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# Knowledge on Unsafe Sex Behavior Among the Bachelor Level Students in Biratnagar Metropolitan City, Nepal

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## Abstract

The study examined bachelor's level students' knowledge on unsafe sex behavior at the Koshi Management Campus in Biratnagar Metropolitan City. 50 students were selected as the sampling size with 68 % and 32 % male and female respectively. Among them 64 % were fully satisfied with the provided information on the unsafe sex practices and rest one were not**;** while 10% respondents stated that having multiple sex partners was considered unsafe sex. On impact part of unsafe sex, teenage pregnancies 22% pregnancies, Gonorrhea, Syphilis with HIV/AIDS combined 62 % were aware of the impact of the unsafe sex practices; little knowledge on unsafe sex practices pose significant threats to public health. The research identified, there are difficulties to obtain information due to social stigma and cultural norms. This study found that students at the bachelor's level had some prior knowledge about how to prevent unsafe sexual behavior, but not enough to prevent risky sexual behavior. To reduce STDS/HIV, Hepatitis B, and other related STDs, correct knowledge and practice of safe sex behavior are crucial. IEC materials should be made available to improve unsafe sex practices among the adult population of the students.

**Key words**: Multiple sex partners; Sex Worker; Teenager; Unsafe sex

**Declaration:** There is no conflict of interest and all ethical norms have considered during the process of research.

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## Introduction

Nepal has been lagging behind in providing sexuality education to the younger generation. As per the census conducted on 2020, the total population from the age of 16-40, known as youth are 1241217, likewise 10 to 19 years of age groups were found 58,76269 (NSO, 2021). These sector of the population inquisitive about their body and their growth. "They are also becoming sexually mature, which involves more than physical changes. They are also developing new feelings about their bodies, sexuality, and intimate relationships" (UMN, 2023). During these are the youth need more guidance in the sexuality education. 'Puberty changes, the brain start to release in girls ovaries and boys testes, it usually occurs around the 10-11 years for girls and around 10-12 years for boys, but may occur a bit earlier to the both sexes; it should be taken as normal' (Raisingchildren.net.au, 2021). "There are different age on sexuality education and found different approach in different part of the world; in Eastern part of the world, it has been since the early age known as Vedic age, like wise every faith have their own view on sex education and followed rules accordingly" (N.Rijal;A. Pandey; A. Parajuli & D.Gurung, 2023). Different countries have started sex education 'European Countries such as Sweden, Norway, and the Netherlands, with long-standing sexuality education programs in schools and these have started sexuality education almost 50 years before' (UNESCO, 2023). "The availability of comprehensive sexuality education in schools is not standardized because it remains optional and the quality of teaching across schools that do provide lessons, varies" (Hong, 2023) "Currently, SRH education in Nepal is focused at secondary level (grades 9-10) students aged 14-15 under the Health, Population and Environment (HPE) subject. However, mass-media often report that many Nepali adolescents hesitate to talk and ask questions about SRH issues in the classroom. As these issues are not openly discussed, adolescents may not get support to obtain SRH information at home either (Dev. R Acharya; Malcolm Thomas; Rosemary Cann &Pramod Regmi., 2019)" 'The number of HIV-positive young people in the country is rising. Because of their imperfect social, emotional, and psychological development, they frequently engage in risky behavior without realizing it. Truth be told, high-risk sex is many times part of the bigger standards of conduct of youth. "Parents in developing nations like ours, particularly in rural areas, are frequently less educated than their children and are concerned about their children's lack of knowledge when it comes to discussing on sexuality.

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Particularly in cultures where marriage is valued and a woman's status is dependent on finding a husband and having children, young women may intentionally engage in risky sexual practices. Unprotected sex can increase a sick young woman's likelihood of marriage. "HIV in the semen is located in the mononuclear cell fraction, which contains CD4 lymphocytes and monocytes/macrophages, i.e. the classic HIV host cells. In addition, HIV is also present in cell-free seminal fluid" (Wolff, H., & Anderson, D. J. , 1989.)

"The country's HIV epidemic is mainly concentrated among Female Sex Workers (FSWs), Male Sex Workers, Transgender and their Clients (MTCs) and Injecting Drug Users (IDUs), who form the most vulnerable or Most-at-Risk Population groups (MARPs)" (UNODC, 2012).

HIV transmission through unprotected sex is two to four times more likely among women than among men. During vaginal intercourse, females expose a greater portion of the reproductive tract, increasing the likelihood of male-to-female transmission. "sexually transmitted diseases, genital infections, and contraceptive use, we found that the efficiency of male-to-female transmission was 2.3 (95% confidence interval = 1.1–4.8) times greater than that of female-to-male transmission" (Nicolas, Alfredo; Corrêa Leit;, Maria Léa; Musicco, Massimo ; Arid, Claudio; Gavazzeni, Giovanna; & Lazzarin, Adriano;, 1994)

## Problems

Women are two to four times more likely to contract HIV than men during unprotected sex. Young married couple has a challenge to have protective sex, since they may not like it as well as to the same sex marriage. "Nepal's Constitution passed in 2015 specifically includes the right of women to not be subjected to violence, including sexual violence, as a fundamental right. On this basis improved the overall legislative framework applicable to sexual violence cases including 'the new National Penal Code introduced in 2017' (Eqaulity, 2021). The most common sexual risk behavior was recent sexual activity (49.3%) followed by multiple sexual partners (5.5%) and premarital sex (5.2%)" (Sumina Oli;, Dikshika Bhandari; & Sampurna Kakchapati, 2021). The problem among the youth increasing premarital sexual activities without having proper knowledge of its consequences including teenage pregnancy, HIV / AIDS and other STD.

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## Objectives

1. Find out the knowledge on unsafe sex behavior and to analyze the knowledge on transmission of diseases due to unsafe sex |
2. Evaluate knowledge of the people on the sources, consequences of unsafe sex among the diploma Level of Studies in Biratnagar Metropolitan city.

## Literature Review

Report articles, documents from pop line and midline searches, and other related literature from both research and non-research areas are the subject of this chapter's review. The purpose of the literature review was to determine which aspects of the study needed to be included or to conform to previous findings, as well as which data might be useful for interpreting the study's discussion. Although numerous studies have assessed adolescents' knowledge of family planning, HIV/AIDS, and sex education, this study focused on students' unsafe sex knowledge practices, necessitating a literature review of related topics and themes

CREHPA (2001), Nepal, carried out a study on the sexual risk behavior and risk perception of unintended pregnancies and sexually transmitted diseases among young factory workers in Nepal. 'The study's primary goals included documenting and evaluating the extent of sexual and reproductive health risk behaviors among young factory workers (aged 14 to 19). 550 girls and 500 boys in the Kathmandu Valley's carpet and garment factories were the subjects of the study. Boys are slightly older than girls on average, with a mean age of 17.84 years for boys and 17.14 years for girls. A huge extent of respondents have a place with the Tamang ethnic gathering who are quite possibly of the most monetarily hindered bunch in the country. Rape and sexual assault are common occurrences among young workers. One in ten girls (11 percent) said that their friends had been raped. It is surprising to note that 22% of the 550 girls interviewed admitted to having been raped at some point in their lives. In the majority of cases, boys from the village and their close relatives had raped the girls (CREHPA, 2001)'

A study was conducted on Married women to identify the STI (2018); It was 'found 250 women had at least one STI, including HPV, resulting in an overall prevalence of 17.5%; Eighty-two (5.7%) of these had a curable STI. The prevalence of trichomoniasis and *C. trachomatis* infection was 5.4% and 0.8%,
respectively. 14.3% had HPV infection.

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Seven samples tested initially positive for HBsAg, but only four of these were confirmed in the neutralization test, giving a prevalence of HBV infection of 0.3%. Three samples with a positive primary test result for syphilis had titers from 640->20 000 in the TPPA-test. One sample had a RPR-titer of >32 and positive IgM-test, indicating recent infection, while the two other samples had a titer of 1-2, with negative IgM-test, indicating later stage of disease or previous infection. Altogether, the prevalence of syphilis was 0.2%. *N. gonorrhea* was not detected in any of the women, neither by culture nor PCR analysis, and none were found to have HIV infection. Nine women had more than one STI; five had *C. trachomatis* and HPV infection, two had trichomoniasis, *C. trachomatis,* and HPV infection, one had trichomoniasis and HBV infection, and one woman had syphilis and infection with different HPV genotypes' (Solveig Thingulstad; Unni Syversen; Svein Arne Nordbø; Surendra Madhup;Krista Vaidya ; Biraj Man Karmacharya,;Bjørn Olav Åsvold,and Jan Egil Afset, 2018; NSO, 2021).

A study was conducted on Eastern India on (2018) by Somenath Sarkar & et.al on Pattern of sexually transmitted infections: A profile from a rural- and tribal-based sexually transmitted infections clinic of a tertiary care hospital of Eastern India". The study found out that "Tribal population among STI clinic attendees was 75.6% (2491 patients of 3295) whom were diagnosed to have STIs. Among patients with STI, 63.5% (1582/2491) were males, 36.33 (905/2491) were females, and 0.16 (4/2491) were transgender with a sex ratio of 1:1.71. The age of patients with STI ranged from 16 to 62 years with a mean of 36.12 years. The majority of patients with STI belonged to age group 20–30 years (45.84%, 1142/2491) followed by 30-40 years (30.14%, 751/2491), 10–20 years (8.63%, 215/2491), 40–50 years (8.10%, 202/2491), 50–60 years (4.09%, 102/2491), and the remaining (3.17%, 79/2491)" (Somenath Sarkar; Aparesh Chandra Patra; P. Srinivas; Arghyaprasun Ghosh; Ganesh Kushbaha; and Supratim Saha, 2018 ).

A study was conducted by Sharma, Machel JZ studied on unsafe sexual behavior among Mozambican schoolgirls in May 2001. 'This study aims to determine whether the spread of HIV is caused by socioeconomic factors, patriarchal beliefs and mores, or both, and the reasons why young women between the ages of 14 and 20 in Maputo, Mozambique, were engaging in risky sexual behavior.

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It is based on in-depth interviews and questionnaires with 182 girls from two secondary schools in Maputo, one for middle-class students and the other for working-class students. Despite the fact that gender dynamics favor women in general, the findings indicate that middle-class young women had fewer sexual partners, used condoms more frequently, appeared willing to challenge gender norms, and were more assertive than their working-class counterparts, putting them at a potential advantage in sexual negotiation. Young women from the working class, for whom gender and class were intertwined, were more open to gender power imbalances, less assertive, and more likely to rely on their partners for material needs, making them less able to negotiate safe sexual behavior and making them more vulnerable (JZ, 2001)'

J. Green & et.al. (2000) studied on Determinants of unsafe sex in women. The objective of the study was to find out what factors influence women having sex with a new partner to use condoms and engage in unsafe behavior. The study included 100 women who went to either a family planning clinic or a genitourinary medicine (GUM) clinic. The women were asked about their last three new male partners, including how the relationship started and progressed, if any. The majority of the data analysis was qualitative, with some quantitative analysis carried out when necessary. The woman's perception of her partner's risks was the most frequently cited factor in condom use for prevention. The individual's generalized estimation of the risks of contracting sexually transmitted diseases has been the focus of risky sexual behavior models. Risky sexual behavior is poorly predicted by the existing models' (J Green ;N Fulop; & A Kocsis;, 2000)

## Methods

None experimental, Descriptive, Quantitative research design have applied in this study. Study population: Bachelor 1st year students of koshi management campus Biratnagar.

Sample size: sample 50 respondents. Sampling technique: Purposive sampling will be applied. Data collection: Pretested Questionnaire were distributed among the chosen sample. Data collection instrument: Pretested questionnaire. Site selection: Due to following reasons. All ethical norms ware considered prior to data collection.

## Findings

## Data Analysis and Interpretation

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**Distribution of respondents by type of family**

*Table 4 Type of family of the respondents*

| S.N. | Family types | Percentage |
|---|---|---|
| 1. | Joint | 20 |
| 2. | Nuclear | 80 |
| | Total | 100 |

Source: Primary data

Table no. 4 showed that 80% respondents were living with Nuclear family and only 20% respondents were found live with their joint family.

**Distribution of respondents by Known disease transmitted by unsafe sex**

*Table 5 Known of disease transmitted by unsafe sex*

| S.N. | Responses | Frequency | Percentage |
|---|---|---|---|
| 1. | Yes | 50 | 100 |
| 2. | No | 0 | 0 |
| | Total | 50 | 100 |

Source: Primary Data

Table no 5 showed that all 50 (100%) respondents agreed that sexually transmitted diseases were transmitted through unsafe sex. None of respondents were found unknown to diseases transmission by unsafe sex.

**Distribution of respondent's satisfaction on provided knowledge in unsafe sex by the academic educational system.**

*Table 6: : Satisfaction on Effectiveness in delivered information on unsafe sex by the academics*

| Responses | Frequency | Percentage |
|---|---|---|
| Yes | 32 | 64 |
| No | 18 | 36 |
| Total | 50 | 100 |

Source: Primary Data

Table No 6 showed the distribution of respondents by satisfaction on knowledge on unsafe sex practice through academic education. In this regards majority 64% respondents did not satisfy with their having knowledge of unsafe sex through academic education. Only 36% respondents agreed with their own academic education about knowledge on unsafe sex practice.

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## Findings : Data Analysis and Interpretation

### Demographic analysis: Age of the respondents.

Table 1: Demographic analysis with age of the respondents.

| S.N. | Age | Frequency | Percentage |
|---|---|---|---|
| 1 | 17 | 3 | 6 |
| 2 | 18 | 9 | 18 |
| 3 | 19 | 18 | 36 |
| 4 | 20 | 6 | 12 |
| 5 | 21 | 8 | 16 |
| 6 | 22 | 4 | 8 |
| 7 | 23 | 2 | 4 |
| | Total | 50 | 100 |

Mean age: 20

Table no. 1. Showed that out of 50 respondents, 36% age of 19, 18% age of 18, 16% age of 21, highest age was 23 with 4 % and followed by 22 with 8% and lowest age was 17 with 6 % and these groups are regarded vulnerable groups specially on sexual matters.

### Distribution of respondents by main source of family income

**Table 2: Main source of family income.**

**Table 2** showed main source of family income, 56% respondents had agriculture was main source of family income. Similarly 26% and 18% Respondents had main source of family income were official job and business respectively.

| S.N. | Jobs | Percentage |
|---|---|---|
| 1. | Agriculture | 56 |
| 2. | Official | 26 |
| 3. | Business | 18 |
| | Total | 100 |

### Distribution of respondents by sex

Table 3 : Gender analysis of the respondents

Table no. 3 showed that out of 50, majority (68%) respondents were male and whereas only 32% respondents were female.

| S.N. | Sex | Percentage |
|---|---|---|
| 1. | Male | 68 |
| 2. | Female | 32 |
| | Total | 100 |

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**Respondents involved in open discussion about unsafe sex practice in the family member**

*Table 7: Discussion on unsafe sex in the family*

| S.N. | Responses | Frequency | Percentage |
|---|---|---|---|
| 1. | Yes | 23 | 46 |
| 2. | No | 27 | 54 |
| | Total | 50 | 100 |

Source: Primary Data

Above figure no 5 shows majority (54%) respondents answered that they did not take part in open discussion to get knowledge on unsafe sex practice. Whereas 46% respondents answered that they had involved themselves in open discussion to get knowledge on unsafe sex practice in family.

**Respondents involved in open discussion about unsafe sex with friends.**

*Table 8: Unsafe sex Discussion among the friends*

| S.N. | Responses | Frequency | Percentage |
|---|---|---|---|
| 1. | Yes | 40 | 80 |
| 2. | No | 10 | 20 |
| | Total | 50 | 100 |

Source: Primary Data

Above Table no. 8 shows majority (80%) respondents mentioned that they discussed Above figure with about unsafe sex practice. Whereas 20% respondents answered that they did not discuss with their friends due to hesitation.

**Distribution of respondent's knowledge about meaning of unsafe**

*Table 9: Understanding the meaning of unsafe sex.*

| S.N. | Responses | Nos | Percentage |
|---|---|---|---|
| 1. | Having multiple sex without using condom | 15 | 30 |
| 2. | Having multiple sex partners, having sex without using condom | 5 | 10 |
| 3. | Having sex without using condom, having sexual contact with unknown person. | 5 | 10 |

Source: Primary Data ( Table continue to next page )

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| S.N. | Responses | Nos | % |
|---|---|---|---|
| 4. | Having multiple sex partners, having sex without using condom, having sexual contact with unknown person. | 4 | 8 |
| 5. | Having multiple sex partners, rape, having sex without using condom, having sexual contact with unknown person. | 4 | 8 |
| 6. | Having multiple sex partners, having sexual contact with unknown persons. | 3 | 6 |
| 7. | Rape, Having, sex partners, having sexual contact with unknown person | 3 | 6 |
| 8. | Having multiple sex partners | 2 | 4 |
| 9. | Having sexual contact with unknown person | 2 | 4 |
| 10. | Having multiple sex partners, rape, having sex without suing condom | 2 | 4 |
| 11. | Rape, Having sex without using condom, having sexual contact with unknown person. | 2 | 4 |
| 12. | Rape | 1 | 2 |
| 13. | Having multiple sex partners, rape | 1 | 2 |
| 14. | Rape, having sexual contact with unknown person. | 1 | 2 |
| | Total | 50 | 100 |

*Source: primary data*

Table no 10 showed that 15(30%) respondents mentioned their views on meaning of unsafe sex was having sex without using condom, 5(10%) respondents answered their views on meaning of unsafe sex was having multiple sex partner, having sex without using condom, similarly 5(10%), 4(8%) and 1(2%) respondents answered that having sex without using condom, having sexual contact with unknown person, having multiple sex partner, rape, having sex without using condom, having sexual contact with unknown person and having multiple sex partner, rape respectively.

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**Distribution of respondents' knowledge according to meaning of safe sex practice.**

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**Distribution of respondent's knowledge on disease transmitted by unsafe sex**

*Table 11: Knowledge on Disease spread by unsafe sex*

| S.N. | Content | Number | Percentage |
|---|---|---|---|
| 1. | HIV/AIDS | 15 | 30 |
| 2. | Gonorrhea, HIV/AIDS | 10 | 20 |
| 3. | Syphilis, HIV/AIDS | 6 | 12 |
| 4. | Gonorrhea, HIV/AIDS, Hepatitis B | 5 | 10 |
| 5. | Hepatitis B | 2 | 4 |
| 6. | Syphilis, HIV/AIDS, Trichomoniasis, Chlamydia | 2 | 4 |
| 7. | Syphilis, HIV/AIDS, Hepatitis B | 2 | 4 |
| 8. | Gonorrhea, HIV/AIDS, Trichomoniasis | 1 | 2 |
| 9. | HIV/AIDS, Hepatitis B | 1 | 2 |
| 10. | Gonorrhea, Syphilis, HIV/AIDS, Trichomoniasis, Chlamydia | 1 | 2 |
| 11. | Gonorrhea, Syphilis, HIV/AIDS, Hepatitis B | 1 | 2 |
| 12. | Gonorrhea, Syphilis, Hepatitis B, Chlamydia | 1 | 2 |
| 13. | Gonorrhea, Syphilis, HIV/AIDS, Trichomoniasis, | 1 | 2 |
| 14. | Gonorrhea, Syphilis, HIV/AIDS, | 2 | 4 |
| | Total | 50 | 100 |

Source: Primary Data

Table no 11 showed that 15(30%) respondents mentioned that HIV/AIDS could transmit through unsafe sex practice. on the other hand 10(20%) respondents answered that's the disease gonorrhea, HIV/AIDS could transmit through unsafe sex practice, similarly 6(12%), 1(2%) respondents answered that the disease syphilis, HIV/AIDS and gonorrhea, syphilis, HIV/AIDS, hepatitis B could transmit through unsafe sex practice respectively the respondents also answered other disease name as mentioned above.

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## Distribution of respondent's knowledge on risks to be exposed in unsafe sex

Table 12 Knowledge on risk to be exposed in unsafe sex

| S.N. | Responses | Nos. | Percentage |
|---|---|---|---|
| 1. | Teenager | 6 | 12 |
| 2. | Sex Workers | 6 | 12 |
| 3. | Teenager, sex worker | 5 | 10 |
| 4. | Teenager, unmarried young, drug user/drunkards, sex worker | 4 | 8 |
| 5. | Drug user/drunkards | 3 | 6 |
| 6. | Lover, teenager, unmarried young | 3 | 6 |
| 7. | Long route heavy driver | 2 | 4 |
| 8. | Lover teenager, unmarried young, sex worker | 2 | 4 |
| 9. | Lover, teenager | 2 | 4 |
| 10. | Long route heavy driver, drug user/drunkards, sex worker | 1 | 2 |
| 11. | Teenager, drug user/drunkards | 2 | 4 |
| 12. | Long route heavy driver, drug user/drunkards, sex worker | 1 | 2 |
| 13. | Teenager, long route heavy driver, unmarried young | 1 | 2 |
| 14. | Long route heavy driver, unmarried young, sex worker | 1 | 2 |
| 15. | Drug user/drunkards, sex workers | 1 | 2 |
| 16. | Teenager, unmarried young | 1 | 2 |
| 17. | Lover, teenager, long route heavy driver, unmarried young, drug users/drunkards, sex workers | 1 | 2 |
| 18. | Teenager, unmarried young, sex workers | 1 | 2 |
| 19. | Teenager, unmarried young, drug users/drunkards | 1 | 2 |
| 20. | Unmarried young, drug users/drunkards, sex worker | 1 | 2 |
| 21. | Lover, teenager, drug users/drunkards | 1 | 2 |
| 22. | Lover, unmarried young | 1 | 2 |
| 23. | Lover, teenager, long route heavy driver, sex workers | 1 | 2 |
| 24. | Long route heavy driver, sex workers | 1 | 2 |
| | Total | 50 | 100 |

Source: Primary Data

The table 12 showed that 6(12%) respondent's mentioned the teenager were at risk to expose on unsafe sex and followed by 6(12%) respondent's mentioned sex were at risk to expose on unsafe sex similarly 5(10%), 4(8%), 1(2%) respondents mentioned that teenager, sex worker, teenager, unmarried young, drug user/ drunkards, sex workers and drug user/ drunkards, sex workers were also at risk to expose on unsafe sex respectively

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**Distribution of respondent's knowledge on effect of unsafe sex.**

*Table 13 Effect of unsafe sex.*

| S.N. | Responses | Number | Percent |
|---|---|---|---|
| 1. | Health | 11 | 22 |
| 2. | Health, social, moral, personality | 10 | 20 |
| 3. | Health, Social personality | 8 | 16 |
| 4. | Health, Social | 5 | 10 |
| 5. | Health, Social, Moral | 5 | 10 |
| 6. | Health, Moral | 4 | 8 |
| 7. | Social | 3 | 6 |
| 8. | Moral | 1 | 2 |
| 9. | Health, Moral, Personality | 1 | 2 |
| 10. | Health, personality | 1 | 2 |
| 11. | Social, personality | 1 | 2 |
| | Total | 50 | 100 |

Source: Primary Data

Table no. 13shows that 11 (22%) respondents mentioned that unsafe sex practice causes to help problem on the other hand 10(20%) respondents expressed their views on unsafe sex practice effect health, social environment, moral, personality Similarly 8(16%), 1(2%) respondents responded unsafe sex practice cause health, socio environment, personality and health, personality respectively.

**Distribution of respondents on consequences of unsafe sex**

*Table 14: Consequences of unsafe sex.*

| S.N. | Content | Number | Percent |
|---|---|---|---|
| 1. | Unwanted pregnancies | 11 | 22 |
| 2. | Unwanted pregnancies, STDs | 11 | 22 |
| 3. | Unwanted pregnancies, unsafe abortion | 9 | 18 |
| 4. | STDs | 6 | 12 |
| 5. | Unwanted pregnancies, unsafe abortion, STDs | 4 | 8 |
| 6. | Cancer | 2 | 4 |
| 7. | Unsafe abortion | 2 | 4 |
| 8. | Unwanted pregnancies, caner | 1 | 2 |
| 9. | Unsafe abortion, Caner | 1 | 2 |
| 10. | Unsafe abortion, STDs, | 1 | 2 |
| 11. | Unwanted pregnancies, unsafe abortion, STDs cancer | 1 | 2 |
| 12. | Unwanted pregnancies, unsafe abortion, cancer | 1 | 2 |
| | Total | 50 | 100 |

*Source : Primary Data*

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Table no 14 shows that 11(%) respondents mentioned that unwanted pregnancies occurred as consequences of unsafe sex practice on the other hand 11(20%) respondents mentioned that unwanted pregnancies STDs, occurred as the consequence of unsafe sex practice, similarly 9(18%), 6 (12%) and 1(2%) respondents mentioned that unwanted pregnancies, unsafe abortion, STDs, and unsafe abortion. cancer occurred as the consequences unsafe sex practice respectively.

**Distribution of respondent's knowledge on victimized by unsafe sex**

*Table 15: Victimized by unsafe sex*

| S.N. | Content | Number | Percentage |
|---|---|---|---|
| 1. | Both | 20 | 40 |
| 2. | Domestic female worker, lower officer female assistant | 6 | 12 |
| 3. | Lower official male assistant | 3 | 6 |
| 4. | Domestic female worker | 4 | 8 |
| 5. | Lower officer female assistant, lower officer male assistant | 3 | 6 |
| 6. | Domestic female worker, lower officer male assistant | 2 | 4 |
| 7. | Lower officer female assistant, domestic male worker | 2 | 4 |
| 8. | Domestic male worker | 1 | 2 |
| 9. | Domestic female worker, lower officer female assistant, domestic male worker, lower officer male assistant | 1 | 2 |
| 10. | Domestic female worker, lower officer male assistant, both | 1 | 2 |
| 11. | Domestic male worker, lower officer male assistant | 1 | 2 |
| 12. | Domestic female worker, lower officer male assistant, lower officer male assistant | 1 | 2 |
| 13. | Domestic female worker, lower officer female assistant, both | 1 | 2 |
| 14. | Lower officer female assistant, both | 1 | 2 |
| 15. | Domestic female worker, domestic male worker | 1 | 2 |
| | Total | 50 | 100 |

Source: Primary Data

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Table no 15 show that distribution of respondent's knowledge on victimized of unsafe sex practice in community. In this regards 20 (40%) respondents mentioned that both, usually victimized by unsafe sex practice. similarly 6(12%), 5 (10%) and 1(2%) respondents mentioned that domestic female worker, lower officer female worker, lower officer female assistant and domestic male worker victimized by unsafe sex practice respectively.

**Distribution of respondent's knowledge on reducing of unsafe sex**

*Table 16: Knowledge on reducing on unsafe sex.*

*Source: primary data*

| S.N. | Content | Number | Percent |
|---|---|---|---|
| 1. | Maintain law and order, condom promotion | 11 | 22 |
| 2. | Condom promotion, community participation | 11 | 22 |
| 3. | Condom promotion | 9 | 18 |
| 4. | Maintain law and order, condom promotion, community participation | 8 | 16 |
| 5. | Maintain law and order | 6 | 12 |
| 6. | Community participation | 3 | 6 |
| 7. | Maintain law and order, community participation, political commitment | 1 | 2 |
| 8. | Maintain law and order community participation | 1 | 2 |
| | Total | 50 | 100 |

Table no 16 shows that 11(22%) respondents mentioned that maintain law and order, condom promotion were the ways of reduce incidence of unsafe sex practice. Similarly 11(22%), 9 (18%), 6 (12%) and 1(2%) respondents mentioned that condom promotion, community participation, condom promotion, maintain law & order and maintain law & order, community participation were the ways of reducing incidence of unsafe sex practice respectively.

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**Distribution of respondent's sources of information of knowledge on unsafe sex**

*Table 17: Source of information on unsafe sex.*

Table no 17 shows that 9(18%) respondents mentioned that their main source of information were radio, TV, teachers, peer group, magazine. Similarly,9(18%). (12%) (8%) and 1(2%) respondents mentioned that they get knowledge of information on unsafe sex practice by radio, TV, magazine, radio, TV, radio, TV, teachers and TV respectively.

| S.N. | Content | Number | Percentage |
|---|---|---|---|
| 1. | Radio, TV magazine | 9 | 18 |
| 2. | Radio, TV, teacher, peer group, magazine | 9 | 18 |
| 3. | Radio, TV, teacher, magazine | 7 | 14 |
| 4. | Radio, TV | 6 | 12 |
| 5. | Radio, TV, peer group magazine | 5 | 10 |
| 6. | Radio, TV, teachers | 4 | 8 |
| 7. | TV | 1 | 2 |
| 8. | Radio, Teacher | 1 | 2 |
| 9. | TV, peer group | 1 | 2 |
| 10. | Radio, TV, peer group | 1 | 2 |
| 11. | Radio, Teachers, magazine | 1 | 2 |
| 12. | TV, Teachers, peer group | 1 | 2 |
| 13. | Radio, Teachers, peer group | 1 | 2 |
| 14. | Radio, TV, teachers, peer group | 1 | 2 |
| 15. | TV, Magazine | 2 | 4 |
| | Total | 50 | 100 |

Source: Primary Data

**Respondents according to their level of knowledge on unsafe sex practice**

*Table 18: Level of Knowledge on unsafe sex*

| S.N | Level of Knowledge | Respondents Knowledge | | |
|---|---|---|---|---|
| | | Number | Percentage | Mean Value |
| 1 | Adequate Knowledge >75% | 1 | 2% | 18 |
| 2 | Moderate Knowledge >50% -75% | 24 | 48% | 14.14 |
| 3 | Inadequate Knowledge <50% | 25 | 50% | 9.82 |

*Source: primary data*

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**Note: Scoring criteria was set as total knowledge questions on unsafe sex behavior were 10. Among them 1.0 mark was provided for single response question and 0.5 marks for multiple response.**

The Table 18 showed that among 50 respondents only 2% had adequate knowledge about unsafe sex behavior, 48 % had moderate knowledge and 50% respondents had adequate knowledge.

**Discussion and Findings**

Consequences of unsafe sex practices are many. However, the exact picture of unsafe sex practice data of Nepal is not known. But it seems to be quite high in our society due to different following causes as poverty, illiteracy, ignorance and the incidence of unsafe sex are likely high in city areas than urban areas. The study carried out among the 50s respondents of bachelor level students of Koshi management campus Biratnagar, in among the age of 17to 23 years. All respondents were young and unmarried. They were very much cooperated and interested to learn knowledge on prevention of unsafe sex practice. Out of 50 respondents, 36% were age of 19, similarly 18% respondents were age of 18, others 16 % were age of 21 on the other hand rest of the respondents were represented from other age stream. Throughout history, societies have dealt with the problem of premarital sex and illegitimacy by strictly supervising young people so that sexual activity does not begin until marriage (WHO, 1993). Although premarital sex is socially unacceptable in Nepal, on the other hand unsafe practice also causes several personal and social problems in our society. The study has shown that the proportions of knowledge on unsafe practice of students studying in graduation are quite high. Our social attitudes are not clearly favor of premarital sex and unsafe sex but unsafe practices have been encountered in our society. Unmarried boys are more likely than girls to approve of premarital unsafe sexual relations for themselves but not for girls. Unmarried boys are far more likely to be sexually active than girls and to have multiple partners.

However, unmarried young women are vulnerable to unintended pregnancy and sexually transmitted infections. They are also unlikely to have decision-making power in their sexual relationships. Sexual awareness seems to be largely superficial. Most of the unmarried young have sexually experienced in their periphery of surrounding community setting.

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On the one hand, the parents of young girls try to prevent them from being friendly with boys, on the other hand, they often go unaccompanied to work on the office, fields and to fetch firewood in the forest. It is especially in such situations and places that they reported exposure to unsafe sexual opportunities and encounters with possible sex partners either intentionally or unintentionally. Use of contraception was very low in those sexual experiences. A substantial number of respondents reported that most of female worker were victimized from their partner, as the main reason of unsafe sex was pressure of partner. In this study it was found that 22 % respondents opined that incidence of unsafe practice could be reduced by maintaining law and order and condom promotion. In one article Kaldmae P (2000) mentioned that prevention among the young people continuous, as they need. Although we expect exposure to mass media would significant effect on knowledge of unsafe sex practice, an earlier study conducted by Rahaman 2001) reported that most of the respondents learned from their colleagues. A study in Tanzania determined that provision of training resulted 40% reduction in incidence of HIV. The results of present study further confirmed the relationship between exposure to mass media (TV, Radio and Newspapers) and others colleagues and teacher can increase the knowledge on unsafe sex practice.

Regarding the modes of transmission (30%) respondents mentioned that HIV/AIDS could transmit through unsafe sex practice followed by 10(20%) respondents answered that's the disease gonorrhea; HIV/AIDS could transmit through unsafe sex practice. Above figure no 5 shows majority (54%) respondents answered that they did not take part in open discussion to get knowledge on unsafe sex practice. Whereas 46% respondents answered that they had involved themselves in open discussion to get knowledge on unsafe sex practice in family.

Another unexpected result was found that the relationship between unsafe sex knowledge and open discussion. People of 21 century are involved elsewhere in unsafe sex practice. The result of the present study contradicts with norms of these trends.

**Conclusion**

An in-depth examination of bachelor's level students' knowledge of unsafe sex behavior has been carried out on a limited scale. The study's goal was to find out how much students at the Koshi management campus in Biratnagar Metropolitan already knew about dangerous sex behavior. The study's methodology was descriptive.

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In the classroom, a pre-tested self-administration questionnaire was distributed to each student at once to collect data. Literature review and consultation with experts and concerned teachers were used to maintain the validity of the data collection tools. In order to ensure the instrument's reliability, pre-testing was carried out on 10% of a similar population on the Mahendra Morang campus in Biratnagar. Using the non-probability convenience sampling method, 50 students were selected as the sample size. Gathered information were coded and recoded and investigated by utilizing PCs based delicate product SPSS-12.0 variant. The students' knowledge of unsafe sex behavior was assessed through the various categories of questions. Only 1% of respondents were aware of having multiple sex partners and rape, while 8 (16%) of respondents stated that correct condom use was the definition of safe sex. However, 15 (30%) of respondents stated that having sex with an unknown person without using a condom was unsafe sex behavior. In a similar vein, 6 out of 12 respondents stated that a sexual relationship with a trustworthy partner represented safe sex practice. Also, few 1(2%) respondents replied about sexual relationship with unwavering accomplice, diminishing sexual accomplice as the importance of safe sex practice. 15 respondents (or 30%) stated that unsafe sex practices could spread HIV/AIDS, 11 respondents (or 22%) stated that unsafe sex practices resulted in unwanted pregnancies, and a small number of respondents (or 2%) stated that unsafe abortions and cancers resulted from unsafe sex practices. The findings of the study indicate that the respondents have some knowledge of sexuality and that the majority of them have a positive attitude toward sexuality.

Currently, unsafe sex practices pose significant threats to public health in both developed and developing nations. However, it is difficult to obtain information regarding the rising prevalence of unsafe sexual behavior, particularly in many developing nations. Due to our existing social stigma and other religious and cultural norms, it is believed that many reports significantly underestimate the prevalence of unsafe sex practices in our society. However, the prevalence of unsafe behaviors tends to be higher in urban areas, particularly among young adults and single individuals. This study demonstrates that students at the bachelor's level had some prior knowledge about how to prevent unsafe sexual behavior, but not enough to prevent risky sexual behavior. They were less familiar with unsafe sexual practices and how to avoid them.

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Then again following focuses additionally ought to consider as end points of our review. Among bachelor's level students, there is still a lack of awareness regarding the significance of unsafe sex behavior.

IEC materials should be made available to improve unsafe sex practice because information about unsafe sex behavior can be disseminated through members of the public, health workers, and the media. To reduce STDS/HIV, Hepatitis B, and other related STDs, correct knowledge and practice of safe sex behavior are crucial.

**The end.**

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