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Knowledge and Perceptions of Adolescent Girls on HIV/AIDS and Family Planning

Ram Chandra Dahal

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Abstract

Nepali adolescent girls face distinct challenges in HIV/AIDS and family planning, necessitating a nuanced understanding. Global concerns for adolescent reproductive health and rights, emphasized in international conferences, apply to Nepal's struggle with HIV/AIDS, particularly among young people. In this context, this study aims to investigate knowledge and perceptions of adolescent girls on HIV/AIDS in Nepali context. Moreover, this study concerns on exploring cultural norms and social determinants that affect family planning among adolescents in Nepal. The researcher has employed survey research design of quantitative research by taking data from 111 late adolescent girls (15-19 years) through questionnaires in Sindhuli. Findings reveal age-related influences on reproductive health knowledge and perceptions. While family planning awareness is widespread, specific method knowledge disparities exist. Despite challenges, most exhibit positive perceptions and behaviours towards people living with HIV/AIDS. This research contributes evidence-based interventions, emphasizing the need for context-specific strategies to address the reproductive health needs of adolescent girls in Nepal

Key Words: Reproductive health, HIV/AIDS, perception, Family planning, adolescent

Introduction

Adolescent girls in Nepal encounter distinctive challenges in the domains of HIV/AIDS and family planning, requiring a nuanced understanding of their knowledge and perceptions to formulate effective, targeted interventions. Nepal, a country confronting significant public health issues, demands tailored strategies to address the specific needs of this vulnerable demographic. In Nepal, socio-cultural factors, limited access to education, and gender disparities contribute to the vulnerability of adolescent girls in matters related to HIV/AIDS and family planning. Traditional norms often restrict discussions about sexual and reproductive health, leading to a lack of awareness and misinformation among young girls. Moreover, the prevalence of child marriage in Nepal exacerbates the risks these girls face, as early marriage is linked to limited autonomy, early pregnancies, and a higher susceptibility to HIV/AIDS. Comprehensive sex education is often inadequate or entirely absent in the formal curriculum, further hindering the acquisition of accurate information

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about sexual health. This knowledge gap can contribute to risky behaviours and hinder the adoption of preventive measures. Targeted interventions must thus include educational components that foster awareness, dispel myths, and empower adolescent girls to make informed decisions about their sexual and reproductive health. Furthermore, the socio-economic context of Nepal plays a crucial role in shaping the experiences of adolescent girls. Poverty and lack of access to healthcare facilities limit their ability to seek appropriate services for family planning and HIV/AIDS prevention. Addressing these challenges requires a multi-faceted approach that incorporates economic empowerment, community engagement, and improved healthcare infrastructure.

The understanding the unique challenges faced by adolescent girls in Nepal regarding HIV/AIDS and family planning is essential for crafting effective interventions. Tailored strategies that consider cultural nuances, provide comprehensive education, and address socio-economic barriers are imperative to improve the health outcomes and overall well-being of this vulnerable demographic in Nepal. By prioritizing the needs of adolescent girls, Nepal can make significant strides in mitigating the impact of these public health challenges and fostering a healthier future for its young. The global prevalence of HIV/AIDS continues to pose a substantial threat to public health, with adolescents representing a significant portion of new infections. The World Health Organization (WHO) reports that in 2020, approximately 120,000 adolescents between the ages of 10 and 19 were newly infected with HIV worldwide (WHO, 2021). Furthermore, issues related to family planning, contraceptive use, and reproductive health add an additional layer of complexity to the challenges faced by adolescent girls. Effective family planning not only contributes to reducing unintended pregnancies but also plays a crucial role in preventing the vertical transmission of HIV from mother to child.

The reproductive health and right of adolescent are growing concern today. The program of action adopted at the international conference of population and development held at Cairo in 1994 stress the important of addressing adolescent sexual and reproductive health issue and promoting responsible sexual and reproductive behaviour (UN, 1994). Within the World of young, adolescents are at a particular formative stage. These 1.2 billion adolescents between the ages 10-19 are brimming with energy and possibilities. They need vocational and life skill and access to reproductive health information and services, both for their own well being and to participate more fully in their countries development (UNFPA, 2011). Nepal, like many other countries, contends with the impact of HIV/AIDS on its population. According to the National Centre for AIDS and STD Control (NCASC) in Nepal, the country has made progress in combating the spread of HIV, but challenges persist, especially among young people (NCASC, 2020). Understanding the knowledge and perceptions of adolescent girls in Nepal regarding HIV/AIDS is essential for designing effective prevention and awareness programs tailored to the local context.

Similarly, family planning is a critical aspect of reproductive health in Nepal. The country has made strides in promoting family planning services, yet disparities in access and utilization persist, particularly among adolescents (Ministry of Health and Population [MOHP] Nepal, 2021). Exploring the knowledge and perceptions of adolescent girls in Nepal regarding family planning is imperative for addressing gaps and facilitating informed decision-making. This research builds upon existing literature, acknowledging the significance of context-specific insights. Studies in Nepal have shown that cultural norms, educational status, and

social determinants influence the sexual and reproductive health behaviours of adolescents (Acharya et al., 2019; Puri et al., 2019).

In this context, existing literature underscores the importance of addressing the unique needs of adolescent girls to enhance their health outcomes. Previous studies have highlighted gaps in knowledge, misconceptions, and socio-cultural factors influencing decision-making related to HIV/AIDS and family planning among this demographic (e.g., Hallman et al., 2019; Chandra-Mouli et al., 2015). By building upon these insights, the present study seeks to deepen our understanding of the factors that shape the perceptions of adolescent girls, thereby informing targeted interventions that address their specific needs.

Theoretical Framework

The study of knowledge and perceptions in the context of HIV/AIDS and family planning is often guided by various theoretical frameworks that provide a structured understanding of the factors influencing individual and community behaviors. For instance, the socio-ecological model, proposed by Bronfenbrenner (1979), serves as a valuable lens in exploring the multi-level influences on individuals' awareness and attitudes. This model posits that an individual's health-related behaviors are shaped by factors at the microsystem (individual level), mesosystem (interpersonal relationships), exosystem (community and institutional factors), and macrosystem (societal and cultural influences). Additionally, the health belief model (Rosenstock, 1966) contributes to the theoretical foundation by emphasizing individual perceptions of health risks and the perceived benefits of preventive actions. This model suggests that an individual's likelihood of adopting health-related behaviors, such as those related to HIV/AIDS and family planning, is influenced by their perceived susceptibility, severity, benefits, and barriers. The intersection of these theoretical perspectives helps to elucidate the intricate connections between knowledge, perceptions, and decision-making in the context of HIV/AIDS and family planning. Researchers often draw upon these frameworks to design studies that explore the underlying factors shaping individuals' understanding and attitudes toward these critical health issues.

In the context of Nepal, understanding knowledge and perceptions regarding HIV/AIDS and family planning is essential for developing effective public health interventions. Nepal, with its diverse population and unique cultural landscape, presents a dynamic environment for studying health-related behaviours. Research in this area often draws on the socio-ecological model to explore the multifaceted influences on individuals and communities (Pandey et al., 2020). Factors at the individual level, such as awareness and understanding of HIV/AIDS and family planning, interact with interpersonal relationships, community dynamics, and broader societal norms. The health belief model, which underscores individual perceptions of health risks and the benefits of preventive actions, provides additional insights into how Nepalese individuals approach decision-making in these domains.

Methods and Procedures

This study adopted survey research design of quantitative research. In other words, primary data for this study were collected through a field survey. The survey was conducted at Secondary School, Mahadevdada at Phikkal, Sindhuli district. The data collection method involved the use of a semi-structured questionnaire. The questionnaire included questions related to the socio-economic and demographic characteristics of the respondents. Respondents of the study were 111 late adolescent girls within the age group of 15-19 years who filled up

questionnaires. Raw data collected from the survey underwent a series of steps for quality assurance. The data were checked for accuracy, edited to correct errors, and coded for easier analysis. After these processes, the data were entered into a computer using statistical software called SPSS (Statistical Package for the Social Sciences). The statistical software SPSS was used for managing and analyzing the data. SPSS (Statistical Package for the Social Sciences) is a widely used software for statistical analysis in social science research. This study aimed to gather information directly from late adolescent girls through a field survey conducted at Secondary School, Mahadevdada at Phikkal, Sindhuli district. The questionnaire focused on gathering socio-economic and demographic information. The collected data underwent thorough checks, editing, coding, and entry into a computer using SPSS for subsequent statistical analysis.

Finding and Discussion

The findings of the study are analysed, interpreted and discussed under the following themes.

Age Composition

The age structure of a population is a fundamental aspect that significantly influences the demographic landscape, and understanding the age composition is crucial in demographic analysis. The age of individuals plays a pivotal role in shaping their knowledge and perceptions, particularly in the context of reproductive health. Reproductive health challenges exhibit variations across different age groups, making it essential to examine the specific age demographics to tailor interventions effectively. In the context of the surveyed population, it is noteworthy that the majority of respondents fall within the 18-year age group, comprising 45.6 percent of the total sample. Following closely, the 17-year age group represents the second-largest segment at 12.6 percent. Additionally, approximately 26.2 percent of respondents are in the 19-year age group, while the smallest proportion, 15.3 percent, pertains to individuals aged 16 years. This distribution provides a comprehensive overview of the age dynamics within the surveyed population. It is interesting to note that the timing of completing the School Leaving Certificate (SLC) examination, typically around the ages of 15-16, contributes to the demographic landscape. As a result, the average age at the 10+2 level, as per the field survey conducted in 2021, is approximately 17 and 18 years. This information is vital for contextualizing the respondents' educational background and understanding the stage of life at which they are likely to encounter reproductive health information and challenges. The mean age of the respondents, calculated to be 17.52 years based on the field survey conducted in 2021, serves as a central metric in delineating the age distribution. This average age is instrumental in providing a snapshot of the overall age profile of the surveyed population, enabling researchers and policymakers to formulate targeted interventions that resonate with the specific needs and concerns of this age cohort. It reflects that a nuanced understanding of the age structure is indispensable for comprehending the demographic context and tailoring interventions related to reproductive health. The age distribution outlined in the survey findings sheds light on the diverse age groups represented, facilitating informed strategies to address the unique challenges faced by individuals at different stages of adolescence and young adulthood.

Knowledge on Family Planning Method

The data gleaned from the survey underscores the pivotal role of family planning in the context of reproductive health. The comprehensive 100 percent awareness among the 111 respondents highlights the universal understanding of family planning methods within the surveyed population. This awareness is a positive indicator, suggesting that individuals in the study are equipped with essential knowledge about reproductive health options, allowing them to make informed decisions regarding the desired number of children and the spacing of pregnancies. Interestingly, the breakdown of awareness across age groups provides valuable insights. The finding that individuals in the 16-17 age group exhibit a higher level of awareness compared to those in the 18-19 age group may be indicative of varying educational exposures or the effectiveness of reproductive health education initiatives targeted at younger age cohorts. Understanding these nuances can inform targeted educational interventions to bridge potential gaps in knowledge among different age groups. The identification of commonly recognized family planning methods, such as condoms, pills, Depo-Provera, and Norplant, by the entire informed group suggests a well-rounded understanding of both temporary and long-term contraceptive options. However, the variation in awareness levels for male sterilization (known by 55.4 percent) and female sterilization (recognized by 71.7 percent) highlights the need for focused education on permanent methods, ensuring that individuals are aware of the full spectrum of family planning choices available to them. The low awareness (less than 3 percent) of the withdrawal method as a family planning option indicates a potential area for improvement in education and awareness campaigns. Efforts to provide accurate information about the withdrawal method, its efficacy, and its proper usage can contribute to a more comprehensive understanding of family planning methods. In conclusion, the near-universal understanding of family planning among the surveyed population is encouraging, but the nuanced differences in awareness across age groups and specific methods underscore the importance of targeted and comprehensive reproductive health education. Building on this foundation, further initiatives can enhance awareness, address gaps in knowledge, and empower individuals to make well-informed choices regarding their reproductive health.

Knowledge on Specific Method of Family Planning

As appropriate knowledge on family planning method are most important, this study tried to analyse their correct knowledge about the different method of family planning. Among the various family planning methods, approximately 82.5 percent of respondents exhibit correct knowledge about condoms. Notably, respondents aged 18-19 years demonstrate a higher level of awareness regarding condoms compared to their counterparts aged 16-17 years.

Table 1. *Distribution of Knowledge on Specific Method of FP*

Method of FP	Ages				Total	
	16-17 yrs		18-19 yrs		Number	Percent
	Number	Percent	Number	Percent		
Knowledge about condom						
Oral pills for male	5	7.7	2	4.3	7	6.3
Oral pills for female	3	4.6	2	4.3	5	4.5
For male use	47	72.3	39	84.8	86	77.5
For female use	3	4.6	-	-	3	2.7
Don't know	7	26	3	6.5	10	9
Total	65	100	46	100	111	100
Knowledge about pills						
Oral pills for male	-	-	1	2.2	1	.9
Oral pills for female	43	66.2	34	73.9	77	69.4
For male use						
For female use	4	6.2	2	4.3	6	5.4
Don't know	18	27.7	9	19.6	27	24.3
Total	65	100	46	100	111	100
Knowledge about Depo-Provera						
3 months injection for female	48	73.8	41	89.1	89	80.2
Don't know	17	26.2	5	10.9	22	19.8
Total	65	100	46	100	111	100
Knowledge about IUD						
3 months injection for male	-		1		1	.9
3 months injection for female	9		3		12	10.8
Device inserted in to a women uterus	28		17		45	40.5
Don't know	28		25		53	47.7
Total	65		46		111	100

The table 1 presents a detailed breakdown of respondents' knowledge about various family planning methods categorized by age groups (16-17 years and 18-19 years). The numbers and percentages provide insights into the awareness levels of different contraceptive methods among the surveyed population. Among respondents aged 16-17 years, 72.3 percent are aware of condoms for male use, while 4.6 percent are aware of condoms for female use. In the 18-19 age group, 84.8 percent are aware of condoms for male use, and no awareness is reported for condoms for female use. The overall awareness for condoms among all respondents is 77.5 percent, with a total of 111 participants. Similarly, oral pills for females are well-known, with 66.2 percent awareness among respondents aged 16-17 years and 73.9 percent among those aged 18-19 years. Awareness of oral pills for males is lower, with 7.7 percent awareness among 16-17-year-olds and 2.2 percent among 18-19-year-olds. The overall awareness for pills is 69.4 percent, with a total of 111 participants. Likewise, in the 16-17 age group, 73.8 percent are aware, while in the 18-19 age group, 89.1 percent have knowledge

about Depo-Provera. The overall awareness for Depo-Provera is 80.2 percent, with a total of 111 participants. In the same way, awareness of IUD is relatively lower, with 10.8 percent among 16-17-year-olds and 19.6 percent among 18-19-year-olds. Overall awareness for IUD is 40.5 percent, with a total of 111 participants. The “Don’t know” category reflects the percentage of respondents who were not familiar with the respective family planning methods. The table provides a comprehensive overview of the respondents’ knowledge about various contraceptive methods, allowing for a nuanced understanding of awareness levels across different age groups. These findings can guide targeted educational interventions to address gaps in knowledge and promote informed decision-making regarding family planning.

Knowledge on Sources (Place) of STDs Treatments

Regarding knowledge about the sources or places for sexually transmitted diseases (STDs) treatments, respondents with awareness of STDs were queried. Governmental health centres emerge as the most recognized facilities for STDs treatment, acknowledged by 75.5 percent of respondents, followed closely by private health centres at 64 percent, applicable to both age groups. Around 30.6 percent of respondents identified non-governmental sectors as places for STDs treatment. However, 29.7 percent of respondents lacked knowledge about the specific places for STDs treatment, with a higher percentage among those aged 16-17 years (18.5%) compared to 23.9 percent among those aged 18-19 years.

Table 2. *Distribution of Knowledge on Place of STDs Treatments*

Place of STDs treatments	Ages				Total	
	16-17 yrs		18-19 yrs		Number	Percent
	Number	Percent	Number	Percent		
Knowledge on place of STDs treatments						
Government health centre	49	75.4	35	76.1	84	75.7
Non-governmental sector	18	27.7	16	34.8	34	30.6
Private health centre	38	58.5	33	71.7	71	64
Don't know	12	18.5	11	23.9	33	29.7

The numbers and percentages offer insights into the awareness levels of different healthcare settings for STD treatments among the surveyed population. Among respondents aged 16-17 years, 75.4 percent are aware of government health centres as places for STD treatments. In the 18-19 age group, 76.1 percent have knowledge about government health centres for STD treatments. The overall awareness for government health centres is 75.7 percent, with a total of 111 participants. 27.7 percent of respondents aged 16-17 years and 34.8 percent of those aged 18-19 years are aware of the non-governmental sector as a place for STD treatments. The overall awareness for the non-governmental sector is 30.6 percent, with a total of 111 participants. In the same vein, among respondents aged 16-17 years, 58.5 percent are aware of private health centres for STD treatments, while 71.7 percent of those aged 18-19 years have this knowledge. The overall awareness for private health centers is 64 percent, with a total of 111 participants. Likewise, 18.5 percent of respondents aged 16-17 years and 23.9 percent of those aged 18-19 years are unsure about the place of STD treatments. The overall percentage of respondents who do not know about the place for STD treatments is 29.7 percent. The table 2 offers valuable insights into the awareness levels among the

surveyed population regarding different healthcare settings for STD treatments. It provides a foundation for targeted health education initiatives, aiming to enhance awareness and understanding of accessible and appropriate healthcare options for the prevention and treatment of STDs among adolescents.

Knowledge and Perception on HIV/AIDS

The global emergence of AIDS has positioned it as a pressing concern, prompting extensive efforts worldwide to control its impact. The implications of AIDS are profound and have enduring consequences for both individual victims and entire nations. The respondents in this study were collectively questioned regarding their awareness of AIDS. Each participant was specifically asked about their knowledge concerning HIV/AIDS and the modes of HIV transmission.

Table 3. *Distribution Knowledge on HIV/AIDS and Transmission of HIV*

Knowledge on HIV/AIDS	Ages				Total	
	16-17 yrs		18-19 yrs		Number	Percent
	Number	Percent	Number	Percent		
Heard of HIV/AIDS						
Yes	65	100	46	100	111	100
No	-	-	-	-	-	-
Total	65	100	46	100	111	100
Knowledge on means of transmission of HIV						
Unsafe sex	62	95.4	41	89.1	103	92.8
Transfusion of contaminated blood	51	78.5	37	80.4	88	79.3
Sharing of syringe	48	73	33	71.7	81	73
Mother to child	43	66.2	28	60.9	71	64
Don't know	3	4.6	2	4.3	5	4.5

The table 3 provides a comprehensive overview of respondents' knowledge on HIV/AIDS, categorized by age groups (16-17 years and 18-19 years). The numbers and percentages offer insights into the awareness levels among the surveyed population regarding the basic understanding of HIV/AIDS, as well as their knowledge of the means of transmission. The table 3 indicates that 100 percent of respondents in both age groups (16-17 years and 18-19 years) have heard of HIV/AIDS, demonstrating universal awareness of this health issue within the surveyed population. Similarly, among respondents aged 16-17 years, 95.4 percent are aware that unsafe sex is a means of HIV transmission, and 89.1 percent in the 18-19 age group have this knowledge. The overall awareness for unsafe sex as a means of transmission is 92.8 percent. In the same way, 78.5 percent of respondents aged 16-17 years and 80.4 percent of those aged 18-19 years are aware of the transmission of HIV through the transfusion of contaminated blood. The overall awareness for this mode of transmission is 79.3 percent. By the same token, 73 percent of respondents aged 16-17 years and 71.7 percent of those aged 18-19 years are aware that sharing syringes can transmit HIV. The overall awareness for this mode of transmission is 73 percent. Likewise, 66.2 percent of respondents aged 16-17 years and 60.9 percent of those aged 18-19 years are aware that HIV can be transmitted

from mother to child. The overall awareness for mother-to-child transmission is 64 percent. The table 3 also shows that a small percentage (4.5 percent) of respondents are unsure about the means of transmission of HIV. This table demonstrates a high level of awareness among the surveyed population regarding HIV/AIDS, with universal recognition of the term. Additionally, the breakdown of knowledge on the means of transmission provides insights into specific areas where education and awareness campaigns may be targeted to reinforce accurate information and promote a better understanding of HIV prevention.

Knowledge about Sources for HIV Testing

The respondents' knowledge about sources for HIV testing are presented in the following table:

Table 4. *Distribution of Knowledge on Sources for HIV Testing*

Sources for HIV testing	Ages				Total	
	16-17 yrs		18-19 yrs		Number	Percent
	Number	Percent	Number	Percent		
Knowledge on sources (place) for HIV testing						
Yes	49	75.4	32	69.6	81	73
No	16	24.6	14	30.4	30	27
Total	65	100	46	100	111	100
Knowledge on sources (place) for HIV testing						
Government health sector	32	65.3	25	78.1	57	70.4
Non government sector	11	22.4	11	34.4	22	27.2
Private health sector	27	55.1	9	28.1	36	44.4
Others (specify)	1	2	1	3.1	2	2.5

The provided table 4 offers insights into respondents' knowledge about sources for HIV testing, categorizing the data by age groups (16-17 years and 18-19 years). The information presented highlights the awareness levels within the surveyed population regarding where individuals can undergo HIV testing. The table indicates that a majority of respondents in both age groups are aware of sources for HIV testing, with 75.4 percent awareness among 16-17 year-olds and 69.6 percent among 18-19 year-olds. The overall awareness for sources of HIV testing is 73 percent. A notable portion of respondents, 24.6 percent of 16-17 year-olds and 30.4 percent of 18-19 year-olds, is not aware of sources for HIV testing. Similarly, among those aware, 65.3 percent of 16-17 year-olds and 78.1 percent of 18-19 year-olds are knowledgeable about the government health sector as a source for HIV testing. The overall awareness for government health sector testing is 70.4 percent. A subset of respondents, 22.4 percent of 16-17 year-olds and 34.4 percent of 18-19 year-olds, is aware of the non-government sector as a source for HIV testing. The overall awareness for non-government sector testing is 27.2 percent. Knowledge about the private health sector as a source for HIV testing is present in 55.1 percent of 16-17 year-olds and 28.1 percent of 18-19 year-olds. The overall awareness for private health sector testing is 44.4 percent. A small percentage (2.5 percent) of respondents specify other sources for HIV testing. The table illustrates the varying levels of awareness among the surveyed population regarding sources for HIV testing. While a

significant proportion is aware of government health sector testing, there is room for improvement in knowledge about testing options in the non-government and private health sectors. The findings emphasize the need for targeted education campaigns to enhance awareness about diverse HIV testing sources, ensuring individuals have access to a range of testing options based on their preferences and needs.

Perception towards People Living with HIV/AIDS

In our society, because of low level of education and awareness and misconception about the HIV/AIDS, it can be seen that whole society as well as their own family member behaved and treated HIV infected person as negatively. They are hated in our society.

Table 5. *Distribution of Perception towards People Living with HIV/AIDS*

Perception towards people living with HIV/AIDS	Ages				Total	
	16-17 yrs		18-19 yrs		Number	Percent
	Number	Percent	Number	Percent		
Behave towards HIV infected person						
Love and respect	58	89.2	40	87	98	88.3
Hate	2	3.1	-		2	1.8
Don't know	5	7.7	6	13	11	9.9
Perception towards PLWHO						
Love, care, respect and treated friendly not to hate them	29	44.6	29	63	58	52.3
Suggested to be happy, Don't be frustrated and fight with it so you can success to be good, do good, and see good.	5	7.7	0	0	5	4.5
Don't know	21	32.3	15	32.6	36	32.4
Not stated	10	15.4	2	4.3	12	10.8
Total	65	100	46	100	111	100

The table 5 outlines the perceptions of respondents towards people living with HIV/AIDS, categorized by age groups (16-17 years and 18-19 years). The data presents insights into how individuals in the surveyed population behave towards those infected with HIV/AIDS and their broader perceptions and attitudes. The majority of respondents, 89.2 percent of 16-17 year-olds and 87 percent of 18-19 year-olds, express a positive attitude, stating they would show love and respect towards HIV-infected individuals. The overall percentage for positive behavior is 88.3 percent. A small percentage, 3.1 percent, of 16-17 year-olds indicates a negative attitude towards HIV-infected individuals. A portion of respondents, 7.7 percent of 16-17 year-olds and 13 percent of 18-19 year-olds, express uncertainty about how they would behave towards HIV-infected persons. For the broader perception, 44.6 percent of 16-17 year-olds and 63 percent of 18-19 year-olds' express positive sentiments, stating they would love, care for, respect, and treat HIV-infected individuals friendly without harbouring hate. The overall percentage for this positive perception is 52.3 percent. A smaller portion, 7.7 percent, of 16-17 year-olds suggests encouraging PLWHA to be happy, not be frustrated,

and fight against HIV, aiming for success to lead a good life. However, this sentiment is not expressed by any respondents in the 18-19 age group. A notable percentage, 32.3 percent of 16-17 year-olds and 32.6 percent of 18-19 year-olds, is unsure about their perception. A smaller percentage, 15.4 percent of 16-17 year-olds and 4.3 percent of 18-19 year-olds, does not provide a clear statement regarding their perception. In this way, the table 5 reflects a generally positive attitude towards people living with HIV/AIDS, with a significant proportion expressing love, respect, and friendly treatment. However, there are instances of uncertainty and varied perceptions, emphasizing the importance of awareness campaigns and education to foster understanding and empathy within the surveyed population.

Perception on Use of Family Planning Method

The positive perception among nearly all respondents regarding the utilization of family planning methods underscores a crucial aspect of reproductive health awareness. The acknowledgment of the importance of family planning signifies a step toward informed decision-making and proactive reproductive health management among adolescent girls in Nepal. Moreover, the participants' discussions on the modes of transmission for sexually transmitted diseases (STDs) and HIV/AIDS provide valuable insights into their awareness levels. Understanding how these young individuals perceive the routes through which STDs and HIV/AIDS can spread is essential for tailoring targeted interventions. It allows health educators and policymakers to address potential misconceptions, enhance accurate knowledge, and promote safer behaviours to prevent the transmission of these infections. The exploration of preventive measures and treatment options for STDs and HIV/AIDS is crucial in assessing the depth of participants' awareness and understanding. By delving into their knowledge of strategies to prevent infection and the available treatment options, this study can inform public health initiatives aimed at empowering adolescents with comprehensive information. This knowledge is pivotal for fostering a proactive approach to sexual and reproductive health, emphasizing the importance of prevention and prompt treatment when necessary. Overall, the comprehensive nature of the discussions with the participants, covering family planning, modes of transmission, and preventive measures for STDs and HIV/AIDS, contributes to a nuanced understanding of the reproductive health landscape among adolescent girls in Nepal. This understanding lays the foundation for targeted interventions, educational programs, and awareness campaigns that can address specific gaps in knowledge, dispel myths, and empower young individuals to make informed decisions about their sexual and reproductive well-being.

Conclusion

In conclusion, the findings of this study shed light on the knowledge, perceptions, and attitudes of adolescent girls in Nepal regarding HIV/AIDS and family planning. The research highlights the distinct challenges faced by this vulnerable demographic, emphasizing the need for targeted interventions to address socio-cultural factors, limited access to education, and gender disparities that contribute to their vulnerability. The study underscores the impact of traditional norms on discussions about sexual and reproductive health, leading to a lack of awareness and misinformation among young girls. The prevalence of child marriage in Nepal further exacerbates the risks, emphasizing the importance of comprehensive sex education to dispel myths and empower adolescent girls to make informed decisions about their sexual and reproductive health. Socio-economic factors, including poverty and limited access to

healthcare facilities, play a crucial role in shaping the experiences of adolescent girls. The study advocates for a multi-faceted approach that includes economic empowerment, community engagement, and improved healthcare infrastructure to address these challenges effectively.

The study identifies variations in knowledge levels across different family planning methods and HIV transmission modes, emphasizing the need for targeted educational interventions. The findings also reveal varying perceptions towards people living with HIV/AIDS, with a generally positive attitude but notable uncertainties and varied sentiments. The research concludes by emphasizing the importance of evidence-based interventions that consider cultural nuances, provide comprehensive education, and address socio-economic barriers. By prioritizing the specific needs of adolescent girls in Nepal, the study advocates for targeted strategies to mitigate the impact of public health challenges and foster a healthier future for this vulnerable demographic.

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Author

Ram Chandra Dahal is a Lecturer at Siddha Jyoti Education Campus, Sindhuli, Nepal. He has completed Master's Degree in Population in arts and Education Planning and Management in education from Tribhuvan University. He is interested in the issues of population growth and its mitigation, HIV/AIDS and early child marriage.