

Knowledge and Attitude towards HIV/AIDS among Students of Selected Schools of Mahottari District, Nepal

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Abstract

Background: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is one of the most challenging health problems worldwide and teenagers are the most vulnerable group about it. Inadequate knowledge and negative attitudes towards HIV/AIDS are the key obstacles for the HIV/AIDS prevention and control. This study aimed to find out knowledge and attitude towards HIV/AIDS among selected schools students.

Materials and Methods: A cross-sectional survey was carried out among students studying in grade 8, 9 and 10 of three schools of Mahottari district. A total 134 students were selected purposively from the selected schools. Data was collected using pre-tested structured questionnaire and analyzed by using descriptive and inferential statistics.

Results: The findings of the study revealed that 48.5% of students had adequate level of knowledge and 46.5% had positive attitude towards HIV/AIDS. Students' knowledge was higher on communicable nature of disease (93.3%), risk group as people with multiple sex partners (82.1%), fever (76.9%), and weight loss (85.5%) as common symptoms, and common mode of transmission through sexual contacts (89.6%). On preventive measures, majorities had knowledge about use of condom during sexual intercourse (79.1%), blood test before marriage (79.9%), avoiding multiple sex partners (70.9%). However, only 29.9% had knowledge that HIV infection cannot be prevented through vaccination. In addition, misconceptions and discriminatory attitudes were also observed among the students.

Conclusion: Still more than half of the students have inadequate knowledge and negative attitudes towards HIV/AIDS. Therefore, there is need to reinforce sex education in schools to enhance knowledge, safe practices and positive attitude towards HIV/AIDS.

Key-words: Knowledge, Attitude, HIV/AIDS, Students

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I. Introduction

The Human Immune Deficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) has become the most devastating disease and the most complex health problems of the 21st century mankind has ever faced.^{1,2} It affects all body systems as well as the mental health and social relationships of carriers.³ Since 1981 when the first cases of AIDS were reported in the United States, HIV/AIDS infection has spread rapidly to many countries over the years and became a global health challenge.⁴ HIV continues to be the major global public health issue having claimed 37.9 million people until the end of 2018 whereas 1.7 million people became newly infected with HIV until 2018.⁵ In 2018 alone, 510,000 young people between the ages of 10 to 24 were newly infected with HIV, of whom 190,000 were adolescents between the ages of 10 and 19.⁶

The HIV affects all nations and Nepal is no exception. First case of AIDS was reported in 1988AD.⁷ Though, Nepal is considered as a "low incidence" country in terms of HIV infection, recent data suggest that HIV/STIs infections have increased significantly in the last five years especially among active sex trades, low levels of condom users, intravenous drug users and substantial male labor migration.^{8,9} HIV/AIDS spreads fastest where there is poverty, powerlessness, and social instability.⁵ Nepal is home to approximately 50,200 people living with HIV and four out of every five infections have occurred through sexual transmission. In addition, injectable drug users, third gender, female sex workers, and seasonal labor migrants are also higher risk groups for HIV.^{10,11}

Most people become sexually active in adolescence and get involved in sexual practices. Knowledge about HIV/AIDS is one of the fundamental bases in fighting against the diseases and powerful means of promoting positive attitudes and safe practices. Inadequate knowledge may lead to risky behaviors and stigma

and discrimination against people living with HIV/AIDS is a key obstacle for the prevention and care of HIV/AIDS.¹²Evidence in Nepal reported that adolescents had a moderate level of overall HIV/AIDS knowledge, but they lacked knowledge in the areas of mode of transmission and prevention of HIV/AIDS as most of them thought that AIDS was a big problem and they were afraid of getting AIDS.¹³Likewise, another study in Nepal reported the difference in knowledge score on some aspect of the disease where majority had prior knowledge of HIV, and factors that helped in transmitting the diseases were sharing same needle, unprotected sexual intercourse, commercial sex workers and pregnant mother to child.¹⁴

World Bank also reported that teenagers despite of apparently higher level of awareness towards HIV risk, they do not always translate their awareness into safe sex practices.⁷Many preventive programs on HIV/AIDS have been organized in national level with the aim of increasing knowledge on disease transmission to overcome misconceptions, bring behavioral change towards safe practices and also reduce the stigma against people living with HIV/AIDS/AIDS. Recent evidence showed that young people are now the epicenter and bear a disproportionate burden of HIV/AIDS pandemic.¹⁵In addition, UN report on survey of 60 countries revealed that young people between 15 and 24 years harbor serious misconceptions about HIV and how it is transmitted.¹⁶In this context, addressing and understanding knowledge and attitude regarding HIV AIDS among the school going children is the critical part to stop the disease transmission through behavior change. Hence, this study aimed at assessing the knowledge and attitude among school students to depict the prior picture in controlling the chain of disease transmission through proper knowledge and attitude here by reducing the inappropriate sexual practices.

II. Materials and Methods

This was a descriptive cross-sectional study consisted of school students studying in grade of 8, 9, and 10 in three selected schools i.e. Shree Birendra Secondary School, Shree Janata Secondary School and Shree Secondary School of Mahottari district. A total 134 students were selected purposively from the selected schools. Pre-tested structured questionnaire was used to collect data regarding knowledge of HIV/AIDS and four point Likert scale was used to measure the attitude toward HIV/AIDS. Prior to data collection, ethical permission was obtained from the Chitwan Medical College Institutional Review Committee (Ref: CMC-IRC/075/O76-146) and administrative permission was taken from the schools administration. Further, informed consent was obtained from the students (≥ 16 years) and guardians of the students (for those who were below 16 years). Data was collected from 26th May 2019 to 7th June, 2019 by researchers themselves using Nepalese version questionnaire. Obtained data were entered and analyzed in IBM SPSS version 20 for window. Descriptive statistics was used for the socio-demographic, knowledge and attitude related variables. Pearson correlation was used to relationship between knowledge and attitude towards HIV/AIDS. Level of confidence was set at p value < 0.05 .

III. Results

Out of 134 students, 53.0% were 15 years and above age group and mean age was 14.49 (1.36) years. Male and female students' ratio was 1:1 and most of the students followed Hindu (97.8%) religion. Majorities of students' fathers were involved in agriculture (79.1%) and mothers were engaged in household work (73.1%)(Table 1).

Table no 1: Socio-demographic Information of the Students

Variables	Frequency	Percentage
n=134		
Age Group		
<15 years	63	47.0
≥ 15 years	71	53.0
Sex		
Male	67	50
Female	67	50
Religion	131	97.8
Hindu	3	2.2
Muslim		
Father's Occupation		
Agriculture	106	79.1
Business	12	9.0
Service	9	6.7
Household work	7	5.2
Mother's Occupation		
Agriculture	29	21.6
Business	3	2.2
Service	3	2.2
Household work	98	73.1
Others	1	0.7

Mean age (SD): 14.49 (1.364) years

Min age: 11 years

Max age: 18 years

As regards knowledge about HIV/AIDS among students, 93.3% of the students said that it is a communicable disease and transmitted to those people with multiple sex partners (82.1%) followed by injectable drug users (67.2%). Majorities of them knew that weight loss (85.5%) and fever (76.9%) are the common symptoms of HIV/AIDS. Regarding mode of transmission, most of the students had knowledge that HIV can be transmitted through sexual intercourse (89.6%), sharing infected needles and syringes (80.6%), infected mothers to their unborn child (79.1%) and infected blood transfusion (76.1%). On prevention of HIV/AIDS, majorities of the students had knowledge on the use of condom during sexual contact (79.1%), blood test before marriage (79.9%), avoiding multiple sex partners (70.9%), staying away from infected person (67.9%) and avoiding sharing needles and syringes (66.4%) (Table 2).

Table no 2: Item Wise Knowledge regarding HIV/AIDS among Students

n=134

Statement	Frequency	Percentage
Nature of disease		
HIV is a communicable diseases	125	93.3
AIDS means late stage of HIV	58	43.2
Risk groups		
Injectable drug users are the risk group	90	67.2
Migrant workers are in risk	69	51.5
Sex workers are the risk group	71	53.0
People with multiple sex partners are at risk	110	82.1
Health workers are risk group	74	55.2
Prisoners are at risk	64	47.0
Transgender are at risk	76	56.7
Sign and symptoms		
Fever is the symptom of HIV	103	76.9
Shortness of breath is symptom of HIV	72	53.7
Rashes on the skin are the symptoms of HIV	87	64.9
Chronic diarrhoea are the symptoms of HIV	78	58.2
Weight loss are the symptoms of HIV	115	85.8
Diagnosis		
Blood test is the diagnostic procedure of HIV/AIDS	101	75.4
HIV is detected in blood after 12 weeks of infection	46	34.3
Mode of transmissions		
HIV can transmitted through sexual intercourse	120	89.6
HIV can be transmitted from infected mother to unborn child	106	79.1
HIV cannot be transmitted from infected sputum	70	52.0
HIV cannot be transmitted from infected person urine	73	54.0
HIV cannot be transmitted from infected person stool	74	55.2
HIV cannot be transmitted from infected person sweat	62	46.3
HIV can be transmitted from infected needles and syringes	108	80.6
HIV can be transmitted from infected blood transfusion	102	76.1
HIV cannot be transmitted from handshaking	57	42.5
Sharing utensil with infected person can transmit HIV	38	28.4
HIV cannot be transmitted sharing clothes with infected person	33	24.6
HIV can be transmitted from infected mothers breast milk	90	67.2
HIV cannot be transmitted from mosquito bite	44	32.8
Sharing toilet with infected person can transmit HIV	63	47.0
Treatment		
Medicine is available for the cure of HIV	62	46.3
HIV medicine is started at the time of pregnancy	60	44.8
HIV medicine is started after opportunistic infections	85	63.4
HIV medicine is started after diagnosis of HIV/AIDS	120	89.6
HIV medicine is taken lifelong once it has been started	68	50.7
Preventive measures		
HIV can be prevented by using condom during sexual contact	106	79.1
HIV can be prevented by doing blood test before marriage	107	79.9
It can be prevented avoiding the multiple sex partner	95	70.9
It cannot be prevented through vaccination	40	29.9
It can be prevented avoiding sharing of needles	89	66.4
It cannot be prevented staying away from infected person	91	67.9

Knowledge was measured using 42 knowledge items where each items rated 0 to 1 score. Total knowledge score was calculated by computing scores of all knowledge items. Then, obtained score was further

classified into two categories based on mean knowledge score (24.49). Nearly half (48.5%) of the students had adequate level of knowledge and more than half (51.5%) of the students had inadequate level of knowledge on HIV/AIDS (Table 3).

Table no 3: Level of Knowledge regarding HIV/AIDS among Students

Level of Knowledge	Frequency	Percentage
Adequate (≥ 24.49)	65	48.5
Inadequate (< 24.49)	69	51.5
Total	134	100

Mean knowledge score: 24.49(3.85)

Possible score: 0-42

As regards to attitude about HIV/AIDS among students, majorities of the students agreed that healthy person can also be affected by HIV/AIDS (81.3%), infected people have right to get treatment from medical doctor (70.9%), person who are involved in multiple sex partners should be worried about getting infected (67.9%), and HIV infected people should continue living with their family members (61.9%). In addition, students showed disagreement on statements like I would infect others if I were a HIV infected (71.6%), HIV/AIDS infected person can live a normal and positive life (68.3%), HIV infected people should commit suicide (66.4%), HIV infected people should feel ashamed of themselves (63.5%), HIV is a punishment from god for bad behaviors (61.9%) and I would dismiss HIV infected maid or employee from the job (58.9%). However, more than half of the students agreed with the negative statements that HIV infected people are threat to society (59.0%), they would have risk of getting infection if they care HIV/AIDS infected person (53.7%), HIV/AIDS infected people deserve to suffer (50.7%), and they would feel uncomfortable if his/her classmates is HIV Infected (50.0%)(Table 4).

Table no 4: Attitude regarding HIV/AIDS among Students

n=132

SN	Statements	SA	A	D	SD
1	HIV is a punishment from god for bad behaviour*	40 (29.9)	11 (8.2)	26 (19.4)	57 (42.5)
2	Person who looks healthy can also affected by HIV/AIDS	57 (42.5)	52 (38.8)	16 (11.9)	9 (6.7)
3	HIV/AIDS infected people can live a normal and positive life	25 (18.7)	17 (12.7)	17 (12.7)	75 (56.0)
4	I would infect others if I were a HIV/AIDS infected people*	20 (14.9)	18 (13.4)	29 (21.6)	67 (50.0)
5	I would hesitate to sit next to an HIV/AIDS infected people*	44 (32.8)	21 (15.7)	23 (17.2)	46 (34.3)
6	People living with HIV/AIDS are threat to society*	45 (33.6)	34 (25.4)	28 (20.9)	27 (20.1)
7	HIV infected people should be allowed to attend social functions	45 (33.6)	27 (20.1)	24 (17.9)	38 (28.4)
8	HIV status should be kept secret within family members*	28 (20.9)	23 (17.2)	33 (24.6)	50 (37.3)
9	HIV infected people should be excluded from the society*	37 (27.6)	26 (19.4)	33 (24.6)	38 (28.4)
10	HIV infected people should continue living with their family members	61 (45.5)	22 (16.4)	29 (21.6)	22 (16.4)
11	I should dismiss HIV infected maid/workers/employee from the job*	30 (22.4)	25 (18.7)	30 (22.4)	49 (36.6)
12	I would stop shopping from a shop if shopkeeper is HIV infected*	41 (30.6)	19 (14.2)	30 (22.4)	44 (32.8)
13	I would feel uncomfortable if my classmate is HIV/AIDS infected *	39 (29.1)	28 (20.9)	27 (20.1)	40 (29.9)
14	I would have risk of getting infection if I care HIV infected people *	46 (34.3)	26(19.4)	22 (16.4)	40 (29.9)
15	Blood donation carries a risk of getting HIV/AIDS for the donor*	39 (29.1)	26 (19.4)	26 (19.4)	43 (32.1)
16	Men/women who have multiple sex partners should worry about getting HIV	68 (50.7)	23 (17.2)	15 (11.2)	28 (20.9)
17	I agree to perform HIV/AIDS test	59 (44.0)	27 (20.1)	28 (20.9)	20 (14.9)
18	HIV infected people have right to get treatment from medical doctor	69 (51.5)	26 (19.4)	16 (11.9)	23 (17.2)
19	HIV infected people should be feel ashamed of themselves*	20 (14.9)	29 (21.6)	21 (15.7)	64 (47.8)
20	HIV/AIDS infected people deserve to suffer*	44 (32.8)	24 (17.9)	25 (18.7)	41 (30.6)
21	HIV/AIDS infected people should commit suicide*	29(21.6)	16 (11.9)	21 (15.7)	68 (50.7)

*Negative Statements: SA-strongly agree (4)

A-agree (3) D-disagree (2)

SA-Strongly disagree (1)

Mean Score (SD) =24.49 (3.85) Min-16 Max-33

Attitude was measured in four point Likert scale and each items rated 0-3 score where higher score indicates positive attitudes in positive statements and scores were reversed in the negative statements. Total scores were calculated computing scores of all items. Then attitude score was classified into two category based on mean value (56.68) where less than half (46.3%) had positive attitude and more than half (53.7%) had negative attitude towards HIV/AIDS (Table 5)

Table no 5: Level of Attitude regarding HIV/AIDS among Students

Level of Attitude	Frequency	Percentage
Positive (≥ 56.68)	62	46.3
Negative (< 56.68)	72	53.7
Total	134	100

Mean (SD): 56.68(± 8.37) Min-42 Max-78 Possible Score: 21-84

There was no relationship found between knowledge score and attitude score of the students studying in Secondary level. This means that whatever the level of knowledge students have, it did not affect their attitude towards HIV/AIDS (Table 6).

Table no 6: Relationship between Knowledge and Attitude regarding HIV/AIDS among Students

Variables	r	p value
Knowledge vs. Attitude score	0.025	0.776

r=Pearson correlation coefficient

IV. Discussion

In this study, nearly half (48.5%) of the students had adequate knowledge and 51.5% had inadequate knowledge on HIV/AIDS. This finding is consistent with the findings of study done by Gurung (2009) in Kathmandu, Nepal which revealed that 57.4% of street teenagers had good knowledge, 25.5% had some knowledge and 16.7% had poor knowledge on HIV/AIDS.¹⁰ Likewise, Dhungel and colleagues showed satisfactory level of knowledge among Nepalese adolescents where 45.8% had prior knowledge of HIV, 65.2% knew that HIV/AIDS could be transmitted by sharing same needle, 46.2% knew that vaccine is not yet available for HIV/AIDS.¹⁷ Further, Mahat and Scoloveno found moderate level of knowledge among Nepalese adolescents but lacked knowledge in the areas of mode of transmission and prevention of HIV/AIDS.¹³

Compared to the reviewed literatures from different parts of the world, our findings are in general consistent with the study finding of Obarisiagbon et al.¹⁸ which showed that more half (61.6%) of the students had good knowledge whereas more than one third (38.4%) had poor level of knowledge on HIV AIDS in Ora Community, Edo State. Further, authors concluded that students needed a more detailed understanding of the disease to prevent stigmatization and discrimination of an infected person. Likewise consistent findings were reported by the previous study done in Cameroon where nearly two thirds (62.5%) of the senior secondary level students had adequate knowledge regarding HIV/AIDS.¹⁹ Further, evidences from Ghana²⁰ and Bangladesh²¹ showed inadequate knowledge regarding HIV/AIDS based on the disease, transmission and preventive methods among young people and secondary school students respectively. However, inconsistent findings was reported by a study conducted in Jackson, Mississippi²² and Kenya²³ where most of the students (97.0%) had good knowledge about HIV/AIDS, while some of the students had misconceptions about HIV infection transmission.²² The difference in findings might be attributed to the fact that extensive awareness campaigns on HIV/AIDS might have been conducted locally, nationally and globally which could have been expected to have increased the HIV and AIDS knowledge of the participants. Similarly previous studies reported that sex education, school based HIV and AIDS programs, electronic media and print media^{24,25} are the main sources of information regarding HIV/AIDS.

In the present study majorities of the students had knowledge about HIV as communicable disease (93.3%) and it can be transmitted through multiple sex partners (82.1%) followed by injectable drug users (67.2%), infected mothers to their unborn child (79.1%), infected blood transfusion (76.1%) and mother's breast milk (67.2%). This finding is in agreement with the study conducted in Nepal among the adolescents who reported HIV to be a sexually transmitted disease and can be transmitted through multiple sex partners and sharing needles.¹⁶ Similarly, a study conducted by Gurung in Nepal reported that majorities of the respondents (95.6%) knew that AIDS could be transmitted through sexual contact followed by infected syringes (90%), blood (83.3%), mothers to baby (61.1%).¹⁰ In addition, a study conducted in Lao Peoples Democratic Republic concluded that majority of high school students were aware that HIV can be transmitted by sexual intercourse (97.7%), from mother to child (88.3%) and through sharing needles or syringes (92.0%).²⁶ Studies in other countries also reported similar results where majorities of students were aware about the transmission of HIV through sharing syringes with drug users, sexual relations without protection, blood transfusion, sexual relationship with multiple partners and mothers to child during pregnancy and delivery.^{18,27,28} Further, study in Cameroon reported that most of the students had excellent and good knowledge i.e. 30.2% and 48.3% respectively on disease transmission.¹⁹

Misconception regarding HIV/AIDS transmission is also prevalent among school students. Majorities of students thought that HIV can be transmitted through mosquito bite (67.2%), sharing, utensil (71.6%), hands

shaking (57.5%), shearing the clothes of an HIV infected person (71.6%), using the same toilet seat with HIV-positive person (53.0%) etc. These findings are consistent with the other studies findings in which nearly half of the respondents incorrectly answer that HIV could be transmitted by eating food in the same plate, drinking from the same glass, wearing the same clothes and sharing a toilet with a PLHIV.^{26,29} Similarly, a study done in Nepal reported that misconception do persist among Nepalese adolescents as they perceived HIV/AIDS can be transmitted through mosquito bite (37%), sharing toilet seats (20%) and sharing utensils(21%).^{10,17} Misconceptions regarding HIV transmission was observed in the studies conducted in different countries in which participants reported that HIV/AIDS can be transmitted through mosquito bites, sharing a meal with an infected person, shaking hands, kissing, hugging, and living in the same house.^{20,27,28,30} Such misunderstanding can bring prejudices among those who have HIV.

Regarding knowledge on preventive measures, majorities of the students had knowledge that use of condoms(79.1%), blood test before marriage (79.9%) and avoiding multiple sex partners (70.9%) can prevent HIV/AIDS whereas, 70.9% had misconception that it can be prevented through vaccination. This finding is almost similar with the previous studies in which majorities of participants reported that condom use during the intercourse (89.3%), remaining faithful to the single partner (80.7%), and blood test before marriage could control HIV transmission.^{19,26,31}

As regard of attitude towards HIV/AIDS, nearly half (46.3%) of the students had positive attitude and 53.7% had negative attitude towards HIV/AIDS patients. This finding is slightly lower than the finding of studies done by Mahat and Scoloveno, Andrew et al. and Gebremedhin and Keane in which most of the adolescents had positive attitude and beliefs towards HIV/AIDS.^{13,22,32} However, study conducted by Thanavanh showed consistent findings with our study in which more than half (55.7%) of students were classified as having a positive attitude towards PLHIV whereas less than half (44.3%) were classified as having a negative attitude toward PLHIV.²⁶ Likewise, a systemic review reported that 49% had positive attitude towards HIV and its transmission among Iranian school students.³³ Similarly, study in Ghana has shown that the majorities of students (58.5%) showed good attitude and less than half showed bad attitude.³⁴

These attitudes, being ambiguous on some points, had a variant attitude toward those living with the disease, indeed, it is disturbing that some of the students still intolerant towards people living with HIV/AIDS believing it is a punishment from God for bad behavior (38.1%), HIV/AIDS patients are threat to the society (59.0%), they would infect people if they had HIV AIDS (28.3%), dismiss their maid/ workers form job if they suffers from HIV(41.1%) and HIV infected people cannot look healthy (18.6%), cannot live normal and positive life (68.6%), there is risk of getting infection if they care infected people(53.7%). However, some students agreed that HIV/AIDS patients should be allowed to attend social functions (53.7%), and continue living with their family members (61.9%). Other studies also reported similar findings in which participants reported that they saw no harm in allowing teachers and students to continue with their jobs or studies while living with HIV.³⁴ Likewise, study in Kinshasa, Congo reported that participants thought that an HIV positive person cannot look healthy, HIV is transmitted by sorcery and it is a God's punishment.³⁵ Inconsistent results was reported in the study done by Nubed and Akoachere which reported that most of the respondent believed of the continuation of the normal activities like school and colleges and willing to take care of the infected person¹⁹ Present study reported variant scores on attitude with regard to keeping a secret within the family where negative attitude was seen to the outmost and this finding is in consistent with the finding stating that students were afraid to tell their classmates and had feared about being ignorant.^{36,37}

It is arguable that some of the positive attitude behaviors exhibited by students in this study may be attributed to good knowledge of HIV/AIDS. To win the fight on HIV infection, it is uttermost important to improve the knowledge and attitudes of the students toward individuals living with the disease. Therefore, this study suggests for a comprehensive approach in eliminating negative attitudes toward HIV/AIDS patients. The use of social media messages to reach targeted young audience son HIV related discrimination and stigmatization prevention should be implemented at various educational institutes. These knowledge gaps, misconceptions and intolerants toward HIV positive patients identified in this study should be addressed immediately in order to win this global fight on HIV/AIDS.

Furthermore, this study suggests that students cannot be considered as homogenous population for which one type of intervention will be effective. Interventional programs for HIV prevention should be prepared in a manner of addressing different issues identified in this study. Limitations of this study was the use of the cross-sectional design that makes it difficult in differentiating cause and effect from the simple association. Finally, an assessment tool for this study was a self-administered questionnaire, which may create bias considering the sensitive nature of this disease as young people may be reluctant providing sincere information about sexual behaviors. Hence, future studies that investigate all these possible constraints (practice) could greatly help to improve our understanding of HIV transmission especially among young people.

V. Conclusions

Nearly half of the students have adequate knowledge and positive attitude towards HIV/AIDS. Students have higher knowledge on communicable nature of disease, multiple sex partner as risk group, fever and weight loss as common symptoms and common mode of transmission such as sexual intercourse, infected mothers to unborn baby, blood transfusion and sharing needle and syringes their knowledge was lower in detection of HIV in blood after infection and vaccination could not prevent HIV infection. Still more than half have inadequate knowledge and negative attitudes towards HIV/AIDS. Observed misconceptions about HIV transmission, risky behaviors and discriminatory attitudes among the students call for concern and need for interventions to increase knowledge, positive attitude and corrections of misconceptions regarding the topics. Sex education implemented in schools should be strengthened to correct the misconceptions, encourage safe practices and positive attitudes towards HIV/AIDS people in Nepal.

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