0
	35 - 39 years	1	16.7	1	100.0		
	40 years and above						
	Education						
	Illiterate	2	20.0	2	50.0	1	50.0
	Primary	1	12.5	1	100.0		
	Secondary	1	8.3				
	Higher secondary and above			2	50.0		
	Literate/No schooling			4	80.0		
	Total	**4**	**11.1**	**9**	**64.3**	**1**	**50.0**

Figure 6.13: Use of condom in the last sex with different partners



Perception on who should take decisions regarding condom use

Similarly, respondents were asked to put their opinions about who should be responsible in deciding to use condom or not. A majority of them (47.0 percent) believed that this should be a joint decision taken mutually. Following this, 23.4 percent cited this matter to be decided by men as against 14.6 percent who reported that women should decide. Categorically, there was little variation in response when categorizing it in terms of type of respondents *(Table 6.34)*.

Table 6.34: Perception on who should make decision regarding condom use

	Bhutanese		Indian		Total	
	N=229	%	N=362	%	N=591	%
Decision on use of condom						
The women's decision	31	13.5	55	15.2	86	14.6
The man's decision	62	27.1	76	21.0	138	23.4
A joint decision	112	48.9	166	45.9	278	47.0
Don't know	20	8.7	56	15.5	76	12.9
No response	4	1.7	9	2.5	13	2.2

6.6 Drug using Practices

Drug injecting behavior bears close relation with HIV infection. Thus data related to two types of specific practices namely: needle/ syringe and drug-sharing practices were also carefully tapped during the study. Because their importance while formulating and implementing preventive strategies cannot be underestimated.

Use of drugs

Only small proportions (2.3 percent) of sampled respondents have ever used drugs as against 97.4 percent not using any. Categorically, proportion of respondents ever using drugs was a little higher among Bhutanese workers (3.0 percent) than Indian workers (1.9 percent). Out of the total population, only 11.1 percent reported to have ever injected drugs. No Bhutanese workers were reported to ever injecting drugs. And, only 2 out of 10 Indian workers ever using drugs mentioned to inject drugs. Among injecting drug users, all of them were using it since last 5 years. However, no sharing of need took place while injecting the drugs for anybody during that period*(Table 6.35)*.

Table 6.35: Drug injecting practice of the respondent

	Bhutanese		Indian		Total	
	N=271	%	N=529	%	N=800	%
Ever used drugs						
Yes	8	3.0	10	1.9	18	2.3
No	263	97.0	516	97.5	779	97.4
No response			3	.6	3	.4
Ever injected drugs	**N=8**	**%**	**N=10**	**%**	**N=18**	**%**
Yes			2	20.0	2	11.1
No	8	100.0	7	70.0	15	83.3
No response			1	10.0	1	5.6
Injecting drugs since			**N=2**	**%**	**N=2**	**%**
Last 5 years			2	100.0	2	100.0
Injected drugs any time the past month			**N=1**	**%**	**N=1**	**%**
No			1	100.0	1	100.0

6.7 Summary of findings (general)

- The median age of the respondent was 28 and 98.4 percent of them are male. Among them, 54.0 percent of construction workers were married. More than two-thirds (69.9 percent) of construction worker were married before the age of 25 years. About more than one-third (40.9 percent) of them are illiterate and one-fifth (19.9 percent) are living with their own family. And two-thirds (66.1 percent) identifying themselves as other than listed ethnicities are assumed to be workers from other countries. And four out of ten (46.5 percent) from them had either previously worked at abroad or those who did not have experience in construction sector.

- Television is the most popular media among the construction workers (76.4 percent) as the main source of information about HIV/AIDS in comparison to radio (43.2 percent).More than four-fifths (85.2 percent) of them have access to at least one media (TV or Newspaper or Radio) daily or almost daily or at least once a week.

- All of the respondents (100 percent) have heard of HIV/AIDS. However, a less than a half (47.5 percent) of them thought that AIDS is curable disease. More than half (52.8 percent) believed that HIV/AIDS is a serious problem in the community. However, only 36.5 percent of them think that they are at high or moderate risk.

- A low percentage (13.6 percent) knew somebody infected with HIV or died due to AIDS. And around two-thirds (61.0 percent) of construction worker did not share any relation with infected persons.

- Only 12.1 percent of the construction workers have comprehensive knowledge about HIV. More than two-thirds(68.9 percent) believed that using condom every time would protect transmission of HIV, and 60.8 percent of them were aware that sex with only one faithful uninfected sexual partner could prevent HIV/AIDS transmission. A person cannot get infected by sharing a meal (66.5 percent) and more than half accepted that a healthy looking person could be infected with HIV (54.6 percent).

- Among the total construction workers interviewed, more than five out of ten (53.5 percent) knew the place where they could go for testing. However, less than one-fourth (24.3 percent) had ever been tested for HIV; less than half (38.5 percent) among those had tested for HIV recently within last twelve months. About two-thirds (66.3 percent) of them ever tested for HIV did receive the test result. Sharing of HIV test-result was higher with their sex partner (48.1 percent) and friends (46.3 percent). About two-thirds (62.3 percent) were interested to take confidential HIV testing.

- Construction workers believed that persons living with HIV/AIDS could protect themselves by using medicine, eating healthy food, visiting to a doctor/s, making use of condom in each sex act, keeping positive attitude and abstaining from sex.

- A little more than half(56.8 percent) of the respondents would like to behave HIV infected person like a normal person and other would give additional love and help and provide counseling. A more than three-fourths (77.6 percent) are ready to take care of male or female relative, if turned out be positive, however, 56.0 percent would like to keep HIV status of their family member confidential . More than half (59.6 percent) of them are willing to buy

food from HIV infected shopkeeper and about more than half (52.4 percent) believe that HIV infected teachers should be allowed to continue their work unless they become very sick. Only 16.6 percent of construction workers discussed about HIV/AIDs with their near and dear ones in the past month.

- The percentage of those construction workers who have ever heard of Sexually Transmitted Infections is 25.4 percent. Gonorrhea (70.0 percent) and Syphilis (23.6 percent) are two major STIs that the uniformed personnel have heard of. However, more than half (54.7 percent) do not know about the symptoms of female STI as against 32.4 percent who do not know about symptoms of male STI amid construction among those that had heard of STIs . The most common symptoms said are blood in urine, burning pain on urination, Itching in the genital area, swelling on groin area, abdominal pain and weight loss. Only 5.9 percent experienced at least one symptoms of STI. And among them, more than half (58.3 percent) seeked treatment and significant proportion (85.7 percent) treated the STI in government health facilities. Not all (57.1 percent) got their partners treated.

- A signification proportion (73.9 percent) of respondents reported having sexual intercourse. Interestingly, more than two-thirds (68.1 percent) had engaged in sexual intercourse before they reached 20 years. Among them, more than half (47.7 percent) had more than one sex partners and of them more than half (59.9 percent) did not use condoms in the last sexual act. Sexual contact of construction workers with regular partner is highest (74.9 percent), higher with non-regular partner (31.1 percent) and high (12.1 percent) with sexual worker in past 12 months. However, more than half (60.9 percent) with regular partner, 22.3 percent with non-regular partner and 30 percent with sex worker did not use condoms in the last sex respectively. Similarly, consistent condom use with sex workers was found very high (94.0 percent) with regular partners than sex workers (60 percent) and non-regular partner(51.4 percent).

- Television (84.5 percent), friends/peers (74.5 percent) and health workers/volunteer (62.7 percent) were the major sources of information about condoms among major percent of respondents. Around 85.6 percent know at least one place of obtaining condoms and a substantial proportion (87.7 percent) know hospital as condom obtaining place/source. Approximately three-fourths (53.0 percent) obtained condoms free of charge in the past year.

- Less than half (47.0 percent) believed that this should be a joint decision taken mutually while taking decision about condom use. And another 23.4 percent thought that the male partner should decide about it while 14.6 believed this decision to rest on female partner.

- Only 2.3 percent (n=18) of construction workers reported ever having used drugs and only 2 out of 18 drug-users had ever injected drugs as of the study period.

Summary of finding specifics

Demographics

- The median age of the respondent was 28 and 98.4 percent of them are male. Among them, 54.0 percent of construction workers were married. More than two-thirds (69.9 percent) of construction worker were married before the age of 25 years. About more than one-third (40.9 percent) of them were illiterate and one-fifth (19.9 percent) are living with their employer. And two-thirds (66.1 percent) identifying themselves as other than listed ethnicities are assumed to be workers from other countries. And four out of ten (46.5 percent) from them had either previously worked at abroad or fresher who did not have experience in construction sector.

Media

- Television is the most popular media among the construction worker (76.4 percent) as the main source of information about HIV/AIDS in comparison to radio (43.2 percent).More than four-fifths (85.2 percent) of them have access to at least one media (TV or Newspaper or Radio) daily or almost daily or at least once a week.

Knowledge

- All of the respondents (100 percent) have heard of HIV/AIDS. However, a less than a half (47.5 percent) of them thinks that AIDS is curable disease. Similarly, one out of ten (13.6 percent) of them know somebody infected with HIV or died by AIDS. And around two-thirds (61.0 percent) of construction worker did not share any relation with such people.

- Only 12.1 percent of the construction workers had comprehensive knowledge about HIV transmission as they correctly identify the five major indicators of HIV transmission. Categorically, more Bhutanese workers (12.9 percent) had comprehensive knowledge than Indian ones (9.5 percent). In totality, they were found to be conscious of two ways of preventing sexual transmission of HIV; more than two-thirds(67.0 percent) of them believed that using condom every time and 53.6 percent of them thought sex with only one faithful uninfected sexual partner could prevent HIV/AIDS transmission. Following this, construction workers have reject major misconceptions about HIV transmission; that a person cannot get infected by sharing a meal(60.4 percent) and 39.4 percent of them accepted that a healthy looking person could be infected with HIV.

- High proportions (83.0 percent) of the respondents were aware that blood transfusion from an infected person could transmit HIV to other. Likewise, 80.9 percent of them believed that a person could get HIV by using needles previously used by others. Around three-fourths (72.0 percent) cited condom use in every sexual act is the safe way to avoid the transmission; and that a person cannot get HIV by abstaining from sex (30.1 percent).

- The percentage of those construction workers who have ever heard of Sexually Transmitted Infections is 25.4 percent that is very low compared to those having heard of HIV/AIDS (100 percent). Categorically, tore Bhutanese workers (37.6 percent) have heard STIs than Indian workers (19.1 percent). Gonorrhea (70.0 percent) and Syphilis (23.6 percent) are two major STIs that the construction workers have heard of. However, more than half (54.7 percent) do not know about the symptoms of female STI as against 41.4 percent who do not know about symptoms of male STI amid construction who had heard of STIs. The most common symptoms said are blood in urine, burning pain on

urination, Itching genial area, fowl smelling, swelling on groin area, abdominal pain and weight loss.

- Television (84.5 percent), friends/peers (74.5 percent) and health workers/volunteer (62.7 percent) are the major sources of information about condoms major percent of respondents. Around 85.6 percent know at least one place of obtaining condoms. Categorically, more Bhutanese workers (95.0 percent) knew the place than Indian counterparts (85.6 percent). And a substantial proportion (87.7 percent) knows hospital as condom obtaining place/source.

Attitude

- Two-thirds (67.5 percent) of Bhutanese workers in comparison to Indian workers (45.2 percent) believed that HIV/AIDs is a serious problem for the community. However, less than half (45.1 percent) of Bhutanese workers in comparison to Indian workers (32.1 percent) think that they are at high or moderate risk. The reason for putting them in high or moderate risk are due to having many sexual partners and not using condom every time they had sex, had sex with sex workers, their sex partners had other sex partners and had their hair cut in the saloon.

- Construction workers believe that persons living with HIV/AIDS could protect themselves by using medicine, eating healthy food, visiting to a doctor/s, making use of condom in each sex act, keeping positive attitude and abstaining from sex while keeping in ascending order.

- More than half(56.8 percent) would like to behave HIV infected person like a normal person and other would give additional love and help and provide counseling. Categorically, about two-thirds (62.7 percent) of Bhutanese workers found to behave normally when they met a person living with HIV in comparison to Indian workers (53.7 percent).More than three-fourths (77.6 percent) are ready to take care of male or female relative, if turned out be positive, however, 56.0 percent would like to keep HIV status of their family member confidential. More than half (59.6 percent) of them are willing to buy food from HIV infected shopkeeper and about more than half (52.4 percent) believe that HIV infected teachers should be allowed to continue their work unless they become very sick. A higher proportion (55.0 percent) of Bhutanese workers than Indian counterparts (35.9 percent) pointed out more amount of care needed for HIV infected persons that one would give to those suffering from other chronic disease.

- Less than half (47.0 percent) believed that this should be a joint decision taken mutually while taking decision about condom use. And another 23.4 percent felt that the male partner should decide about it while 14.6 believed that this decision should rest with female partner.

Practice

- Only 16.6 percent of construction workers discussed about HIV/AIDs with their near and dear ones in the past month.

- Only 5.9 percent (8.8 percent- Bhutanese, 3.0 percent - Indian) experienced at least one symptom of STI. And among them, all Indian workers (100 percent) than Bhutanese

workers (44.4 percent) seeked treatment and all Bhutanese workers (100 percent) treated the STI in government health facilities. Out of 4 Bhutanese workers, only one of the respondents reported to treat their sexual partners for STI.

- A signification proportion (73.9 percent) of respondents of told of ever having sexual intercourse. More than two-thirds (69.8 percent) of Bhutanese workers and close to half Indian workers (46.9 percent) had engaged in sexual intercourse before they reach 20 years. Among them, more than half (47.7 percent) had more than one sex partners and of them more than half (59.9 percent) did not use condoms in the last sexual act. Both Bhutanese workers (59.3 percent) and Indian workers (45.6 percent) had multiple sex partners. Sexual contact of construction workers with regular partner was highest (74.9 percent), followed by non-regular partner (31.1 percent) and with sexual worker (12.1 percent) in past 12 months. More than half (59.3 percent) with regular partner, 20.4 percent with non-regular partner and 22.5 percent with sex worker did not use condoms in the last sex respectively. Similarly, consistent condom use with sex workers and non-regular partners was 47.6 and 47.5 respectively in comparison to regular partners (6.5 percent).

- Approximately three-fourths (53.0 percent) obtained condoms free of charge in the past year.

- Only 2.3 percent (n=18) of construction worker had ever use drugs and only 2 out of 18 drug-users had ever injected drugs as of the study period.

Other summary

- Among the total construction workers, five out of ten (53.5 percent) know the place where they could go for HIV testing. But out of them, less than one-fourth (24.3 percent) had been tested for HIV; less than half (38.5 percent) among them tested for HIV recently within last twelve months. About two-thirds (66.3 percent) of the them ever tested for HIV did receive the test result. Sharing of HIV test-result is higher with their sex partner (48.1 percent) and friends (46.3 percent). About two-thirds (62.3 percent) were interested to take confidential HIV testing.

Chapter 7:

Overall Findings

Knowledge level

Among the age group of 15-24, only 19 percent answered all the five core indicators of the comprehensive knowledge of HIV/AIDS. This knowledge level is the highest among all other age groups, as shown in Table 7.1, the lowest being the age group of 40- 60. Interestingly females outscored males in the comprehensive knowledge as round about 21 percent of the female correctly answered the all five core indicators as opposed to 16 percent of the male.

By the education status it is college/ institute students, who were found to be in the top of list when it comes to the knowledge level, as nearly 40 percent of them had correct comprehensive knowledge of HIV/AIDS. Similarly illiterate and literate but no schooling was in the bottom of the list as Table 7.1. If media exposure is taken into consideration, it is the group of newspaper readers who were found to have the highest knowledge level.

Table 7.1 Knowledge on ways of HIV/AIDS Transmission by background Characteristic of Respondents

	Correctly Known of all five indicators of HIV transmission (BCDEF)	
Age group	**%**	**N**
15-24 years	18.9	2000
25 - 29 years	16.4	403
30 - 34 years	16.6	277
35 - 39 years	13.8	217
40 - 60 years	12.9	303
Sex of respondent		
Male	16.4	2336
Female	20.5	864
Education		
Illiterate	12.4	715
Secondary/Higher secondary	17.6	1965
College/Institute	38.6	249
Literate/no schooling	10.7	271
Ethnicity (Language Spoken)		
Kurtep	29.6	141
Trongsapa	24.6	65
Scharchop (Tsangla)	23.3	1010
Bumthap	17.9	95
Ngalop	17.7	619

Khengpa	16.8	225
Mangdep	13.3	15
Tibetan		1
Lhotsampa	9.8	446
Muslim		1
Others	8.7	46
None of above	9.5	536
Total	**17.5**	**3200**

Risk Behaviors

Risk behaviors and multiple sexual partners

Table 7.2 Sexual Behavior of the Respondent

	Male		Female		Total	
	N	%	N	%	N	%
Ever had sexual intercourse						
Yes	1622	69.4	250	28.9	1872	58.5
No	698	29.9	608	70.4	1306	40.8
No response	16	.7	6	.7	22	.7
Total	**2336**	**100.0**	**864**	**100.0**	**3200**	**100.0**
Sexual intercourse in the past 12 months						
Yes	1049	64.7	190	76.0	1239	66.2
No	563	34.7	54	21.6	617	33.0
No response	10	.6	6	2.4	16	.9
Total	**1622**	**100.0**	**250**	**100.0**	**1872**	**100.0**
Number of different sexual partners in the past 12 months						
Single partner	506	48.2	164	86.3	670	54.1
Multiple partner	543	51.8	26	13.7	569	45.9
Total	**1049**	**100.0**	**190**	**100.0**	**1239**	**100.0**

Multiple sexual partners and knowledge on HIV/AIDS

Among all those who had sexual intercourse in the past twelve months, 54 percent of them had sex with a single sexual partner while the remaining 46 percent had sex with multiple partners. The comprehensive knowledge level related to HIV/AIDS of those who had sex with the single partner and those who had sex with multi partners was nearly same around to 17 percent (Table 7.2)

If further analysis were to be done limiting to the knowledge indictor of being faithful to a single partner, the correct knowledge on the issue of being faithful to a single partner was found higher in those who had sex with the single partner. This is because 71 percent of the respondent who had sex with the single partner had the correct knowledge than those with multiple partners of whom only 65% had the correct knowledge. Table 7.3. Interestingly when asked about their perception on the magnitude of HIV/AIDS in their community, a higher of proportion of the respondents (57 percent) who had sex with multiple partners perceived HIV/AIDS as a serious problem than those who had sex with the single partner (49 percent). This is a bizarre finding as those who had sex with multiple

partners despite perceiving HIV/AIDS as a serious problem in their community were indulging in high risk behavior.

Multiple sexual partners and risk perception

When asked how likely the respondents perceived he/she could contact HIV, 50% of those who had sex with multiple partners in the past 12 months reported there were either at a high or a moderate risk. This figure is higher than the corresponding value (37 percent) for those who had sex with the single partner in the past 12 months . This is also an awkward finding as those who had multiple partners even admitting themselves - at the higher risk levels than those with a single partner - were having sex with multiple partners (Table 7.3).

Table 7.3: Number of partners by selected variables

	Single partner		Multiple partner		Total	
	N	%	N	%	N	%
Know all five indicators of HIV transmission (BCDEF)						
Correct knowledge	116	17.3	92	16.2	208	16.8
Wrong Knowledge	554	82.7	477	83.8	1031	83.2
Being faithful to one partner prevents from HIV (B)						
Right Knowledge	478	71.3	367	64.5	845	68.2
Wrong Knowledge	192	28.7	202	35.5	394	31.8
Respondent thought that HIV/AIDS is a serious problem in his/her community						
Serious problem	328	49.0	322	56.6	650	52.5
Somewhat of a problem	108	16.1	81	14.2	189	15.3
Not a problem	169	25.2	109	19.2	278	22.4
Don't know	61	9.1	47	8.3	108	8.7
No response	4	.6	10	1.8	14	1.1
Self-risk perception of the respondent of contact of HIV/AIDS						
High risk	191	28.5	227	39.9	418	33.7
Moderate risk	55	8.2	58	10.2	113	9.1
Small risk	56	8.4	37	6.5	93	7.5
No risk	285	42.5	175	30.8	460	37.1
Don't know	76	11.3	57	10.0	133	10.7
No response	7	1.0	15	2.6	22	1.8
Total:	**670**	**100.0**	**569**	**100.0**	**1239**	**100.0**

Multiple sexual partners and consistent condom use

The survey showed that almost one-third of those who had sex with multiple partners did not use condoms every time they had sex with commercial sex workers. This survey also noted that there were a few proportions (7.5 percent) of them who had never used condom in sexual intercourse with sex workers. Similarly among those who had sex with multiple partners, only 12 percent of them used condom every time with non-regular partners, a large proportion of them (58 percent) used sometimes only while one- fifth had never used condoms (Table 7.4)

Table 7.4: Consistent condom use with different sexual partners in the past 12 months by number of partner

	Single partner		Multiple partner		Total	
	N	**%**	**N**	**%**	**N**	**%**
Condom use in the last sexual intercourse						
Yes	250	37.3	321	56.4	571	46.1
No	420	62.7	248	43.6	668	53.9
Total	**670**	**100.0**	**569**	**100.0**	**1239**	**100.0**
Consistency use of condom with regular sex partners						
Every times	53	8.8	40	11.9	93	9.9
Almost every-times	49	8.1	20	5.9	69	7.3
Sometimes	270	44.6	198	58.8	468	49.7
Never used	210	34.7	66	19.6	276	29.3
Don't	16	2.6	7	2.1	23	2.4
No response	7	1.2	6	1.8	13	1.4
Total	**605**	**100.0**	**337**	**100.0**	**942**	**100.0**
Condom with non-regular sex partners						
Every times	24	46.2	168	54.4	192	53.2
Almost every-times	7	13.5	21	6.8	28	7.8
Sometimes	16	30.8	90	29.1	106	29.4
Never used	3	5.8	23	7.4	26	7.2
Don't	1	1.9	4	1.3	5	1.4
No response	1	1.9	3	1.0	4	1.1
Total	**52**	**100.0**	**309**	**100.0**	**361**	**100.0**
Condom with sex worker						
Every times	10	50.0	50	64.1	60	61.2
Almost every-times	1	5.0	3	3.8	4	4.1
Sometimes	3	15.0	12	15.4	15	15.3
Never used	3	15.0	6	7.7	9	9.2
Don't	1	5.0	1	1.3	2	2.0
No response	2	10.0	6	7.7	8	8.2
Total	**20**	**100.0**	**78**	**100.0**	**98**	**100.0**

Multiple sexual partners and STIs

Among all the study population, not even a half of them had heard about STIs. The corresponding figure for those study population who had sex with multiple partners within the past 12 months found to be pegged at 53 percent. Out of all the study population, 6.7 percent of them thought they had had an STI within the past 12 months. Among those who had had STI, only three –fourth (75 percent) had sought treatment when they had STI last time. In the context of those who had sex with multiple partners within the past 12 months, 8 percent of them thought that they had had STI and nearly little less than of them (72 percent) had sought treatment for the last episode of STI (Table 7.5).

Table 7.5 STI by different sex partners

	Single partner		Multiple partner		Total	
	N	**%**	**N**	**%**	**N**	**%**
Ever heard of STI						
Yes	278	41.5	306	53.8	584	47.1
No	356	53.1	223	39.2	579	46.7
Don't know	33	4.9	34	6.0	67	5.4
No response	3	.4	6	1.1	9	.7
Total	**670**	**100.0**	**569**	**100.0**	**1239**	**100.0**
Experienced any STI in the past 12 months						
Yes	14	5.0	25	8.2	39	6.7
No	248	89.2	252	82.4	500	85.6
Don't know	12	4.3	19	6.2	31	5.3
No response	4	1.4	10	3.3	14	2.4
Total	**278**	**100.0**	**306**	**100.0**	**584**	**100.0**
Treatment seeking behavior in the last time when the respondent had an STI						
Yes	11	78.6	18	72.0	29	74.4
No	3	21.4	7	28.0	10	25.6
Total	**14**	**100.0**	**25**	**100.0**	**39**	**100.0**

**** Percentage total may exceed to 100 due to multiple response***

Chapter 8:

8.1 Overall Key Recommendations

A high proportion of all populations surveyed were aware about the use of condoms in prevention of HIV, but very low percentage could answer correctly all five core indicators that measured their comprehensive knowledge on HIVAIDS. **This shows that specifics of HIV transmission need reinforcing on the population.**

The study found that a considerable proportion (about one-third) of armed force personnel had been engaging in sexual activity with no regular partners as well as sex workers, and accompanied with an alarmingly low level of consistent condom use. This finding suggests reinforcing the following basic elements of HIV prevention: a) being faithful to one and b) consistent condom use. Importantly this has called for a bigger picture than a condom centric HIV programme. Furthermore, findings show that some personnel continue to either not test for HIV or not receive their HIV test results. **This has substantiated a necessity of encouraging theis groupto undergo voluntary testing for HIV as well as receiving the result of the test**.

Among all the four categories, the awareness level amongst constructer workers on the comprehensive knowledge on HIV/AIDS found to be the lowest one- only 12 percent with only two –thirds of the worker community was aware of the use of condom in preventing HIV transmission. The same situation holds true for out-of-school youths also as the awareness level amongst them on the comprehensive knowledge on HIV/AIDS was found to be very low, with only two –thirds of those aware about the use of condom in preventing HIV transmission. Of importance may be the finding that Indian migrant workers compared to Bhutanese workers are less knowledgeable of HIV whereas opposite appears to be the case in risk behaviors (multiple sex partners).**This highlights the need to reach out to the workers focusing on both subpopulations separately rather than together (looking at strengths and weaknesses of both). A focused study in this population is highly recommended to assess various indicators that may be considered risk factors to HIV, with a survey to accompany the assessment.**

The knowledge level of STI among all the four groups is still much lower than that of the knowledge level of HIV/AIDS. **This has called for increased highlighting of the role of STIs in connection to HIV transmission**.

Comprehensive knowledge (on all five indicators) among all the four study groups was found to be at 17.5 percent which should be taken as an area for improvement. **This has called for the revisiting of HIV programme analyzing not only the contents and methods involved but also the magnitude of population it has reached out to.**

Overall, the study of also came up an interesting revelation that nearly a quarter of the study population had ever taken the HIV test (besides the armed personnel) . With the consistent condom use with non-regular partners, standing at, on average 53 percent , clearly, the situation has pointed for a need to create an enabling environment for HIV testing including scaling up the services required for it. Apart from the low level of comprehensive knowledge among the study population, behavior as they relate to the transmission of HIV is also of an alarming concern. This is because nearly half (46 percent) of the study population had sex with multiple partners in 12 months preceding the survey. **This underpins the necessity to emphasize the very crucial element of behavioral change communication: being faithful to one partner.**

In totality, the survey showed that almost one-third of those who had sex with multiple partners did not use condoms every time they had sex with commercial sex workers. This survey also noted that there were a few proportions of them who had never used condom in their sexual intercourse with sex workers. Similarly among those who had sex with multiple partners, only 12 percent of them used condoms every time with regular partners, a large proportion of them (58 percent) used sometime only, while one- fifth had never used condoms. This scenario verily foists a severe threat of rapidly spreading the epidemics into the general population. All these findings pointedly emphasize innovative and effective interventions of condom promotion calling for safer sexual practice with equally effective strategies of behavior change communication. **Apart from the behavior change communication, a study on accessibility of condoms looking at including barriers to condom access is also deemed desirable.**

Apart from the comprehensive knowledge of HIV/AIDS, the knowledge on STIs was also found to be very low among the entire study population. In this context, the risk of HIV or STIs transmission seemed to be exacerbated by the fact that only three-fourths of them sought treatment when they had had STI last time. **This justifies not only raising awareness on STIs and treatment, but also for a closer look at access to treatment is also advisable.**

Among all media as sources of information, the study found that the study population reported to have learned HIV from TV and radio. This implies that among all media, TV and Radio are thebest at enhancing a set of comprehensive knowledge on HIV/AIDS. **This is , strong evidence for focusing on these types of media for reaching out to the population and enhancing comprehensive knowledge.**

8.2 Group based Recommendations

A. Uniformed personnel

- The study shows that majority of the uniformed personnel don't have complete comprehensive knowledge about HIV/AIDS (indicators BCDEF). It may be attributed to the quality of HIV related information they presently have access to, and thus are not confident in their knowledge of HIV/AIDs. This indicates the necessity and continuity for a high quality informal educational program and formal if possible.
- Information materials should be adapted such that they provide correct information about HIV/AIDS transmission and clear out major misconceptions. On one hand, they will provide awareness to the uniformed personnel about not practicing risk behaviors. On the other hand, it will help to reduce stigma and social exclusion of people with HIV/AIDS. Moreover, it will help to remove unnecessary fears of uniformed people.
- Since Television is readily accessible to this population, HIV AIDS related issues should be covered in different programs such as news, talk-shows, testimonies and case studies. More importantly, effectiveness will be increased if they could be incorporated in different army related existing programs broadcasted thorough Television and Radio.
- Army curriculum should include HIV/AIDS related materials, or update them regularly/timely to tailor the need of target population. We also recommend carrying out formative research while designing such materials. Thus it will help to understand required context as per the audiences and need.
- Friends and peer were the important source of information about HIV/AIDs and condoms. Therefore, every attempt should be made to encourage peer-to peer communication about these and others health issues. At regular intervals, concerned body should monitor and ensure that complete and correct information is disseminated in those discussions/interactions.
- Very low number of uniformed personnel have STI knowledge than they have of HIV/AIDS,. Therefore, priority should now also be given to STI awareness programs and towards better understanding of STI related symptoms in males and females. This will ensure that they take immediate actions related to health seeking behavior.
- Though large chunk of uniformed personnel know about existence of HIV testing facility, and are also taking the tests, keeping in view of about half of respondent having multiple sex partners, they should be made aware and encouraged for confidential HIV testing.
- Significant proportion of uniformed personnel showed positive attitude towards HIV infected personnel. Interpersonal communication orientations programs among them should be promoted so that remaining uniformed personnel also are likely to change their attitude towards HIV positive persons.
- Coverage of condom availability and accessibility is good in Bhutan. At the same time, there is still a gap in knowledge, attitude and behavior in using condoms. Therefore, new approach of condoms branding is advisable. This should include behavior change communications linkages as well as focusing on benefits of use.This approach will also help clear out

traditional opinions such as "Condom is unsafe", “limit sexual pleasures" and "condom tears easily".

B. In- School Youth

- The study has shown that significant proportion of In-school youth have incomplete knowledge about HIV/AIDS. It may be attributed to outdated and even contradictory information they presently are exposed to and thus are not confident in their knowledge of HIV/AIDs. This indicates the necessity for a high quality formal educational program related to HIV/AIDS.
- Since television is the primary source of information about HIV/AIDS among the In-school youths, It should be used in educating the youths as an complementary source. Direct (participants) and indirect (viewer) involvement of youths with access to reliable, accurate and complete information flow should be ensured.
- Since Television is accessible to all of them, HIV AIDS related issues should be covered in different programs such as news, talk-shows, testimonies and case studies. More importantly, effectiveness will be increased if they could be incorporated in different child related existing programs broadcasted through Television and Radio.
- Information materials should be adapted such that they provide correct information about HIV/AIDS transmission and clear out major misconceptions. On one hand, they will make the In-school personnel aware regarding not practicing risk behaviors. On the other hand, this will help reduce stigma and social exclusion of people with HIV/AIDS; either their colleague or relatives or other people. Moreover, it will help to remove unnecessary fears among younger population. The associated fear in early childhood may impact their later lives.
- As coverage of Internet is rapidly improving in the country, at least in major cities, a web-portal focused on both academic resources and HIV/AIDS related issues should be designed and developed.
- Major sources of information for HIV/AIDS and Condoms are Teachers, Friends/Peers, and Magazines/Newspapers. As such, creative events such as group discussions, quiz, debates, spelling contests can be incorporated in the aforementioned issues in class rooms, and actively promoted.. Library in the school/classroom should be utilized as potential centers to keep relevant print media.
- In the case that existing typical pupil-teacher relationship pose as barriers to the effectiveness of such methods of teaching about HIV/AIDS, teams of young people from school/college in coordination to government line agencies should be established. They can serve to disseminate comprehensive information related to HIV/STI and condoms.
- These lessons should be administered such that they are the opportunity for exchange of opinions and information. Those lessons should be prepared in participatory method by involving students at the earlier stage.
- Friends and peers were an important source of information about HIV/AIDs and condoms in this population and therefore every attempt should be made to encourage peer-to peer communication about these and others health issues in school and colleges. At regular intervals, concerned bodies should monitor and ensure that complete and correct information is disseminated in those discussions/interactions

- Coverage of condom availability and accessibility is good. Still, there is a gap in knowledge, attitude and behavior in using condoms. Therefore, new approach of condoms branding is advisable. This should include behavior change communications linkages as well as focusing on benefits of use. This approach will also help clear out traditional opinions such as "Condom is unsafe", “limit sexual pleasures" and "condom tears easily". In-school youths particularly female should be encouraged to insist on condom use for own and her partner health.
- A large proportion of in school youth know about existence of HIV testing facility. Keeping in mind that significant fraction of respondent have multiple sex partners, they should be made aware of, and encouraged to go in for confidential HIV testing and counseling.
- Additional materials (e.g. brochures, leaflets, posters, etc.) should be distributed to In-school youths at regular intervals and placed in schools and other locations where young people gather, discuss and have interactions. Visibility of those materials should be ensured and those materials should have contact details (phone number, email, and web-page) of relevant institutions.
- STI knowledge was found to be very low, in comparison to HIV/AIDS in this group. Serious attention should also be given to dissemination information about STI and related symptoms in both males and females. It will help ensure timely health seeking behavior for treatment and cure.

C. Out of School Youths

- The study shows that significant proportion of In-school youth have incomplete knowledge about HIV/AIDS. This indicates the necessity and continuity for a high quality informal educational program.
- Since television is the primary source of information about HIV/AIDS among the out-of school youths, It also should be used in educating the youths as supporting medium. Direct (participants) and indirect (viewer) involvement of youths with access to reliable, accurate and complete information flow should be ensured.
- Since Television is accessible to all of them, HIV AIDS related issues should be covered in different programs such as news, talk-shows, testimonies and case studies. More importantly, effectiveness will be increased if they could be incorporated in different youth related existing programs broadcasted thorough Television and Radio.
- Information materials should be adapted such that they provide correct information about HIV/AIDS transmission and clear out major misconceptions. This will lead to increased awareness regarding practicing risk behaviors and help reduce stigma and social exclusion of people with HIV/AIDS. Moreover, it will help to remove misconceptions about HIV/AIDS. Major sources of information for HIV/AIDS and Condoms were found to be Friends/Peers, Health workers/volunteers. Therefore, creative events like peer-education program should be launched in locations where out-of-school youths generally gather. Furthermore, mobilization of Health workers and volunteers may help carry out outreach programs at community and household level.
- Friends and peer were found to be important sources of information about HIV/AIDs and condoms and as such, every attempt should be made to encourage peer-to peer communication about these and others health issues in work settings/informal gathering. At

regular intervals, concerned body should monitor to ensure that complete and correct information is disseminated in such discussions/interactions

- Coverage of condom availability and accessibility appeared to be good. However, there appears to be a gap in knowledge, attitude and behavior in condom usage amongst this group. Novel branding, as indicated elsewhere, should be adopted. Out of-school youths particularly females should be encouraged to insist on condom use for their own and their partners' health. A small proportion of Out-school youths were aware about existence of HIV testing facilities. Furthermore, a low fraction of those had taken HIV testing. Keeping in mind the early age of sex, and multiple sex partners, this population should be made aware of, and encouraged to go for confidential HIV testing and counseling.
- Additional materials (e.g. brochures, leaflets, posters, etc.) should be distributed during awareness program at regular intervals and placed in locations where these gather, discuss and have interactions. Higher visibility of those materials should be ensured and those materials should have contact details (phone number, email, and web-page) of relevant institutions.
- Very few Out-school youths know about STI in comparison to HIV/AIDS. As such, STI awareness trainings and campaigns should be carried out in this population in order to ensure health seeking behavior.

D. Construction workers

- The study shows that significant proportion of In-school youth have incomplete knowledge about HIV/AIDS. There is thus a requirement towards continuity of a high quality informal educational program. There is also a clear difference of KABP among Indian and Bhutanese workers. Therefore, a common approach of education and BCC activity may be advisable only after targeted separate intervention (for each subgroup). It is advisable that, for Indian workers, the hiring agency should design and provide a special HIV/AIDS orientation package in coordination with Government of Bhutan, prior to initiating work activities.
- Information materials should be adapted such that they provide correct information about HIV/AIDS transmission and clear out major misconceptions. There may be language barriers for the Indian workers, and thus translations into Hindi or Bengali may be necessary for all IEC materials.
- Since Television is accessible to all of them, HIV AIDS related issues should be covered in different programs like news, talk-shows and testimonies by inviting doctor, health personnel or concerned expert. Radio can also be used as an alternative source of mass media for them. However, once again, the language barriers faced by Indian workers need to be taken into account.
- Major sources of information for HIV/AIDS and Condoms were Friends/Peers, and Health workers/volunteers. Creative events like peer-education program should be launched in construction sites and their residence pockets. Also, mobilization of Health workers and volunteers should be carried out in the form of outreach programs at working sites, community hangouts and household level.
- Friends and peer were the important source of information about HIV/AIDs and condoms for this population. Therefore, every attempt should be made to encourage peer-to peer communication about these and others health issues in work settings/informal gathering. At

regular intervals, concerned body should monitor and ensure that complete and correct information is disseminated in those discussions/interactions

- There is a gap in knowledge, attitude and behavior in using condoms despite well facilitated availability in the country. To promote condom use, better branding needs to be carried out (as indicated elsewhere). A significant proportion of construction workers still do not know about existence of HIV testing facility nearby. Worse still, a low fraction of them have taken HIV testing. Keeping in mind their involvement with multiple sex partners, which is more the case for Bhutanese workers, they should be made aware of, and encouraged for confidential HIV testing.
- Additional materials (e.g. brochures, leaflets, posters, etc.) should be distributed to this group during awareness program at regular intervals and placed in working site and residence where they gather, discuss and have interactions. Higher visibility of those materials should be ensured and those materials should have contact details (phone number, email) of relevant institutions. This is particularly of importance for Indian migrant workers. Knowledge of STI is very low in this population. While most of the workers are male, they should also be aware of female STI symptoms to prevent infection to them and their partners. Therefore this group should be made very aware of both male and female STI, including major symptoms..

Annexes

Annex 1: List of Sampling Clusters

Rural Sampling Frame for Out-of-School youths, Dropout =<10 grade, currently NFE, never schooling and (15 -24 age group)				
S.N	**Dzonggkhag**	**Gewog**	**Chiwogs**	**No of respondents**
1	Chhuka	Chapcha	Metekha	12
		Dala	Dozangchey	10
		Dala	Samachen	12
		Phuntsholing	Pachutar	14
2	Dagana	LhamoyZingkha	Devetar	13
3	Lhunthse	Tsengkhar	Khabulang	8
4	Monggar	Ngatsang	Tagor	21
		Tsamang	Ganglapong	12
		Thangrong	Ngarphethang	9
5	Pema Gatshel	Dechenling	Ngangray	10
6	Punakha	Zomi	Jimthang	9
7	Samdrup Jongkhar	Matshala	Sarjung	9
		Phunsthothang	S/choling(Royatar)	10
		Wangphu	Yarphu	18
8	Samtse	Chengmari	Gairigoan	20
		Tendu	Upper Bindu	11
9	Sarpang	Hilley	Muga	18
		Singye	Balatung	9
10	Thimphu	Geney	Chhochekha/Geneykha	12
11	Trashigang	Khaling	Baephu Daza	10
		Khaling	Jiri	8
12	Trongsa	Drakteng	Taksi	11
13	Tsirang	Semjong	Bharare	19
		Tsholingkhar	Alache	9
		Tsirang toe	Dauthey	11
14	Wangdue Phodrang	Gangtey	Geyley	46
		Bjena	Gogona	10
		Kazhi	Lembi	12
		Rubesa	Zamding	9
15	Zhemgang	Bardo	Langdurbi	16
Total				400

Urban Sampling Frame for Out-of-School youths, Dropout =<10 grade, currently NFE, never schooling and (15 -24 age group)

SN	Dzongkhags		Geowog/Town	Cluster	HH_No to be interviewed
1	Bumthang	1	Chakmar	Wangdicholing LSS, Audit Office, Aman Resort, Hospital to Sa	7
2	Chukha	2	Gedu	Temporary Settlements above Mirtsem Junction	4
				THPA office & Residential Area	5
		3	P/ling town	Karma Steel Factory Area	22
				BPC Colony	16
				RBIT & Kharbandi Check Post	17
				BOD & Workshop Area	32
3	Dagana	4	Daga Dzong	EB2(2EA) Dzong area, guest house & RBP	11
		5	Dagapela	Goshi Commercial Area	5
		6	Lamoyzingkha town	RBP Checkpost/BHU & Forest Office	5
4	Monggar	7	Monggar town	EB1(3EA) Hospital, Helipad & sports ground area	15
5	Pgatshel	8	Nanglam town	EB3(1EA) Fatom bazar & hospital colony	3
6	Sjongkhar	9	Samdrupcholing	EB1(1EA) Commercial area along the river	4
		10	S/jongkhar	RBA/Dzongkhag Guest house & Bus Terminal	5
7	Samtse	11	Gumtu town	Staff colony north of Druk Dolomite factory	11
8	Sarpang	12	Gelephu town	Nimoling Dratshang & match factory	16
				Vegetable market & Fishery pond area	22
		13	Sarpang town	RBA Area	7
9	Trongsa	14	Trongsa town	Dzongda resident & PWD colony	8
10	Thimphu	15	Thimphu town	Dechencholing LSS	15
				Residential area north of Dechencholing Palace	6
				Wood Craft Centre & Residential area below	30
				BBS & MoIC	8
				RBA Samarzingkha area	13
				Simtokha Forest checkpost	22
				NPP & Soil Service centre Area	7
				Lugtenphu RBA area (Central plaza to line chorten & army bou	58
11	Wangdu	16	Wangdu town	Above new taxi parking, residence, SNS hotel & commercial area	11
				RICB, BDFCL, Tashi Bank, TCC and residential	8
12	Zhemgang	17	Tingtibi town	Existing market & residential area	7
				Total:	**400**

Sampling Frame for In-School youths, (15 -24 age group)

SAMPLE Interview should be conducted at least 3 from each grade

SN	Dzongkhag		Level	Category	School name	To be interviewed		
						Total	Girls	Boys
1	**Bumthang**	1	HSS	Urban	Jakar	24	12	12
2	**Chukha**	2	HSS	SU	Chukha	24	12	12
		3	HSS	Urban	Phuentsholing	50	25	25
		4	MSS	MSS	Phuentsholing	24	12	12
3	**Dagana**	5	HSS	SR	Daga	30	15	15
4	**Mongar**	6	HSS	U3	Mongar	24	12	12
5	**Paro**	7	HSS	SU	Drukgyel	24	12	12
		8	MSS	U	Shaba	24	12	12
6	**Pemagatshel**	9	HSS	SR	Nganglam	24	12	12
7	**Punakha**	10	HSS	U	Punakha	48	24	24
		11	MSS	SR	Dechentsemo	24	12	12
8	**Samdrupjongkhar**	12	MSS	U	Samdrup Jongkhar	24	12	12
9	**Samtse**	13	MSS	SU	Peljorling	24	12	12
10	**Sarpang**	14	MSS	R	Norbuling	24	12	12
11	**Thim Throm (Thimphu)**	15	HSS	U	Yangchenphug	24	12	12
		16	MSS	U	Loseling	24	12	12
		17	MSS	U	Lungtenzampa	24	12	12
12	**Thimphu Dzongkhag**	18	MSS	U	Khasadrapchu	24	12	12
13	**Trashigang**	19	HSS	SR	Tashitse	24	12	12
		20	MSS	U	Trashigang	24	12	12
14	**Trashiyangtse**	21	MSS	SR	Tsenkharia	24	12	12
	Total					560	280	280

SN	College Name	To be interviewed		
		Total	Male	Female
1	CNR	7	4	4
2	CST	23	12	12
3	JNP	20	10	10
5	PCE	40	20	20
6	RIHS	20	10	10
7	GCBS	48	24	24
8	SCE	31	15	15
9	Sherubtse College	51	25	25
		240	120	120

Sampling distribution for Construction workers			
S.N	**Dzonggkhag**	**Gewogs**	**No of respondents**
1	Bumthang	Ura	17
2	Dagana	Drujegang	6
		Kana	4
3	Lhuntse	Minjay	4
		Gangzur	6
4	Mongar	Drepung	7
5	Pemagatshel	Shumer	6
6	Punakha	Kabjisa	6
7	Sarpang	Serzong	5
		Gelephu	42
8	Thimphu	Thimphu Throm	390
9	TrashiGang	Samkhar	14
		Radhi	5
		Bartsam	6
		Kangpara	4
10	Trongsa	Langthil	161
11	Tsirang	kikhorthang	7
12	Wangduephodrang	Thedtsho	13
		Athang	83
13	Zhemgang	Trong	15
	Total		800

Sampling distribution for Uniformed Personnel			
S.N	**Category**	Units	Total
1	RGA	10	535
2	RGP	3	198
3	RGB	1	67
Total		14	800

INFORMED CONSENT FOR 18 YEARS AND ABOVE

Hello! My name is……..and I am here from **Kyingkhor Consultancy Services**, Thimphu to collect data for a study Knowledge, Attitude, Practice and Behavior on HIV/STI in Bhutan being conducted for the **Ministry of Health, Royal Government of Bhutan.** This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me. I will ask you some personal questions that will be about sexual behavior, use of condoms, STI/HIV/AIDS and drugs. You may feel uncomfortable to answer some questions relating to your personal behavior, but it is important that you provide correct information.

STI/HIV/AIDS and drugs are affecting many people in our community. We want to find ways to stop this from happening. We believe that you can help us by telling us what you know about STI/HIV/AIDS and drugs about local health practices in general. We want to learn about the different ways that people try to stop STI/HIV/AIDS before someone gets it or before it comes to the community, and how people know when someone has it. 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. You are being invited to take part in this research because we feel that your experience as a responsible citizen can contribute much to our understanding and knowledge of HIV/AIDS/STI and drugs.

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. If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact: [Mr. Namgay Tshering, Ministry of Health, Thimphu, 02- -322602]. This proposal has been reviewed and approved by Research Ethics Board of Health, whose task is to make sure that research participants are protected from harm.

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

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of the interviewee:…….. Date:_____/_____/_____ Day/Month/Year

Signature of the interviewee: ……Date:_____/_____/_____ Day/Month/Year

Signature of the witness: _____…… ……..Date:_____/_____/_____ Day/Month/Year

Interview Time:…..…….

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness: _____Date:……/……./…….. Day/Month/Year

Signature of the witness: _____…….._____Date:……./……./……..Day/Month/Year

Thumb print of participant:

I have accurately read out the information sheet to the potential participant, and I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of the interviewer taking this consent: ……

Signature of the interviewer: ……..

Interview Time: ……

A copy of this Informed Consent Form has been provided to the participant.

Questionnaire

Royal Government of Bhutan

Ministry of Health

KAPB Survey on HIV in-school and out-of school youth aged 15-24, uniformed personnel and Construction Workers

INFORMED CONSENT FOR 18 YEARS AND ABOVE

Hello! My name is……and I am here from **Kyingkhor Consultancy Services**, Thimphu to collect data for a study Knowledge, Attitude, Practice and Behavior on HIV/STI in Bhutan being conducted for the **Ministry of Health, Royal Government of Bhutan.** This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me. I will ask you some personal questions that will be about sexual behavior, use of condoms, STI/HIV/AIDS and drugs. You may feel uncomfortable to answer some questions relating to your personal behavior, but it is important that you provide correct information.

STI/HIV/AIDS and drugs are affecting many people in our community. We want to find ways to stop this from happening. We believe that you can help us by telling us what you know about STI/HIV/AIDS and drugs about local health practices in general. We want to learn about the different ways that people try to stop STI/HIV/AIDS before someone gets it or before it comes to the community, and how people know when someone has it. 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. You are being invited to take part in this research because we feel that your experience as a responsible citizen can contribute much to our understanding and knowledge of HIV/AIDS/STI and drugs.

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. If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact: [Mr. Namgay Tshering, Ministry of Health, Thimphu, 02- -322602]. This proposal has been reviewed and approved by Research Ethics Board of Health, whose task is to make sure that research participants are protected from harm.

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

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of the interviewee:……. Date:_____/_____/_____ Day/Month/Year

Signature of the interviewee: ……Date:_____/_____/_____ Day/Month/Year
Signature of the witness: _____…… ……..Date:_____/_____/_____ Day/Month/Year
Interview Time ……..

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness: _____Date:……/……./…….. Day/Month/Year
Signature of the witness: _____…….. _____Date:……./……./……..Day/Month/Year

Thumb print of participant:

I have accurately read out the information sheet to the potential participant, and I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of the interviewer taking this consent: ……. ☐☐

Name and code of Dzongkhag _____ ☐☐

Name and code of Gewog/Town _____ ☐☐

Name and code of chiwog/Block _____ ☐☐
Location (Urban =1; Rural = 2)

	Dzongkhag	Gewog/Town	Chiwog/Block	Study Pop	Cluster no	S.N
Respondent ID						

Name of the Village _____ ☐☐

Cluster ID Number ☐☐

Type of Respondents: **Look below for assigned code.**

1. **In School**
2. **Out School**
3.
Construction Worker
Uniform
4. **RBA**
5. **RBP**
6. **RBG**

Supervisor	Quality Control	Office Editor	Keyed by
Name …… ☐☐	Name …… ☐☐	☐☐	☐☐
Date_____ DD/MM/YY	Date _____ DD/MM/YY	Date_____ DD/MM/YY	Date_____ DD/MM/YY

What is your Nationality? _____

Currently, what are your type/types of work?

1. Building
2. Traditional Painting
3. Road and Bridges
4. Power and Telecommunications

001. Did the interviewee abandon the interview?

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

100 BACKGROUND CHARACTERISTICS			
Q.N.	**Questions**	**Coding Categories**	**Go to**
101	Record sex of the respondents **(Do not ask)**	Male.....1 Female.....2	
102	Name and address of your current residence? **(Write current place of residence: Village, Chiwog/Block, Gewog/Town, Dzongkhag etc.)**	Village_____ 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	
103.1	In the last 12 months have you been away from Your home for more than one-month?	Yes.....1 No.....2 Don't' know.....98 No response.....99	
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)**	107 107
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)**	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
110	How old were you when you first got married?	Age ☐☐ **(write the completed years)**	
111	Usually, who do you live with? If Response = 1, check Q 109, Marital Status	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 are you living? If Response = 2, check Q109, Marital Status	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?	Government.....1 Private.....2 NGO.....3 Self employed.....4 Others (Specify)_____.....96	

115.1	Occupation **(Circle at least one number. You can circle more than one if appropriate)**	In full-time employment (as an employee)……..1 In part time employment (as an employee)……..2 Working full time but not as an employee (self-employee)……3 Doing casual or part-time work (self-employed) ……4	
116	Why you are not employed? Because you are..	Student……1 House wife……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? If =6, Check Q 105, Must=0 If <> 5, check Q 105, Must no= 0	Everyday……1 Almost every day……2 Once a week……3 Less than once a week……4 Never……5 I cannot read and write ……6	118 118
117.1	Where do you mostly read newspaper?	Home…… 1 Relatives/friends/neighbor's place…… 2 Public Place…… 3 Working place…… 4 Others specify……96	
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
118.1	Where do you mostly listen to the radio	Home……1 Relatives/friends/neighbor's place…… 2 Public Place…… 3 Working place…… 4 Others specify…… 96	

118.2	In a day, when do you mostly listen to the Radio?	6-9am …… 1 9-12 am…… 2 1-3pm…… 3 3-6 pm…… 4 6-9 pm …… 5 After 9 pm…… 6 No specific time…… 96	
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	120
119.1	Where do you mostly watch television?	Home…… 1 Relatives/friends/neighbor's place……..2 Public Place…… 3 Working place……..4 Others specify……96	
119.2	In a day, when do you mostly watch television?	6-9am ……..1 9-12 am ……..2 1-3pm ……..3 3-6 pm ……..4 6-9 pm ……..5 After 9 pm ……..6 No specific time ……..96	
120	In the last12 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	
120.1	Are you currently involved in any kind of work/job? ***(Circle 1 for Uniformed personnel and construction worker without asking)*** ***(Not applies for In and Out school youth)***	Yes ……1 No ……2	201
121	When did you join this service/work?	Year ☐☐☐☐ Month ☐☐	
122	What is your current status/rank? ***(If the respondent is not uniformed personal circle '97')***	_____ Not applicable ……97	
122.1	What is your nature of job? ***(If the respondent is uniformed personal circle '97')***	_____ Not applicable ……97	

123	How long have you been working in this Office/company?	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")** Out of Bhutan 95	
125	Have you ever gone abroad to participate in any training/job?	Yes.....1 No.....2 No response.....99	

200 KNOWLEDGE ONHIV/AIDS

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

Q.N.	Questions	Coding Categories	Go to
201	Have you ever heard of HIV infection or the disease called AIDS?	Yes.....1 No.....2	
202	What happens to those who are infected with HIV/AIDS? **(Multiple response Possible)**	They loose weight.....1 They suffer from diarrhea.....2 They get fever.....3 They get weaker.....4 They look pale.....5 They suffer from prolonged sickness.....6 Vomiting..... 7 Headache ..... 8 Cold/cough..... 9 Becomes black..... 10 Ulcer/Wounds/Sores.....11 Immune system decrease.....12 Unable to eat .....13 Others (Specify) .....96 Don't know.....98 No response.....99	
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	
203.1	Has anyone given you following information or items in the past year? ***(Multiple answer possible, read the list)***			
	Items	**Yes**	**No**	
	1. Condom	1	2	
	2. Brochure/Booklets/Pamphlets about HIV/AIDS	1	2	
	3. Information about HIV/AIDS	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.....1 Friend(s).....2 Family.....3 Health worker.....4 Teachers.....5 Relatives .....6 NGO.....7 Community.....8 Others (Specify) _____.....96 No response.....99		
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

211	Why do you think you are at risk of contracting HIV? **(Multiple responses possible)** **Do not read possible answers**	Have many sex partners.....1 Sex partner has other sex partner.....2 Have had sex with sex workers.....3 Do not always use condoms.....4 Have used intravenous drug.....5 Have cut hair in salon.....6 Others (Specify)_____....96 Don't know.....98 No response.....99	213 213 213 213 213 213 213 213
212	Why do you think you are at small or no risk of contracting HIV? **(Multiple responses possible)** **Do not read possible answers**	Never had sex.....1 Trust my partners.....2 Always use condoms.....3 Do not go to sex workers.....4 Do not use intravenous drugs.....5 Never shared blade .....6 Tested blood .....7 Have sex with non-regular partner ....8 Others (Specify) _____96 Don't know.....98 No response.....99	
213	How can we avoid getting HIV/AIDS? **(Multiple responses possible)** **Do not read possible answers**	Abstain from sex.....1 Use a condom at every sex.....2 No casual sex.....3 Have fewer partner.....4 Both partners have no other partners...5 Avoid injection with used needles.....6 Avoid sharing blade .....7 Avoid sex with sex worker .....8 Avoid blood transfusion without test...9 Avoid sex with infected person.....10 Others (Specify)_____.....96 Do not know.....98 No response.....99	
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 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	
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
220.1	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child? **(Do not read the possible answers, multiple answer possible)**	Take medication (Antiretroviral)..1 Others (Specify)_____96 Don't know.....98 No response.....99	
221	Can women with HIV transmit the virus to her new born 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	233
227	I don't want to know the result, but have you ever had an HIV test?	Yes.....1 No.....2 No response.....99	233 233
227.1	Did you voluntarily take up the HIV test, or were you required to have the test?	Voluntary.....1 Required.....2 No response.....99	
228	When did you have your most recent HIV test?	Within the past12 months.....1 Between13-24 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	233 233
230	Did you tell anyone the results of the test?	Yes.....1 No.....2 Don't know.....98 No response.....99	233 233 233

231	Whom did you tell? **Do not read possible answers** **(Multiple responses possible)**	Sex partner.....1 Family member(s).....2 Health worker.....3 Friends.....4 Don't know.....98 No response.....99	
232	Why did you not receive the test result?	Sure of not being infected.....1 Afraid of result.....2 Felt unnecessary.....3 Forgot it.....4 Others (Specify)_____..96 No response.....99	
233	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	
234	Is it possible to cure AIDS?	Yes.....1 No.....2 Don't know.....98 No response.....99	

300. ATITUDESAND BELIEFS

Q.N.	Questions	Coding Categories	Go to Q.N.
301	What can people having HIV/AIDS do to Take care of themselves and others? **Do not read possible answers** **(Multiple responses possible)**	Eat healthy food.....1 Get normal exercise.....2 Use condom in each sex act.....3 Remain faithful to one partner.....4 Abstain from sex.....5 Not drink alcohol.....6 Not smoke.....7 Keep a positive attitude.....8 Medicine use.....9 Visit doctor.....10 Do not share needle/Blade .....11 Do not donate blood .....12 Live separately/Isolate .....13 Provide counseling/Suggestions...14 Keep happy/Not to loose hope.....15 Others (Specify).....96 Don't know.....98 No response.....99	
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.....1 Give additional love and help.....2 Provide counseling.....3 Avoid/Scare/Isolate.....4 Live separately.....5 Not to Have sex .....6 Not deal/Talk.....7 Other (Specify).....96	

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……..1 Give additional love and help…..2 Provide counseling……..3 Avoid/Scare/Isolate……..4 Live separately……..5 Not to have sex……6 Break friendship ……7 Other(Specify)……96	
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 cares 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: Now I want to ask you about sexually transmitted infection and condoms

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	

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.....1 Genital discharge.....2 Foul smelling.....3 Burning pain on urination.....4 Genital ulcers/sore.....5 Swelling in groinarea.....6 Itching genital area.....7 Blood in urine.....8 Weight loss.....9 Fever .....10 Blister/Wound .....11 Low appetite.....12 Weakness .....13 Other (Specify) .....96 Don't know.....98 No response.....99	
404	What are the sign and symptoms of sexually transmitted infection in a man? **(Multiple responses possible)** **(Do not read possible answers)**	Abdominal pain.....1 Genital discharge.....2 Foul smelling.....3 Burning pain on urination.....4 Genital ulcers/sore.....5 Swelling in groin area.....6 Itching genital area.....7 Blood in urine.....8 Weight loss.....9 Fever .....10 Blister/Wound .....11 Low appetite.....12 Weakness .....13 Other (Specify).....96 Don't know.....98 No response.....99	
405	In the past 12 months do you think you have Had STI?	Yes.....1 No.....2 Don't know.....98 No response.....99	 409 409 409
406	Last time when you had STI, did you seek Treatment?	Yes.....1 No.....2 Don't know.....98 No response.....99	 409 409 409
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	

408	Did your sexual partner/any of your partners also obtain treatment?	Yes.....1 No.....2 Don't know.....98 No response.....99	
409	Have you ever heard of 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

410.1 Have you ever seen, heard or read following messages/characters during past one year?
(Multiple answer possible)

Message/characters	Yes	No
Use condom let's stop HIV	1	2
Use condom always	1	2
Soldier protects Nations and Condom protect HIV transmission	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.....1 Prevent HIV/AIDS.....2 Prevent STI.....3 Others(Specify) 96	
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..... .1 Pharmacy .....2 Clinic .....3 Hospital .....4 Family planning center.....5 Bar/Guest house/Hotel.....6 Health worker .....7 Peer Educator/Outreach doctor.....8 Friend .....9 BHU.....10 Office/Workplace .....11 Public place 12	
414	Do you think that condoms are safe?	Yes.....1 No.....2 Don't know.....98 No response.....99	416 416 416
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 area 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? ***(If (2) check Q109, Marital Status)***	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.....1 Don't feel ready to have sex.....2 Sex before marriage is wrong.....,3 Afraid of getting pregnant .....4 Afraid of getting HIV/Aids/STI.....5 Have not had the chance.....6 Not interested .....7 Feel shy.....8 Because of Monk/Religious .....9 Others(Specify) .....96 Don't know.....98	601 601 601 601 601 601 601 601 601 601 601 601

503	How old were you at your first sexual intercourse?	Years old ☐☐ **(Write the completed years)** Don't know.....98 No	
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 sexual partners have you had sex in the last12 months?	Total Number.....	
506	The most recent 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 most recent you had sex with a regular partner did you and your partner use a condom?	Yes.....1 No.....2 Don't know.....98 No	510
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	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.....1 STI prevention.....2 HIV/AIDS prevention 3	
511	How often have you used a condom with Male/female regular partners in the past year?	Every time.....1 Almost every-times.....2 Sometimes.....3 Never	
512	Did you have a sexual intercourse with a Male/female sex worker in last 12 months?	Yes.....1 No.....2	 516
512.1	Think about the female sex workers that you have had sex in the past one-month. In total how many female sex workers sold sex in exchange for money or drugs?	☐☐ No..... 88 Don't	

513	The most recent you had sex with a male/female Sex worker did you and your partner use a condom?	Yes..... .1 No..... .2	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	
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	
516	Did you have sexual intercourse with a non-regular sex partner during last 12 months?	Yes.....1 No.....2	520
517	The most recent you had a sex with a non-regular Partner did you and your partner use a condom?	Yes..... .1 No..... .2	519
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	
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	
	Check respondents "code" ☐☐ **If code of the respondent is 3 or 4 or 5 or 6 and answer in Q.125 is "Yes", continue, and if "No" go to Q522**		
520	During your participation in the training/job 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" Check (If male ask) Male ☐ Female ☐ **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 last12 months?	Yes.....1 No.....2 No response.....99	 526 526
524	The most recent you had anal sex with a male sex partner did you and your partners 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 time.....1 Almost Every time,,.....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 living 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. TOBACCO, Alcohol and Drug/Injecting Behavior

Read:-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.

6.1: SMOKING OPIOIDS; SMOKING CIGARETTES			
Q.N.	**Questions**	**Coding Categories**	**Go to Q.N.**
601	Do you smoke cigarettes? ***Circle one response code number***	Yes ..... 1 No..... 2 No response 99	 604 604
602	How often did you smoke the last 6 months? ***Circle one response code number***	Never ..... 1 1-2 times a month ..... 2 1-2 times a week .....3 Nearly every day ..... 4 Every day .....5 Don't know .....98 No response 99	
603	How many do you smoke on average in a day? ***Write in number***	_____ Number Don't know .....98 No response 99	
6.2: ALCOHOL USE			

604	Do you drink Alcohol?	Yes ..... 1 No ..... 2 No response 99	606 606
605	During the past one month, how often have you had drink/drinks containing alcohol?	Every Day .....1 At least once a week .....2 Less than once a week .....3 Never .....4 Don't know .....98 No response 99	
6.3: Drug & Injecting Behavior			
606	Have you ever used drugs?	Yes .....1 No .....2 No Response 99	 End End
607	Have you ever injected drugs?	Yes..... 1 No ..... 2 No Response 99	 End End
608	How long have you been injecting drugs? **(Include self-injection or injection by another)**	Years.....Months..... No response 99	
609	Did you ever share needles and syringes with anyone?	Yes.....1 No.....2	 End
610	With how many different injecting partners did you share needles or syringes?	Number of partners..... Don't know ..... 98 No response 99	
611	Have you injected drugs at anytime in the last month?	Yes.....1 No .....2 No Response 99	
612	Have you had sexual intercourse in the last month?	Yes .....1 No .....2 No Response 99	 End End
613	Did you use a condom when you last had sexual intercourse?	Yes .....1 No .....2 No Response 99	

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

Check if responses to all questions have been marked.

INFORMED CONSENT FORM FOR PARENTS/GAURDIAN OF BELOW 18 YEARS

Hello! My name is…… and I am here from **Kyingkhor Consultancy Services**, Thimphu to collect data for a study Knowledge, Attitude, Practice and Behavior on HIV/STI in Bhutan being conducted for the **Ministry of Health, Royal Government of Bhutan.** We will talk to many teenagers, both girls and boys, and ask them a number of questions. When we study children, we talk to the parents and ask them for their permission. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. I will ask some personal questions that will be about sexual behavior, use of condoms, STI/HIV/AIDS and drugs. Your son/daughter may feel uncomfortable to answer some questions relating to their personal behavior, but it is important that they provide correct information.

STI/HIV/AIDS and drugs are affecting many teenagers. We will talk to teenage girls and boys about what they know about caring for their bodies in a healthy way including sexual and reproductive health. We will invite them to share their knowledge and understanding with us. This information will help the government of Bhutan to make future strategy to stop the spread of HIV/AIDS/STI. We would like to ask your daughter/son to participate because she/he is a teenager and lives in this region. The information given by your daughter/son 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 for your son/daughter to participate in this survey or not. Participation in the survey is completely voluntary. Your daughter/son participation or non-participation will in no way affect in your service delivered by the Royal Government of Bhutan. We know that the decision can be difficult when it involves your children. And it can be especially hard when the research includes sensitive topics like sexuality. You can ask as many questions as you like and we take the time to answer them. Your daughter/son does not have to answer those questions that they do not want to answer, and you may end this interview at any time you want to. But I hope your daughter/son will participate in this survey since their information is very important for the government to make future plans. We hope your daughter/son will participate in the survey and make it a success by providing correct answers to all the questions. The questionnaire will be read aloud and she/he can give me the answer which she/he wants me to write. If your daughter/son does not wish to answer some of the questions included in the questionnaire, she/he may skip them and move on to the next question. If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact: [Namgay Tshering, Ministry of Health, Thimphu, 02- -322602]. This proposal has been reviewed and approved by Research Ethics Board of Health, whose task is to make sure that research participants are protected from harm.

Would you be willing for your son/daughter to participate? 1. Yes - Continue 2. No - End

I have been asked to give consent for my daughter/son to participate in this research study which will involve her responding to this interview questionnaire. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child to participate as a participant in this study.

Name of Parent/Guardian: _____Date:_____/_____/ ……..Day/Month/Year

Signature of the Parent/Guardian: ……. Date:_____/_____/_____Day/Month/Year

Signature of the witness: _____……_____Date:__/_____/_____…..Day/Month/Year

If illiterate

I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness: _____Date:_____/_____/…… Day/Month/Year

Signature of the witness: _____……..Date:__/_____/_____…….Day/Month/Year

Thumb print of participant:

I have accurately read out the information sheet to the potential participant, and I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of the interviewer taking this consent:…… ☐☐

Signature of the interviewer: ……..

Interview Time ……

A copy of this Informed Consent Form has been provided to the parent or guardian of the participant

INFORMED ASSENT FORM TEMPLATE FOR CHILDREN/MINORS

Hello! My name is…….and I am here from **Kyingkhor Consultancy Services**, Thimphu to collect data for a study Knowledge, Attitude, Practice and Behavior on HIV/STI in Bhutan being conducted for the **Ministry of Health, Royal Government of Bhutan.** This informed assent form is for children below 18 years old. I am going to give you information and invite you to be part of this study.

We have discussed this study with your parents/guardian and they know that we are also asking you for your agreement. If you are going to participate in this study, your parent/guardian also has to agree, but if you do not wish to take part in this study you do not have to, even if your parents have agreed. You may discuss anything in this form with your parents/friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. This assent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. You will be asked some personal questions that will be about sexual behavior, use of condoms, STI/HIV/AIDS and drugs. You may feel uncomfortable to answer some questions relating to your personal behavior, but it is important that you provide correct information.

We will talk to many teenagers, both girls and boys, and ask them a number of questions. STI/HIV/AIDS and drugs are affecting many teenagers. We will talk to teenage girls and boys about what they know about caring for their bodies in a healthy way including sexual and reproductive health. We will invite them to share their knowledge and understanding with us. This information will help the government of Bhutan to make future strategy to stop the spread of HIV/AIDS/STI. We would like to ask you to participate because you are a teenager and living in this region. 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. You can ask as many questions as you like and we take the time to answer them. You do not have to answer those questions that they 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 their 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. The questionnaire will be read aloud and you can give me the answer which you want me to write. If you do not wish to answer some of the questions included in the questionnaire, you may skip them and move on to the next question. If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact: [Namgay Tshering, Ministry of Health, Thimphu, 02- -322602]. This proposal has been reviewed and approved by Research Ethics Board of Health, whose task is to make sure that research participants are protected from harm.

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

I understand this study is about STI/HIV/AIDS which will involve responding to the interview questionnaire. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction.

I agree to take part in this study OR I do not wish to take part in the research and I have not signed the assent below. …… (Signature of the child/student).

Name of Child/Student: ---------- ……Date:_____/_____/…… Day/Month/Year

Signature of the Child/Student: ……. Date:_____……/_____/_____Day/Month/Year

Signature of the witness: _____…….Date:_____……/_____/_____Day/Month/Year

If illiterate

I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness: _____Date:_____/_____/…… Day/Month/Year

Signature of the witness: _____……Date:__/_____/_____……Day/Month/Year
Thumb print of participant:

I have accurately read out the information sheet to the potential participant, and I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving assent and the assent has been given freely and voluntarily.

Name of the interviewer taking this assent:……. ☐☐

Signature of the interviewer: ……

Interview Time ……

Parent/Guardian has signed an informed consent (circle): …Yes…No ……..(initialed by the interviewer)

A copy of this Informed Consent Form has been provided to the parent or guardian of the participant

Questionnaire

Royal Government of Bhutan

Ministry of Health

KAPB Survey on HIV in-school and out-of school youth aged 15-24, uniformed personnel and Construction Workers

INFORMED CONSENT FORM FOR PARENTS/GAURDIAN OF BELOW 18 YEARS

Hello! My name is…… and I am here from **Kyingkhor Consultancy Services**, Thimphu to collect data for a study Knowledge, Attitude, Practice and Behavior on HIV/STI in Bhutan being conducted for the **Ministry of Health, Royal Government of Bhutan.** We will talk to many teenagers, both girls and boys, and ask them a number of questions. When we study children, we talk to the parents and ask them for their permission. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. I will ask some personal questions that will be about sexual behavior, use of condoms, STI/HIV/AIDS and drugs. Your son/daughter may feel uncomfortable to answer some questions relating to their personal behavior, but it is important that they provide correct information.

STI/HIV/AIDS and drugs are affecting many teenagers. We will talk to teenage girls and boys about what they know about caring for their bodies in a healthy way including sexual and reproductive health. We will invite them to share their knowledge and understanding with us. This information will help the government of Bhutan to make future strategy to stop the spread of HIV/AIDS/STI. We would like to ask your daughter/son to participate because she/he is a teenager and lives in this region. The information given by your daughter/son 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 for your son/daughter to participate in this survey or not. Participation in the survey is completely voluntary. Your daughter/son participation or non-participation will in no way affect in your service delivered by the Royal Government of Bhutan. We know that the decision can be difficult when it involves your children. And it can be especially hard when the research includes sensitive topics like sexuality. You can ask as many questions as you like and we take the time to answer them. Your daughter/son does not have to answer those questions that they do not want to answer, and you may end this interview at any time you want to. But I hope your daughter/son will participate in this survey since their information is very important for the government to make future plans. We hope your daughter/son will participate in the survey and make it a success by providing correct answers to all the questions. The questionnaire will be read aloud and she/he can give me the answer which she/he wants me to write. If your daughter/son does not wish to answer some of the questions included in the questionnaire, she/he may skip them and move on to the next question. If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact: [Namgay Tshering, Ministry of Health, Thimphu, 02- -322602]. This proposal has been reviewed and approved by Research Ethics Board of Health, whose task is to make sure that research participants are protected from harm.

Would you be willing for your son/daughter to participate? 1. Yes - Continue 2. No - End

I have been asked to give consent for my daughter/son to participate in this research study which will involve her responding to this interview questionnaire. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I

have asked have been answered to my satisfaction. I consent voluntarily for my child to participate as a participant in this study.

Name of Parent/Guardian: _____Date:_____/_____/ ……..Day/Month/Year

Signature of the Parent/Guardian: ……. Date:_____/_____/_____Day/Month/Year

Signature of the witness: _____…… _____Date:__/_____/_____…..Day/Month/Year

If illiterate

I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness: _____Date:_____/_____/…… Day/Month/Year

Signature of the witness: _____……Date:__/_____/_____…….Day/Month/Year

Thumb print of participant:

I have accurately read out the information sheet to the potential participant, and I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of the interviewer taking this consent: …… ☐☐

Signature of the interviewer: ……..

Interview Time ……

A copy of this Informed Consent Form has been provided to the parent or guardian of the participant

INFORMED ASSENT FORM TEMPLATE FOR CHILDREN/MINORS

Hello! My name is…….and I am here from **Kyingkhor Consultancy Services**, Thimphu to collect data for a study Knowledge, Attitude, Practice and Behavior on HIV/STI in Bhutan being conducted for the **Ministry of Health, Royal Government of Bhutan.** This informed assent form is for children below 18 years old. I am going to give you information and invite you to be part of this study.

We have discussed this study with your parents/guardian and they know that we are also asking you for your agreement. If you are going to participate in this study, your parent/guardian also has to agree, but if you do not wish to take part in this study you do not have to, even if your parents have agreed. You may discuss anything in this form with your parents/friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. This assent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. You will be asked some personal questions that will be about sexual behavior, use of condoms, STI/HIV/AIDS and drugs. You may feel uncomfortable to answer some questions relating to your personal behavior, but it is important that you provide correct information.

We will talk to many teenagers, both girls and boys, and ask them a number of questions. STI/HIV/AIDS and drugs are affecting many teenagers. We will talk to teenage girls and boys about what they know about caring for their bodies in a healthy way including sexual and reproductive health. We will invite them to share their knowledge and understanding with us. This information will help the
government of Bhutan to make future strategy to stop the spread of HIV/AIDS/STI. We would like to ask you to participate because you are a teenager and living in this region. 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. You can ask as many questions as you like and we take the time to answer them. You do not have to answer those questions that they 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 their 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. The questionnaire will be read aloud and you can give me the answer which you want me to write. If you do not wish to answer some of the questions included in the questionnaire, you may skip them and move on to the next question. If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact: [Namgay Tshering, Ministry of Health, Thimphu, 02- -322602]. This proposal has been reviewed and approved by Research Ethics Board of Health, whose task is to make sure that research participants are protected from harm.

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

I understand this study is about STI/HIV/AIDS which will involve responding to the interview questionnaire. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction.

I agree to take part in this study OR I do not wish to take part in the research and I have not signed the assent below. …… (Signature of the child/student).

Name of Child/Student: ---------- ……Date:_____/_____/…… Day/Month/Year

Signature of the Child/Student: ……. Date:_____……/_____/_____Day/Month/Year

Signature of the witness: _____…….Date:_____……/_____/_____Day/Month/Year

If illiterate

I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness: _____Date:_____/_____/…… Day/Month/Year

Signature of the witness: _____……Date:__/_____/_____……Day/Month/Year

Thumb print of participant:

I have accurately read out the information sheet to the potential participant, and I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving assent and the assent has been given freely and voluntarily.

Name of the interviewer taking this assent:…… ☐☐

Signature of the interviewer: ……..

Interview Time ……

Parent/Guardian has signed an informed consent (circle): …Yes…No ……..(initialed by the interviewer)

A copy of this Informed Consent Form has been provided to the parent or guardian of the participant

Name and code of Dzongkhag _____ ☐☐

Name and code of Gewog/Town _____ ☐☐

Name and code of chiwog/Block _____ ☐☐

Location (Urban =1; Rural = 2)

	Dzongkhag		Gewog/Town		Chiwog/Block		Study Pop		Cluster no		S.N
Respondent ID											

Name of the Village _____ ☐☐

Cluster ID Number ☐☐

Type of Respondents:	**Look below for assigned code.**
7.	**In School**
8.	**Out School**
9. **Construction Worker** **Uniform**	
10.	**RBA**
11.	**RBP**
12.	**RBG**

Supervisor	Quality Control	Office Editor	Keyed by
Name …… ☐☐	Name …… ☐☐	☐☐	☐☐
Date_____ DD/MM/YY	Date _____ DD/MM/YY	Date_____ DD/MM/YY	Date_____ DD/MM/YY

What is your Nationality? _____

Currently, what is your type/types of work?

1. Building
2. Traditional Painting
3. Road and Bridges
4. Power and Telecommunications

001. Did the interviewee abandon the interview?

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

100 BACKGROUND CHARACTERISTICS			
Q.N.	**Questions**	**Coding Categories**	**Go to**
101	Record sex of the respondents **(Do not ask)**	Male.....1 Female.....2	
102	Name and address of your current residence? **(Write current place of residence: Village, Chiwog/Block, Gewog/Town, Dzongkhag etc.)**	Village_____ 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	
103.1	In the last 12 months have you been away from Your home for more than one-month? **(Left home, village/district)**	Yes.....1 No.....2 Don't' know.....98 No response.....99	
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)**	107 107
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)**	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
110	How old were you when you first got married?	Age ☐☐ **(write the completed years)**	
111	Usually, who do you live with? If Response = 1, check Q 109, Marital Status	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 are you living? If Response = 2, check Q109, Marital Status	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?	Government.....1 Private.....2 NGO.....3 Self employed.....4 Others (Specify)_____.....96	

115.1	Occupation **(Circle at least one number. You can circle more than one if appropriate)**	In full-time employment (as an employee).....1 In part time employment (as an employee).....2 Working full time but not as an employee (self-employee).....3 Doing casual or part-time work (self-employed) .....4 Unemployed and not working at all 5	
116	Why you are not employed? Because you are..	Student.....1 House wife.....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? If =6, Check Q 105, Must=0 If <> 5, check Q 105, Must no= 0	Everyday.....1 Almost every day.....2 Once a week.....3 Less than once a week.....4 Never.....5 I cannot read and write 6	 118 118
117.1	Where do you mostly read newspaper?	Home..... 1 Relatives/friends/neighbor's place..... 2 Public Place..... 3 Working place..... 4 Others specify.....96	
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
118.1	Where do you mostly listen to the radio	Home.....1 Relatives/friends/neighbor's place..... 2 Public Place..... 3 Working place..... 4 Others specify..... 96	
118.2	In a day, when do you mostly listen to the Radio?	6-9am ..... 1 9-12 am..... 2 1-3pm..... 3 3-6 pm..... 4 6-9 pm ..... 5 After 9 pm..... 6 No specific time..... 96	
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	 120

119.1	Where do you mostly watch television?	Home……. 1 Relatives/friends/neighbor's place……..2 Public Place…… 3 Working place……..4 Others specify……96	
119.2	In a day, when do you mostly watch television?	6-9am ……1 9-12 am ……2 1-3pm ……3 3-6 pm ……4 6-9 pm ……5 After 9 pm ……6 No specific time ……96	
120	In the last12 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	
120.1	Are you currently involved in any kind of work/job? ***(Circle 1 for Uniformed personnel and construction worker without asking)*** ***(Not applies for In and Out school youth)***	Yes ……1 No ……2	201
121	When did you join this service/work?	Year ☐☐☐☐ Month ☐☐	
122	What is your current status/rank? ***(If the respondent is not uniformed personal circle '97')***	_____ Not applicable ……97	
122.1	What is your nature of job? ***(If the respondent is uniformed personal circle '97')***	_____ Not applicable ……97	
123	How long have you been working in this Office/company?	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")** Out of Bhutan ……95	
125	Have you ever gone abroad to participate in any training/job?	Yes……1 No……2 No response……99	

200 KNOWLEDGE ONHIV/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	
202	What happens to those who are infected with HIV/AIDS? **(Multiple response Possible)**	They loose weight.....1 They suffer from diarrhea.....2 They get fever.....3 They get weaker.....4 They look pale.....5 They suffer from prolonged sickness.....6 Vomiting..... 7 Headache ..... 8 Cold/cough..... 9 Becomes black..... 10 Ulcer/Wounds/Sores.....11 Immune system decrease.....12 Unable to eat .....13 Others (Specify) .....96 Don't know.....98 No response.....99	

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

203.1 Has anyone given you following information or items in the past year? ***(Multiple answer possible, read the list)***

Items	Yes	No
1. Condom	1	2
2. Brochure/Booklets/Pamphlets about HIV/AIDS	1	2
3. Information about HIV/AIDS	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.....1 Friend(s).....2 Family.....3 Health worker.....4 Teachers.....5 Relatives .....6 NGO.....7 Community.....8 Others (Specify) _____.....96 No response.....99	
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
211	Why do you think you are at risk of contracting HIV? **(Multiple responses possible)** **Do not read possible answers**	Have many sex partners.....1 Sex partner has other sex partner.....2 Have had sex with sex workers.....3 Do not always use condoms.....4 Have used intravenous drug.....5 Have cut hair in salon.....6 Others (Specify)_____....96 Don't know.....98 No response.....99	213 213 213 213 213 213 213 213

212	Why do you think you are at small or no risk of contracting HIV? **(Multiple responses possible)** **Do not read possible answers**	Never had sex.....1 Trust my partners.....2 Always use condoms.....3 Do not go to sex workers.....4 Do not use intravenous drugs.....5 Never shared blade .....6 Tested blood .....7 Have sex with non-regular partner ....8 Others (Specify) _____96 Don't know.....98 No response.....99	
213	How can we avoid getting HIV/AIDS? **(Multiple responses possible)** **Do not read possible answers**	Abstain from sex.....1 Use a condom at every sex.....2 No casual sex.....3 Have fewer partner.....4 Both partners have no other partners...5 Avoid injection with used needles.....6 Avoid sharing blade .....7 Avoid sex with sex worker .....8 Avoid blood transfusion without test...9 Avoid sex with infected person.....10 Others (Specify)_____.....96 Do not know.....98 No response.....99	
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 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	
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

220.1	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child? **(Do not read the possible answers, multiple answer possible)**	Take medication (Antiretroviral)..1 Others (Specify)_____96 Don't know.....98 No response.....99	
221	Can women with HIV transmit the virus to her new born 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	 233
227	I don't want to know the result, but have you ever had an HIV test?	Yes.....1 No.....2 No response.....99	 233 233
227.1	Did you voluntarily take up the HIV test, or were you required to have the test?	Voluntary.....1 Required.....2 No response.....99	
228	When did you have your most recent HIV test?	Within the past12 months.....1 Between13-24 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	 233 233
230	Did you tell anyone the results of the test?	Yes.....1 No.....2 Don't know.....98 No response.....99	 233 233 233
231	Whom did you tell? **Do not read possible answers** **(Multiple responses possible)**	Sex partner.....1 Family member(s).....2 Health worker.....3 Friends.....4 Don't know.....98 No response.....99	

232	Why did you not receive the test result?	Sure of not being infected.....1 Afraid of result.....2 Felt unnecessary.....3 Forgot it.....4 Others (Specify)_____..96 No response.....99	
233	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	
234	Is it possible to cure AIDS?	Yes.....1 No.....2 Don't know.....98 No response.....99	

300. ATITUDESAND BELIEFS

Q.N.	Questions	Coding Categories	Go to Q.N.
301	What can people having HIV/AIDS do to take care of themselves and others? **Do not read possible answers** **(Multiple responses possible)**	Eat healthy food.....1 Get normal exercise.....2 Use condom in each sex act.....3 Remain faithful to one partner.....4 Abstain from sex.....5 Not drink alcohol.....6 Not smoke.....7 Keep a positive attitude.....8 Medicine use.....9 Visit doctor.....10 Do not share needle/Blade .....11 Do not donate blood .....12 Live separately/Isolate .....13 Provide counseling/Suggestions...14 Keep happy/Not to loose hope.....15 Others (Specify).....96 Don't know.....98 No response.....99	
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.....1 Give additional love and help.....2 Provide counseling.....3 Avoid/Scare/Isolate.....4 Live separately.....5 Not to Have sex .....6 Not deal/Talk.....7 Other (Specify).....96	
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.....1 Give additional love and help.....2 Provide counseling.....3 Avoid/Scare/Isolate.....4 Live separately.....5 Not to have sex.....6 Break friendship .....7 Other(Specify).....96	
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.....1 Genital discharge.....2 Foul smelling.....3 Burning pain on urination.....4 Genital ulcers/sore.....5 Swelling in groinarea.....6 Itching genital area.....7 Blood in urine.....8 Weight loss.....9 Fever .....10 Blister/Wound .....11 Low appetite.....12 Weakness .....13 Other (Specify) .....96 Don't know.....98 No response.....99	

404	What are the sign and symptoms of sexually transmitted infection in a man? **(Multiple responses possible) (Do not read possible answers)**	Abdominal pain.....1 Genital discharge.....2 Foul smelling.....3 Burning pain on urination.....4 Genital ulcers/sore.....5 Swelling in groin area.....6 Itching genital area.....7 Blood in urine.....8 Weight loss.....9 Fever .....10 Blister/Wound .....11 Low appetite.....12 Weakness .....13 Other (Specify).....96 Don't know.....98 No response.....99	
405	In the past 12 months do you think you have had STI?	Yes.....1 No.....2 Don't know.....98 No response.....99	 409 409 409
406	Last time when you had STI, did you seek treatment?	Yes.....1 No.....2 Don't know.....98 No response.....99	 409 409 409
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 obtain treatment?	Yes.....1 No.....2 Don't know.....98 No response.....99	
409	Have you ever heard of 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	
410.1	Have you ever seen, heard or read following messages/characters during past one year? ***(Multiple answer possible)***			
	Message/characters	**Yes**	**No**	
	Use condom let's stop HIV	1	2	
	Use condom always	1	2	
	Soldier protects Nations and Condom protect HIV transmission	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.....1 Prevent HIV/AIDS.....2 Prevent STI.....3 Others(Specify) .....96 Don't know.....98 No response.....99		
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.....1 Pharmacy .....2 Clinic .....3 Hospital .....4 Family planning center.....5 Bar/Guest house/Hotel.....6 Health worker .....7 Peer Educator/Outreach doctor.....8 Friend .....9 BHU.....10 Office/Workplace .....11 Public place .....12 Check post.....13 Others(Specify) .....96 Don't know.....98 No response.....99		
414	Do you think that condoms are safe?	Yes.....1 No.....2 Don't know.....98 No response.....99		416 416 416
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:-I would like to ask you some personal questions. These questions area 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.

Q.N.	Questions	Coding Categories	Go to Q.N.
501	Have you ever had sexual intercourse? ***(If (2) check Q109, Marital Status)***	Yes.....1 No.....2 Noresponse.....9	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.....1 Don't feel ready to have sex.....2 Sex before marriage is wrong.....,3 Afraid of getting pregnant .....4 Afraid of getting HIV/Aids/STI.....5 Have not had the chance.....6 Not interested .....7 Feel shy.....8 Because of Monk/Religious .....9 Others(Specify) .....96 Don't know.....98	601 601 601 601 601 601 601 601 601 601 601 601
503	How old were you at your first sexual intercourse?	Years old ☐☐ **(Write the completed years)** Don't know.....98 No	
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 sexual partners have you had sex in the last12 months?	Total Number.....	
506	The most recent 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 most recent you had sex with a regular partner did you and your partner use a condom?	Yes.....1 No.....2 Don't know.....98 No	510
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	511 511 511 511 511 511 511 511 511 511 511 511

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.....1 STI prevention.....2 HIV/AIDS prevention.....3	
511	How often have you used a condom with male/female regular partners in the past year?	Every time.....1 Almost every-times.....2 Sometimes.....3	
512	Did you have a sexual intercourse with a male/female sex worker in last 12 months?	Yes.....1 No.....2	516
512.1	Think about the female sex workers that you have had sex in the past one-month. In total how many female sex workers sold sex in exchange for money or drugs?	☐☐ No.....88 Don't	
513	The most recent you had sex with a male/female sex worker did you and your partner use a condom?	Yes.....1 No.....2	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	
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	
516	Did you have sexual intercourse with a non-regular sex partner during last 12 months?	Yes.....1 No.....2	520
517	The most recent you had a sex with a non-regular partner did you and your partner use a condom?	Yes.....1 No.....2	519
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	

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	
	Check respondents "code" ☐☐ **If code of the respondent is 3 or 4 or 5 or 6 and answer in Q.125 is "Yes", continue, and if "No" go to Q522**		
520	During your participation in the training/job 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" Check (If male ask) Male ☐ Female ☐ **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 last12 months?	Yes.....1 No.....2 No response.....99	526 526
524	The most recent you had anal sex with a male sex partner did you and your partners 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 time.....1 Almost Every time,,.....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 living 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. TOBACCO, Alcohol and Drug/Injecting Behavior

Read:-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.

6.1: SMOKING OPIOIDS; SMOKING CIGARETTES			
Q.N.	**Questions**	**Coding Categories**	**Go to Q.N.**
601	Do you smoke cigarettes? ***Circle one response code number***	Yes ..... 1 No..... 2 No response 99	 604 604
602	How often did you smoke the last 6 months? ***Circle one response code number***	Never ..... 1 1-2 times a month ..... 2 1-2 times a week .....3 Nearly every day ..... 4 Every day .....5 Don't know .....98 No response 99	
603	How many do you smoke on average in a day? ***Write in number***	_____ Number Don't know .....98 No response 99	
6.2: ALCOHOL USE			
604	Do you drink Alcohol?	Yes ..... 1 No ..... 2 No response 99	 606 606
605	During the past one month, how often have you had drink/drinks containing alcohol?	Every Day .....1 At least once a week .....2 Less than once a week .....3 Never .....4 Don't know .....98 No response 99	
6.3: Drug & Injecting Behavior			
606	Have you ever used drugs?	Yes .....1 No .....2 No Response 99	 End End
607	Have you ever injected drugs?	Yes..... 1 No ..... 2 No Response 99	 End End
608	How long have you been injecting drugs? **(Include self-injection or injection by another)**	Years.....Months..... No response 99	
609	Did you ever share needles and syringes with anyone?	Yes.....1 No.....2	 End
610	With how many different injecting partners did you share needles or syringes?	Number of partners..... Don't know ..... 98 No response 99	
611	Have you injected drugs at anytime in the last month?	Yes.....1 No .....2 No Response 99	

612	Have you had sexual intercourse in the last month?	Yes .....1 No .....2 No Response 99	 End End
613	Did you use a condom when you last had sexual intercourse?	Yes .....1 No .....2 No Response 99	

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

Check if responses to all questions have been marked.

Annex 1: Comprehensive knowledge of HIV/AIDS among overall study population

Statements	**(N=3200) %**
Being faithful to one partner prevents from HIV (B)	64.0
Condom use during each sexual act prevents from HIV (C)	72.5
A healthy looking person can be infected with HIV (D)	59.9
A person can't get HIV from mosquito bite (E)	53.6
Sharing a meal with HIV infected person doesn't transmit HIV (F)	81.1
Know all five indicators of HIV transmission (BCDEF)	17.5

Annex 2: Knowledge about condom

	Male		**Female**		**Total**	
	N	**%**	**N**	**%**	**N**	**%**
Heard about condom						
Yes	2260	96.7	843	97.6	3103	97.0
No	59	2.5	20	2.3	79	2.5
Don't know	5	.2			5	.2
No response	12	.5	1	.1	13	.4
Total	**2336**	**100.0**	**864**	**100.0**	**3200**	**100.0**
Condoms are used to *						
Prevent HIV/AIDS	1889	83.6	734	87.1	2623	84.5
Prevent pregnancy/Used as a contraception	1834	81.2	682	80.9	2516	81.1
Prevent STI	882	39.0	304	36.1	1186	38.2
Don't know	28	1.2	15	1.8	43	1.4
No response	7	.3	5	.6	12	.4
Others	10	.4	1	.1	11	.4
Total	**2260**	**100.0**	**843**	**100.0**	**3103**	**100.0**
Thinks condom are safe						
Yes	1851	81.9	637	75.6	2488	80.2
No	250	11.1	88	10.4	338	10.9
Don't know	152	6.7	109	12.9	261	8.4
No response	7	.3	9	1.1	16	.5
Total	**2260**	**100.0**	**843**	**100.0**	**3103**	**100.0**
Reasons why condoms are considered unsafe						
Break easily	222	88.8	69	78.4	291	86.1
Do not protect against diseases	15	6.0	8	9.1	23	6.8
Don't know	6	2.4	7	8.0	13	3.8
Others	6	2.4	2	2.3	8	2.4
No response	1	.4	2	2.3	3	.9
Total	**250**	**100.0**	**88**	**100.0**	**338**	**100.0**

** Percentage total may exceed to 100 due to multiple responses*

Annex 3: Consistent use of condom in the last sex with different sex partners in the past 12 months

Consistent use of condom	**N**	**%**
With regular sex partner	942	9.9
With non-regular partner	361	53.3
With sex worker	98	61.2

Annex 4: Sources of Knowledge of HIV/AIDS

	N	%
Television	2855	92.2
Friends/Peers	2460	79.5
Health Worker/Volunteer	2320	74.9
Radio	1817	58.7
Teachers	1772	57.2
Newspapers/Magazines	1689	54.6
Work place/school	1680	54.3
Bill Board/Sign board	1665	53.8
Pamphlets/Posters	1405	45.4
Relatives	1358	43.9
Cinema Hall	985	31.8
Community Event/Training	972	31.4
People from NGO	681	22.0
Others	148	4.8