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The Effects of HIV/AIDS and STDs on Family Well-Being and Community Development

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Abstract This study, titled "The Effects of HIV/AIDS and STDs on Family Well-being and Community Development: A Case Study of Itahari Municipality, Sunsari," examines the impact of HIV/AIDS and sexually transmitted diseases (STDs) on family health and community development. Based on primary data, the research reveals that STDs are most prevalent among economically disadvantaged and illiterate families, where low income and lack of sexual health education contribute to the spread of these diseases. Women, in particular, are vulnerable due to their involvement in risky occupations. The study also notes the growing awareness within the community, with significant female participation in awareness programs. Key recommendations include implementing education programs to raise awareness and promoting safer sexual practices to reduce the spread of HIV/AIDS and STDs, ultimately improving family and community well-being.

Keywords: *Family Well-being, HIV/AIDS, Sexual Health Education, STDs, Vulnerable Populations*

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1. Introduction

Sexually transmitted diseases (STDs) are infections primarily spread through sexual contact, including vaginal, anal, and oral intercourse. However, they can also be transmitted from mother to child during pregnancy and childbirth, as well as through contaminated blood transfusions. Common STDs such as HIV/AIDS, syphilis, chlamydia, gonorrhea, herpes, hepatitis B, and HPV can have profound impacts on individual and public health [1]

Globally, STDs have become a serious public health issue, affecting both developed and developing countries. Despite advances in medicine, the spread of these diseases remains a significant concern, particularly in developing regions where poverty, lack of education, and limited access to healthcare contribute to their prevalence [2]. This study will focus on the impact of STDs—particularly HIV/AIDS—on family well-being and community development, highlighting the case of Itahari Municipality, Sunsari, Nepal.

HIV (Human Immunodeficiency Virus), which leads to AIDS (Acquired Immunodeficiency Syndrome), has devastated communities worldwide since it was first identified in 1984. It compromises the immune system, leaving individuals vulnerable to opportunistic infections such as tuberculosis, pneumonia, and certain cancers. HIV is most commonly transmitted through sexual contact, but it can also spread via blood, breast milk, and from mother to child during childbirth [3].

AIDS is the final stage of HIV infection, where the immune system is so weakened that the body can no longer fight off infections or diseases. People with AIDS experience severe health conditions like chronic diarrhea, fever, and weight loss, as well as a significantly reduced quality of life. Although antiretroviral therapy (ART) can help manage the disease and prolong life, HIV/AIDS remains a major public health challenge, particularly in resource-poor settings like Nepal [4].

In Nepal, as in other developing countries, the prevalence of HIV/AIDS is exacerbated by socio-economic factors such as poverty, illiteracy, early marriage, and the lack of sexual health education. Cultural taboos surrounding sex education further complicate prevention efforts, making it difficult for individuals, especially women, to access the information and resources they need to protect themselves. Women, in particular, are at greater risk due to socio-economic vulnerabilities and their involvement in risky occupations. Over 39,000 people in Nepal are living with HIV, and the number continues to rise [5].

The spread of HIV/AIDS and other STDs poses a significant threat not only to individual health but also to family well-being and community development. Infected individuals often face stigma and discrimination, which can further marginalize already vulnerable populations [6]. Similarly, the economic burden of these diseases—due to loss of productivity, medical expenses, and social ostracism—can have long-term negative effects on community development.

The need for comprehensive public health strategies is urgent. This includes improving access to sexual health education, promoting safer sexual practices, and providing better healthcare facilities for early diagnosis and treatment. Such measures are essential for reducing the spread of HIV/AIDS and STDs and improving overall family and community well-being.

This study aims to examine the effects of HIV/AIDS and STDs on family health and community development in Itahari Municipality, focusing on how socio-economic factors and limited access to healthcare contribute to the spread of these diseases. The findings will help inform policies that promote sexual health education and effective prevention strategies, ultimately contributing to the well-being of families and the development of the community.

2. Objectives of the Study

To assess the effects of HIV/AIDS and STDs on family well-being and community development in the study area. The Specific Objective are as:

a. To examine the effects of HIV/AIDS and STDs on family health and overall community development.
b. To identify the practices and attitudes towards HIV/AIDS and STDs within families and the broader community.
c. To explore the challenges posed by HIV/AIDS and STDs to family well-being and community development.

3. Short Description of Study Location

The study was conducted in Itahari Municipality, located in the Sunsari district. Key areas selected for the survey included Jhut Bikas Chowk, Gorkha Galli, Vetghat Chowk, Taltalaiya, Bus Park, Janta Basti, Kastri Chowk, and Tarahara. These locations were chosen due to their high prevalence of sexually transmitted diseases (STDs). The selected areas are characterized by a population engaged in agriculture, foreign employment, and small-scale trade. The survey specifically targeted adult and married individuals in the areas with the highest numbers of STD cases.

4. Methodology

This study aims to assess the effects of HIV/AIDS and STDs on family well-being and community development. It adopts a descriptive and analytical approach, focusing on knowledge and attitudes toward HIV/AIDS and STDs at the micro level. A survey method was utilized to gather in-depth responses from selected participants, 100 respondents were selected by using purposive sampling to ensure the selection of relevant respondents.

Both primary and secondary data sources were employed in the study. Primary data were collected through field surveys, structured questionnaires, interviews, and observations, while secondary data were gathered from published reports, books, journals, government documents, and health reports.

Semi-structured interviews explored participants' views and experiences with HIV/AIDS and STDs, while written questionnaires were administered to collect both quantitative and qualitative data. Field observations were conducted to capture the socio-economic context, family dynamics, and lifestyle factors affecting family well-being. The collected data were systematically edited, tabulated, and analyzed to identify patterns, explain findings, and support hypotheses regarding the effects of HIV/AIDS and STDs on family well-being and community development.

5. Results and Discussion

The study states that HIV/AIDS and STDs have deep effects on family well-being and community development. Affected families experience significant financial stress due to high medical costs and loss of income when workers are unable to work. Socially, stigma and discrimination add to emotional and psychological burdens, weakening familial and community support networks. At the community level, resources are diverted from development projects to healthcare needs, limiting economic growth and infrastructure improvements. This diversion contributes to cycles of poverty and impacts overall community resilience, highlighting the urgent need for comprehensive support systems and effective awareness campaigns to mitigate these effects.

5.1. Effects of HIV/AIDS and STDs on Education

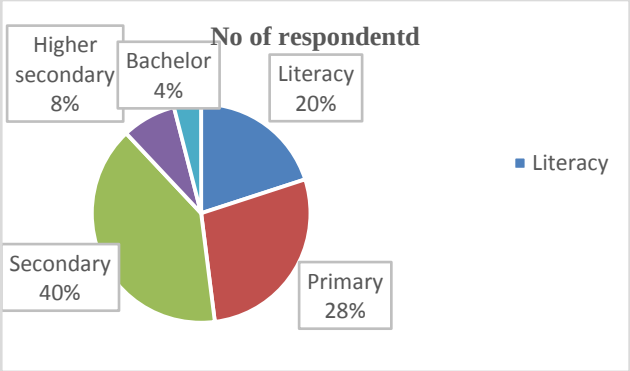
Education is one of the most important characteristics that might affect the attitude of person and ways of looking and understanding any particular social phenomena. It means, the response of an individual is likely to be determinates by his and her educational status. Education is the key indicator of human development. The detail of the education status of respondents is presented which were taken in study area are below.

Table 1. Effects of HIV/AIDS and STDs on Education

Level	No of Respondents	Percentages
Literacy	20	20%
Primary	28	28%
Secondary	40	40%
Higher Secondary	8	8%
Bachelor	4	4%
Total	100	100%

Source: Field Survey 2024

The table (Table 1) and figure show that most of the respondents are secondary level passed which is 40%. Primary level passed is 28%, literacy is 20%, Higher Secondary level is 8%. Here the table shows that Secondary level education of respondents have higher percentage in comparison to other respondents. Those graduating and higher education are more likely to get HIV/AIDS AND STIs infection as compared to other respondents.



Source: Field Survey, 2024

Figure 1. Education Status of Respondents

5.2. Effects of HIV/AIDS and STDs on Marital Status

Marriage is one of the important parts of the society. In the community like Nepal, it has undergone many changes. The perception and attitude of the person can also differ by the marital status of the person because the marriage might make the person more responsible and mature in understanding and giving the response to the question asked.

Table 2. Effects of HIV/AIDS and STDs on Marital Status

Description	No. of Participation	Percentage
Married	80	80%
Unmarried	5	5 %
Divorce	15	15 %
Total	100	100%

Source: Field Survey 2024

The table (Table 2) shows that the all of the interview taken married person and divorce after marriage person. The table makes clear unmarried persons are not taken for survey. The table (Table No.2) shows that 80% of marital relations were maintained and 15% were divorced, with the questionnaire prepared and compiled only for married family members in the area of this study. Unmarried people were found to be more integrated into the mass due to their studies and jobs. Married people are affected more by HIV/AIDS and STDs than unmarried.

5.3. Effects of HIV/AIDS and STDs by the sources of Family Income

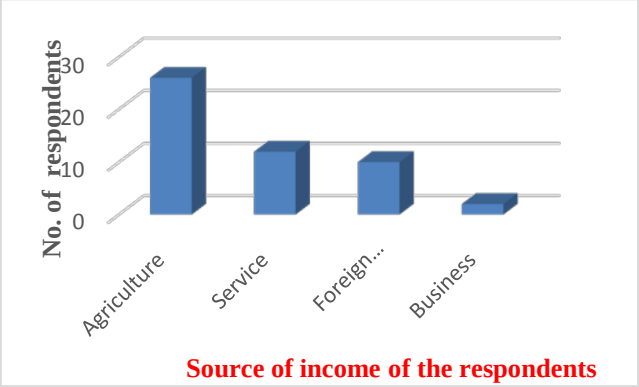
Residents of Jhut Bikas Chowk, Gorkha Galli, Vetghat Chowk, Taltalaiya, Bus Park, Janta Basti, Kastri Chowk, and Tarahara in Itahari Municipality are engaged in various income-generating activities to support their households. Members of the same family often participate in agriculture, business, and foreign employment. As a result, in a survey conducted among 100 families in these areas, the main sources of income for households of the respondents are presented in the table below.

Table No. 3 and Figure No. 2 show that 52% of respondents are involved in agriculture. Additionally, 24% of respondents have jobs as their source of income, 20% rely on foreign employment, and 2% earn from retail shops. People involved in foreign employment are more affected by HIV/AIDS and STDs.

Table 3. Distribution of Respondents according to source of family income

Source	No. of Respondents	Percentage
Agriculture	52	52%
Service	24	24%
Foreign employment	20	20%
Business	4	4%
Total	100	100%

Source: Field Survey 2024



Source: Field Survey, 2024

Figure 2. Source of Family Income

5.4. Knowledge about the Diagnosis of HIV/AIDs and STDs

There are various ways to diagnose the disease. While some symptoms may be treated, a definitive diagnosis can only be confirmed through lab tests. Similarly, a survey conducted in the study area has provided information on who is infected with AIDS.

Table No. 4 shows that 90% of the respondents who had knowledge of their HIV/AIDS status were diagnosed through blood tests, 2% through X-rays, and 8% were unsure of their diagnosis method. This survey indicates that most respondents are aware of the diagnosis process for HIV/AIDS.

Table No. 4. Knowledge about the diagnosis of HIV/AIDs and STDs

Description	No. of Participation	Percentage
Blood test	90	90%
Sputum test	0	0
X-ray	2	2%
Don't know	8	8%
Total	100	100%

Source: Field Survey 2024

5.5. Knowledge about Sexual Transmitted Diseases

There are various infectious diseases in the world that are transmitted through respiratory or airborne means, as well as through sexual intercourse [7]. A survey was conducted to determine the types of sexually transmitted diseases (STDs) and the percentage of available

information about them, and the results are presented in the table below:

Table 5. Knowledge on sexual transmitted diseases

Description	No. of Participation	Percentage
Cancer, cholera, Ebola	2	2%
Trachoma, Thyroid	4	4%
Genital warts, HIV, Syphilis, Hepatitis	94	94%
All of above	0	0
Total	100	100%

Source: Field Survey 2024

The table (Table No. 5) shows that 47% of respondents identified STDs as including genital warts, HIV, syphilis, and hepatitis. 2% believed STDs to be trachoma and thyroid, while 1% mentioned cancer, cholera, and Ebola. The survey found that most respondents had some knowledge about sexually transmitted diseases.

5.6. Knowledge on Prevention of HIV/AIDs and STDs Infection

HIV/AIDS and other STDs are serious condition that currently cannot be completely cured. These diseases are primarily transmitted through sexual intercourse, as well as through kissing and the exchange of bodily fluids [8]. Knowledge of the respondents about these diseases was gathered and compiled based on their answers to the survey questionnaire.

Table 6. Knowledge on Prevention of HIV/AIDs and STDs Infection

Description	No. of Participation	Percentage
Safe sexual behaviour	36	36%
Use of condom	50	50%
Taking medicine	6	6%
Blood test	8	8%
Total	100	100%

Source: Field Survey 2024

According to the data collected in Itahari Municipality of Sunsari District on the prevention of sexually transmitted diseases, 50% of respondents mentioned condom use, 36% cited practicing safe sex, 8% highlighted blood testing, and 6% referred to drug use.

5.7. Knowledge about Risk Groups of HIV/AIDS and STDs Infection

Studies conducted by various health organizations have shown that individuals with sexually transmitted infections (STIs), such as HIV/AIDS, are at a higher risk of further infection. The rise of prostitution in urban areas and the spread of drug addiction to rural areas through various channels have exacerbated this risk [9]. A survey was conducted to identify which groups are most vulnerable to contracting these diseases, based on information provided by respondents.

According to the data collected in Itahari Municipality of Sunasari, statistics show that sexually transmitted diseases and AIDS are most prevalent among sex workers 56%, sex workers and drug addicts 34% and 10% both drugs addicts and sex workers.

Table No. 7. Risk group of HIV/AIDS and STDs infection

Risk Group	No. of respondents	Percentage
Sex workers	56	56%
Drugs Addict	10	10%
Sex workers and drug addicts	34	34%
Unknown	0	0
Total	100	100%

Source: Field Survey 2024

5.8. Knowledge about Treatment of HIV/AIDs and STDs

The method for treating different diseases is vary. Treatment is carried out under the direct supervision of doctor and may involve surgery or the use of ART (antiretroviral therapy) for certain diseases. Below are the results from a survey conducted on AIDS and sexually transmitted diseases.

Table 8. Knowledge on Treatment of HIV/AIDS and STDs

Treatment Method	No. of Respondents	Percentage
ART	80	80%
DOTs	10	10%
PMT	2	2%
All above	8	8%
Total	100	100%

Source: Field Survey 2024

The present table indicates that the majority of respondents, 80%, stated that AIDS and sexually transmitted diseases are treated using the ART (antiretroviral therapy) method. Additionally, 10% mentioned the use of the DOT (Directly Observed Treatment) method, while 2% identified the PMTCT (Prevention of Mother-to-Child Transmission) method. Furthermore, 8% of respondents indicated that a combination of all the above methods is used in treatment. These findings reflect a diverse approach to managing and treating AIDS and STDs, highlighting the importance of tailored medical interventions depending on the specific case.

5.9. Impact of HIV/AIDS and STDs among Family Members and Community Development

When the workforce of a country is impacted by illness, its development efforts inevitably suffer. Resources intended for development and infrastructure often must be diverted to healthcare. Sexually transmitted diseases, particularly serious ones like AIDS, have a significant impact on youth, the economy, society, and families—financially, mentally, and physically. The high cost of treatment, coupled with the lack of a cure, further worsens this burden [10].

A study was conducted in Itahari Municipality of Sunsari District to explore the effects of AIDS and sexually transmitted diseases on the financial and social well-being of affected families and their members.

Economic opportunity depends on health. To be able to work, one must be in good mental and physical health; otherwise, productivity suffers. This, in turn, affects the economic sector. Financial hardship may even prevent individuals from affording necessary treatments. The following table (Table 9) examines the financial impact of AIDS and sexually transmitted diseases on families:

Table 9. Effect on Economic Development by HIV/AIDS and STDs

Effect	No. of Respondents	Percentage
High Treatment Cost	22	22%
Cannot earn	12	12%
Lack of expenses	2	2%
All of the above	64	64%
Total	100	100%

Source: Field Survey, 2024

The table above shows that 64% of respondents cited all of the listed factors, stating that if they were infected with HIV/AIDS or STDs, they wouldn't be able to afford treatment due to a lack of money and the high cost of medical care. Similarly, 22% of respondents specifically highlighted the high cost of treatment, while 12% mentioned a lack of financial resources.

5.10. Effect of HIV/AIDs and STDs on Physical, Mental and Financial Factors

Every action has both positive and negative consequences. Similarly, when a family member contracts a contagious disease, it can significantly affect the other members of the family in various ways. The table below presents survey details regarding the mental, physical, and financial impacts of having a family member infected with a sexually transmitted disease.

Table 10. Effect on physical, mental and financially

Effect (P.M.F)	No. of Respondents	Percentage
Yes	96	96%
No	4	4%
Do not know	0	0
Only physical effect	0	0
Total	100	100%

Source: Field Survey 2024

The table (Table no. 10) reveals that 96% of respondents believe that if a family member is infected with AIDS or STIs, it will have a significant financial and mental impact on the entire family. In contrast, only 4% of respondents reported that they were not affected. This data clearly indicates that illness among family members has a direct and profound effect on the well-being of the family as a whole.

5.11. Effects of HIV/AIDS and STDs on Job, Education and Development

It is customary in a rudimentary society like ours for people to look down on AIDS and other contagious diseases. That is why there is a perception in our society about it, the work that is being done due to the disease, including the need to drop out of school, the details of the survey are given below**.**

Table 11. Effects HIV/AIDs and STDs on Job, Education, and development

Effect (drop the job , education and development or not)	No. of Respondents	Percentage
Yes	10	10%
No	90	90%
Do not know	0	0
Only physical effect	0	0
Total	100	100%

Source: Field Survey 2024

The table (Table No.: 11) indicates that a significant majority of respondents, 90%, reported that they have not experienced any decline in their job performance or educational pursuits as a result of STDs. In contrast, only 10% of respondents indicated that they had faced challenges in these areas. This overwhelming positive response suggests that many individuals maintain their professional and academic commitments despite the presence of STDs in their lives.

5.12. Impact of HIV/AIDs and STDs in Society and Development

Diseases that spread in the society and other things are affecting the society as well as development whether it is positive or negative. According to the respondents, the society also treats them and it depends on the thinking of the people living in the society. Here is a description of how the society treats or treats HIV/AIDS and STDs**.**

Table No. 12: Social impact of HIV/AIDs and STDs in Society

Effect	No. of Respondents	Percentage
Excluded from society	26	26%
To ignore all by	56	56%
Do not know	2	2%
Dissemination in society	16	16%
Total	100	100%

Source: Field Survey 2024

The data collected from Itahari Municipality in Sunsari District highlights the significant social impacts of HIV/AIDS and STDs within the community. A striking 56% of respondents reported feeling ignored by others, indicating a prevalent stigma associated with these conditions. This sense of neglect can have profound implications for the mental and emotional well-being of individuals living with HIV/AIDS or STDs, as social support plays a crucial role in coping with health challenges.

6. Findings

The survey conducted in Itahari Municipality gathered insights on the ethnicity, religion, employment, education, and awareness of STDs and HIV/AIDS. A majority of the participants had secondary or primary education, with 60% being male and 40% female. Awareness about HIV/AIDS transmission was high, with 96% knowing it is sexually

transmitted and 90% aware of blood tests for diagnosis. However, 50% of families reported strained relationships due to the stigma surrounding HIV/AIDS and STDs.

Regarding prevention, 50% of respondents believed condoms were the best method, while only 28% had participated in awareness programs. The impact of STDs on families was significant, with 56% worrying about being excluded from society. Many respondents believed that STDs and HIV/AIDS had harmful effects on family and societal relationships, with 40% reporting abuse within families and 50% experiencing relationship breakdowns. The survey also revealed that 42% of respondents or their family members had experienced STDs, particularly among returnees from foreign employment.

As society modernizes, the study noted both positive and negative influences. A shift in lifestyle and thinking between younger generations and traditional beliefs has led to increased materialistic tendencies and negative perceptions towards those with HIV/AIDS. Miscommunication, misuse of modern developments, and stigma surrounding sexual health contribute to social exclusion and the breakdown of family bonds. The findings highlight the need for greater education and awareness to mitigate these social challenges.

7. Conclusion

The study highlights that while awareness of HIV/AIDS and STDs is prevalent in Itahari Municipality, social stigma, lack of education, and risky behaviors, especially among those returning from foreign employment, and have contributed to the spread of infections. Economic challenges, secrecy within families, and societal rejection, particularly in schools, further exacerbate the mental and social impact. These diseases hinder both personal and community development by affecting the health and productivity of individuals. To address this, public awareness, sexual education, cultural preservation, and local employment opportunities must be prioritized, along with fostering a more supportive attitude toward affected individuals.

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