WHAT IS THE LEVEL OF KNOWLEDGE AND ATTITUDE OF ADOLESCENTS, REGARDING FAMILY LIFE EDUCATION IN SURAT CITY

Dissertation
At
ICDS, Surat

By
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Under the guidance of
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2015

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Ms. Yogita Murde** student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at **ICDS, Surat** from **12th March 2015 to 13th May 2015.**

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

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The certificate is awarded to

YOGITA MURDE
In recognition of having successfully completed her
Dissertation in

ICDS (INTEGRATED CHILD DEVELOPMENT SCHEME) SURAT , GUJARAT
and has successfully completed her Project on

What Is The Level Of Knowledge And Attitude Of Students Regarding Family Life Education In Surat City

from March 2015 to May 2015

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish her all the best for future endeavors.

PROGRAM OFFICER
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "What is the Level of Knowledge and Attiude of Adolecents Regarding Family Life Education in Surat City, Gujarat?" submitted by Ms.Yogita Murde, Enrollment No.1524 under the supervision of Dr. Goutam Sadhu for award of MBA Hospital and Health Management of the university carried out during the period from 12 March, 2015 to 13th May, 2015. Embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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Abstract:

Introduction:

During adolescence i.e. transitions between childhood to adulthood, rapid changes occur in physical, functional, sexual, emotional and psycho-social aspects, which need proper attention and care.

Rationale: One in every four girls and one in every seven boys in the world are sexually abused [WHO]. In recent years pre-marital sexual relationship trend is increasing in India. Sixty nine per cent men and 38 per cent women admits that they had premarital sex.[week magazine,2002]. According to NACO only 28 per cent young women and 54 per cent young men in the age group 15-19 year has comprehensive knowledge of HIV/AIDS. One in every 1000 youth is HIV positive (NFHS-3).

Research Question:

"What is the level of knowledge and attitude of adolescents, regarding family Life Education in schools of Surat city, Gujarat?"

Objectives:

1. To assess the knowledge of adolescents regarding family life education.
2. To assess the attitude of adolescents regarding family life education.

Research Methodology:

1. **Study Approach:** Quantitative
2. **Type of Study**: Cross sectional study.
3. **Location:** Surat city, Gujarat
4. **Study Population:** Adolescent boys and girls of ninth standard, from the schools of Surat city in Gujarat state.
5. **Sampling:** Multi stage sampling.

Stages of Sampling:

- **Stage I:** Prepare the list of all Schools in the city along with population of ninth standard students.
- **Stage II:** Categorize the schools on the basis of location in four major directions.
- **Stage III:** Select the one school with highest population of adolescents of ninth standard in each major direction.
- **Stage IV:** Select the adolescent boys and girls of ninth standard of selected school in particular direction.

Sample Size: Total 397 students from four schools of Surat city participated in the study. Out of these schools three are CBSE schools and one is government school.

6. **Data collection:**

- **Data Collection Technique:** School Survey

Selected schools have been visited by researcher to collect the data from samples.

- **Data collection Tool:** Questionnaire Schedule

7. Processing and data analysis:

Collected data has been analyzed with the help of SPSS software.

8. Ethical Considerations:

- Written permission has been taken from District Education Officer for collecting data from schools.
- Written permission has been taken from participants for collecting data from them.
- Information collected will be used for research purpose only.
- All the information collected will be kept confidential and will not be disclosed to anybody.

Pilot Study:

Pilot study was done on 20 students of ninth standard from two different schools to test the reliability of questionnaire schedule.

Conclusion:

Out of total respondents 75 per cent are male and 25 per cent are female. Male adolescents have more knowledge of physical changes in adolescent boys than female participants. Also adolescents whose father is highly educated, who are Gujarati speaking and whose mothers are house wives have moderate and high knowledge of physical changes in adolescent boys. In case of physical changes in girls have more knowledge of their physical changes than boys adolescents whose mother and father are highly educated have more knowledge of physical changes in adolescent girls. Male students have more knowledge of sex and sexuality than girls. Also the adolescents who are English speaking and whose parents are highly educated have high and moderate knowledge of sex and sexuality. Fifty per cent male and 32 per cent are female have high knowledge of HIV/AIDS. Adolescents whose parents are highly educated have high knowledge of STI symptoms. Seventy nine per cent male and 74 per cent female adolescents have high knowledge of sexual abuse. Adolescents those whose mother tongue is English and those whose mother is highly educated have high knowledge of sexual abuse.

80 per cent male and 48 per cent female have high knowledge of masturbation. Adolescents whose parents are highly educated have high knowledge of menstruation. Female adolescents whose mothers are highly educated have high knowledge of pregnancy. Knowledge level is low among those adolescents who have illiterate mothers and mothers with primary education. Male adolescents who are in the age group of 14-15 year and whose parents are highly educated have more favorable attitude towards learning sex and sexuality. Adolescents who are in the age group of 14-15 year, whose parents are highly educated have less favorable attitude towards stigma related to HIV/AIDS and STI. Female Adolescents are least inadequate in Knowledge regarding Menstruation, Masturbation, Sex and

pregnancy than males. Adolescents whose parents are highly educated are least inadequate in Knowledge regarding menstruation, masturbation, sex and pregnancy. 76 per cent female and 46 per cent male have more favorable attitude towards Abstinence. Adolescents whose mothers are highly educated have more favorable attitude towards abstinence than Adolescents with less educated mother. 44 per cent Male and 31 per cent female adolescents in the age group of 14-15 years have more favorable attitude towards learning sex and sexuality Male Adolescents have more favorable attitude towards learning sex and sexuality than female Adolescents. Male Adolescents have more favorable attitude towards peer pressure than female Adolescents. Male Adolescents have more favorable attitude towards Stigma Attached with HIV/AIDS and STI than female Adolescents. Female Adolescents have less favorable attitude towards myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI than male Adolescents. Hindi and English speaking Adolescents have less favorable attitude towards myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI than those of Gujarati speaking ones. Female Adolescents have less favorable attitude towards stereotype regarding girls and boys than male adolescents. Hindi and English speaking Adolescents have less favorable attitude towards Stereotype Regarding Girls and Boys than those of Gujarati speaking ones. Mothers who are middle and secondary educated their Adolescents are less favorable towards Stereotype Regarding Girls and Boys than Adolescents of mother with high education.

Acknowledgement

I gratefully acknowledge my profound gratitude to God Almighty for his providential guidance during my summer dissertation.

Without the guidance and blessings of Dr. S. D. Gupta Director IIHMR Jaipur summer training program would not have been possible for me. I would like to express my sincere thanks to all those who have helped me to attain my venture. I express my gratitude and due respect to Prof Dr. Goutam Sadhu Dean, Rural Development, IIHMR Jaipur, for his valuable guidance, support and encouragement to conduct my study. I would like to express my sincere thanks to Dr. J. P. Singh and Dr. Arindam Das for their valuable guidance in analysis of my study.

I would be failing in my duty if I don't express my sincere thanks to Dr. Nitin Khedkar and Dr. Manisha Khedkar for their moral support, warmth, valuable guidance, encouragement and for being inspiration of my life without which it was not possible for me to accomplish my study. I would also like to convey my heart felt gratitude to both of them for being patient during my dissertation which provided me courage and strength to perform my duty efficiently.

Last but not the least I extent my thanks to all those who have helped me directly and indirectly in completing the dissertation program.

Acronyms

1	ICPD	International Conference on Population and Development
2	AEP	Adolescent Education Programme
3	AIDS	Acquired Immuno Deficiency Syndrome
4	AIMS	Asian Institute of Medical Sciences
5	BJP	Bhartiya Janata Party
6	FGD	Focus Group Discussion
7	FLE	Family Life Education
8	HIV	Human Immuno Deficiency Virus
9	HRRC	Human Reproductive Research Centre
10	IPC	Indian Penal Code
11	NACO	National AIDS Control Organization
12	NHS	National Household Survey
13	STD	Sexually Transmitted Disease
14	STI	Sexually Transmitted Infections
15	UNICEF	United Nations International Child Emergency Fund
16	USA	United States of America

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Introduction:

Almost 21 per cent of India's population consists of young people in the age group 13-24 years. A rising trend in early sexual initiation and experimentation amongst the young people due to the strong influences of the media and internet on them is also being seen. It is necessary that the young people are empowered with the right knowledge and skills for them to take informed, responsible decisions. However, disseminating prevention messages effctively to adolescents is a big challenge in our country considering the cultural taboos on sex and related topics, the lack of access to correct information, gender disparities and practices like early marriage of girls etc.

During adolescence i.e. transitions between childhood to adulthood, rapid changes occur in physical, functional, sexual, emotional and psycho-social aspects, which need proper attention and care. There is development of human sexuality which comprises the knowledge, beliefs, attitudes, values and behavior of individuals regarding sex. Human sexuality is an integral part of human personality and it helps in achieving and maintaining physical and mental health. Young people should be provided with supportive environment within their families, schools and communities. Health care for adolescents and youths should cover general health, disorders of reproductive systems and sexual and behavioral problems (Roy 1996; 1997). It is of paramount importance that a proper environment is created in which adolescents can realize their full potential and grow to healthy and responsible adulthood. Sexual health has always been closely linked with reproductive health, particularly since the International Conference on Population and Development (ICPD in 1994, which defined reproductive health (RH) incorporating sexual health (SH) as one of its components. Until recently, SH was generally understood to be an integral part of RH, and was dealt with as such in health programmes. However, the emergence of pandemic of HIV infection, increasing rates of STIs, and growing recognition of the importance of gender violence and sexual dysfunction in public health, have highlighted the need to focus more explicitly on issues related to sexuality and their effects on general health and wellbeing. Thus, sexual health is rather being a component; this should be seen as a necessary underlying condition for reproductive health, being relevant throughout the life span (WHO 2004).

The AIDS Education Programme, headed by Health Promotion Board, was launched in 1985. The Communicable Disease Education Department in the Adult Health Division (AHD) and the Youth Health Promotion Department in the Youth Health Division (YHD) develop and implement HIV education for the respective target groups. The AIDS Prevention Education Programme later renamed as School Adolescence Life Skills Education Programme in 1993

Chapter I

Review of Literature:

International Conference on Population and Development (ICPD) held at Cairo in 1994 decided that, programs related to reproductive health should be designed in such a manner that it should meet the needs of women as well as adolescents. Adolescents and adult men can have access to information, counseling and reproductive health services.

-"Report of the International Conference on Population and Development-Cairo 5-13 September 1994", United Nations Population Information Network (POPIN), October 18, 1994

Survey results of "unmarried young Indian" in 2002 depicted that, now a day's preference for premarital sex is growing among adolescents. Near about half of the adolescents in the age group of 16-19 year; and 27 per cent below the age of 15 years had premarital sex.

-Matthew S. Eastin, "Hand Book of Research on Digital Media and Advertising" Page No 404.

"Impact of sex education on sexual behavior of young people", survey results shows that, among the youngsters, sex education is helpful in postponement of becoming sexually active and helping in reducing the frequency of sexual activity. It fosters safe sex in case of those youngsters who already are sexually active and also creates awareness among them regarding different contraceptives to avert pregnancy.

-Douglas Kirby, "Impact of sex education on sexual behavior of young people".

Interview during the study of 350 school children in Delhi found that, 25 per cent of these children were raped, 30 per cent were sexually abused by family members and 63 per cent girls were sexually abused by their own family members.

-Asha Krishnakumar, "Silent Victim", page no.2, Jan 21, 2010.

RAHI, a Delhi based organization which provides support to victims of sexual abuse conducted study on 1000 upper and middle class college students. The results showed that, 76 per cent of these students had been abused as children.

Asha Krishnakumar"Silent Victim", page no.2, Jan 21, 2010.

In 1999 one of the studies conducted by Tata Institute of Social Sciences, Mumbai on 150 girls in Mumbai found that, 58 per cent of these had been raped before the age of ten years.

- Asha Krishnakumar, 'Silent Victim', page no.2, Jan 21, 2010.

On 16th November, 2005 supreme court rejected to add sex education under the fundamental rights and as a part of right to education.. The former primary education minister for the state of Bihar told that; our culture is not suitable for adding sex education in the curriculum and it can cause an adverse effect on youngsters of our country. In India hazardously there is disagreement on introduction of sex education in school and college syllabus. Indeed India is having almost 300 million youngsters in the age group of 12-24 and studies conducted showed that, premarital sex preference is increasing in this population. Still Governments attitude is not in favor of inclusion of sex and reproductive health education in the curriculum.

-Parul Sharma, "sex education still off the chart", India Together, 10 December 2005

Large chunk of people think that sex education and AIDS education is not suitable to the Indian Culture and its notion. Dr. Balaji had been assaulted by principle of Government school of Madhya Pradesh; where he was along with his team attempting to introduce a course of sex education.

-Parul Sharma, "sex education still off the chart", India Together, 10 December 2005

Former Indian Health Minister Sushma Swaraj said that, Indian health programme had to focus on sexual abstinence and faith rather than just condoms.

-Javed H. Farooqi, "HIV/AIDS in India" Ind Medica, Vol. 2, No. 3, 2005-07 - 2005-08

Survey by Vardhaman Mahavir Medical College and Safdarjung Hospital revealed that, in urban Delhi 81 per cent parents want sex education to be made compulsory part of school curriculum. 1500 parents of five school children (three private and two Governments) in Delhi had been participated in survey. 74 per cent parents agreed that sex related problems to be regularly discussed in schools by teachers and 57 per cent said that sex education should be started from class 8th. Eighty two per cent parents of boys and 78 per cent parents of girls were in favor of sex education. This study revealed acceptance of sex education by the

society. Parliament committee also showed green signal for inclusion of sex education in schools only after modifications in biology syllabus.

-Neetu Chandra Sharma, "Over 80 per cent parents back sex education", India Today, May 14, 2014.

A study on assessing young unmarried men's access to reproductive health information and services in rural India depicted that unmarried rural Indian men has limited knowledge of sexual and reproductive health. Majority of they were aware of condoms. They lack knowledge of different contraceptive methods and were less aware of averting pregnancies. Sixty eight per cent of men were mentioned condom for averting unwanted pregnancies. Although most of them have access to condom, they felt uncomfortable because of socio-cultural norms.

-Arundhati Char and et al, "A study on assessing young unmarried men's access to reproductive health information and services in rural India", BMC Public Health, June 17, 2011.

A situational analysis on reproductive health of adolescents in Rajasthan depicted that, large number of parents were in favor of giving information to adolescents on nutrition, personal hygiene, bodily changes etc. very small proportion of parents were in favor of g giving information on abortion, masturbation, teenage pregnancy. Almost half of the parents were in favor of giving information on contraception, STIs and prevention of STIs. Whereas teachers were attentive about rising evidence of premarital sex and were fully agreed on information should be imparted to adolescents on reproductive health. Fifty nine per cent of teachers said that, sex education on reproductive health issues should be provided by teachers and one third suggested to be provided through doctors. One of the study conducted in Madras revealed that, 71 per cent of teachers felt the sex education would negatively influence their mortality.

R.S.Goyal, Anoop Khanna, "Reproductive Health of Adolescents in Rajasthan: A Situational Analysis", IIHMR working paper No.6, 2000AD.

"Sex, Studies or Strife? What to Integrate in Adolescent Health Services" a cross sectional study with the help of FGDs and structured interviews on 811 students of 9^{th} class in Goa in March-2000 predicted that, needs for information about sexual and reproductive health, psychosocial support for health issues including violence in schools, poor relationships with parents, stress related health complaints and educational difficulties which are of primary importance for the adolescents are still unmet. For improving health services, all these issues should be integrated in health programmes and to the programmes which can reach to the majority of adolescents in school.

-Gracy Andrew and et al, "Reproductive Health matters", Volume 11, page no120-129, May-2013

Study of perceived norms, beliefs and intended sexual behavior among higher secondary school students in India; by M.S.Selvan, M.W. Ross and et al. (School of Public Health, University of Texas, USA; AIDS Research & Control Centre, Mumbai) revealed that, highly educated the parents less likely their children engage in sexual activities during adolescent years

- M.S.Selvan, "Perceived norms, beliefs and intended sexual behavior among higher secondary school students in India", M.W. Ross and et al, Taylor Francis online: 27th May 2010

Study on "Opinion on school based intervention and prevention programmes among Indian adolescents" of three convent schools of Mumbai on 1250 students of higher secondary school in the age group depicts that more students reacted that, current school-based activities are not enough to learn about HIV infection and how to avert oneself from being infected and majority of adolescents of both genders were agreed upon school should have a committee that will conduct various activities to help students in averting HIV/AIDS or STDs.

- Mano S. Selvan and et al., "Opinion on School Based Intervention and Prevention Programmes among Indian Adolescents", Health Administrator Volume: XVII, Number 1: page 43-49.

Appropriate variety of educational programs, activities and services should be established to reduce or eliminate the health risks in identified areas.

- Petosa & Jack, "Health Promotion in Multicultural Populations", 3rd Edition, Page No.4

Values and beliefs enforced on youngsters by revised curriculum on Life skill education projected by NACO and the Ministry of Human Resources and Development disappoints them from clarifying their beliefs as well as from making their own decisions. This revised curriculum is very much lacking in proper addressing the important issues like bodily changes, puberty, conception, contraception, healthy relationship, communication and etc.

- Lauren Hartmann, "A review of the revised sexuality education curriculum in India by TARSHI".

Dr. Harshvardhan, Union Health Minister said that, the ultimate aim of sex education should be get rid of gender based bias, HIV/AIDS, teenage pregnancy, proliferation and pornography.

-Durgesh Nandan Jha, “Sex Education in Schools Should Be Banned, Union Health Minister Harsh Vardhan Says”, the Times of India, June 27, 2014

So many survey results depicted that, romance and sex is the essential element which occupied wide space of adolescent’s routine imagination. Results of study conducted by population council of India in 2013 reports that, in India national level prevalence of pre-marital sex among youngsters is about 15 per cent and awfully these youths are deficit in the basics of human sexuality.

-Damayanti Datta, “The Great Indian Secret: Why is everyone so Afraid of sex education?” India Today, July 3, 2014

Head of adolescent psychology, AIMS reported that, because of physical and hormonal changes in the adolescents, they spends major portion of their time in fantasies of sex and are very curious about this issues. If we do not break the silence about sex, the youths will think more about it.

-Damayanti Datta, “The Great Indian Secret: Why is everyone so Afraid of sex education?” India Today, July 3, 2014

Dinanath Batra, President of Shiksha Bachao Andolan Samiti, says one can be framed under section 354 of the IPC (outraging the modesty of woman) and 355 (discouraging a person) for teaching sex education.

-Damayanti Datta, “The Great Indian Secret: Why is everyone so Afraid of sex education?” India Today, July 3, 2014

In 2009 parliamentary committee led by BJP leader M.Venkaiah Naidu showed red signal to sex education in schools. As a result eight states of India refused to implement the sex education programme in schools.

-Damayanti Datta, “The Great Indian Secret: Why is everyone so Afraid of sex education?” India Today, July 3, 2014

Study on “Improving the fit: adolescents' needs and future programs for sexual and reproductive health in developing countries” by Hughes J, et al through Population Services, Rockefeller Foundation, New York,USA.; depicted that, current programs for adolescents are not efficient to fulfill the needs and health seeking behavior of adolescents. Hence, research based generic and health specific skills education demand is growing in developing countries. Through evaluation of current programs and wide research activities are of immense importance for expanding such activities.

-Hughes J, et al, “Improving the fit: adolescents' needs and future programs for sexual and reproductive health in developing countries”, PubMed.Gov, June 29, 1998.

Study on “Adolescent sexual and reproductive behavior: a review of the evidence from India” by Jejeebhoy SJ, Mumbai, India revealed that, almost one fourth of Indian population comprises of adolescents. Still the needs counting health, reproduction, contraception, sexuality and; prevention of sexually transmitted diseases and reproductive tract infections of this group of population are ill identified and under-served. Education and information services should be structured on the basis of behavioral and community based research under the socio-cultural conditions prevailing in India to address the needs of tomorrow’s pillars of India.

-Jeejabhoy S. J., “Adolescent sexual and reproductive behavior: a review of the evidence from India” PubMed.Gov, May 1998

Multi-center study, done in rural co-education/higher secondary schools of 22 districts located in 14 states through Human Reproductive Research Centre (HRRC's) of the Indian Council of Medical Research (ICMR) on sample of 8453 school going adolescents (aged 10-19 years) was surveyed by means of open ended, self-administered questionnaires predicted that, very small number of adolescents were aware regarding methods of contraception, AIDS and STDs. Boys were more aware regarding reproductive health than that of girls. More students perceived STDs as AIDS. As our Adolescents are deficit in knowledge of reproductive health, more IEC activities are needed to improve their knowledge regarding the issue.

- Neeru Gupta and et al, “Reproductive health awareness of school going unmarried rural adolescents”, the Indian Journal of Pediatrics September 2004, Volume 71, Issue 9, page- 797-801

Study on “the accessibility of reproductive health information and contraceptives in a relatively less developed area of rural central India and the risks facing young unmarried men” was a cross-sectional study; both qualitative and quantitative. Thirty eight unmarried male aged 17-22 years were participants of this study and the data collection tools were focused group discussions. The results of these study depicts that, unmarried rural men have inadequate knowledge of sexuality and reproduction. These young men were deficit in knowledge of contraceptives, but still almost all of them were aware of condom. These men felt that health care provider can be a major source of information on sexual and reproductive health. Though they were more concerned about averting infections, they were less concerned about probable pregnancies out of sexual pleasure. Awkward feeling because of socio cultural constraints was there in these rural men for using condoms to avert the HIV/AIDS.

- Arundhati Char and et al, "Assessing young unmarried men's access to reproductive health information and services in rural India", BMC Public Health, 2011

Qualitative study on "Sexual and reproductive health needs of young people : a study examining the fit between needs and current programming responses in Gujarat, India ." the study population comprised of the concerned ministries, program managers of governmental as well as non-government organizations working for young people, United Nations agency representatives (categorized as Inter-Governmental Organizations), health service providers, young people and key informants like parents, teachers and media representatives. Main intention behind the study was to identify whether current programs were appropriate to meet the sexual and reproductive needs of the youth. The results of this study revealed that, there were many hurdles for youths to access the services which current programs were rendering and the programmes were under developed to satisfy the needs of youths regarding reproductive and sexual health though majority of youth were engaged in high risk behavior both early marital and premarital sexual relations.

- Kolencherry et al, "Sexual and reproductive health needs of young people: a study examining the fit between needs and current programming responses in Gujarat, India", PUB publications at Bielefeld University,2004.

In 2005 Adult education programme has been started by central Government with the collaboration with NACO. Healthy relationship and safe sex were the essential components of AEP. Despite it was declared by central Government that, programme will be implement the programme in all states including Rajasthan, Chhattisgarh, Kerala, Maharashtra, Madhya Pradesh, Gujrat and Karnataka rejected to implement AEP on the argument that, content of the programme was in contrast to Indian culture.

- Shilpa Fadke, "Sex education for India's feminist mothers", ALJAZEERA America, August 25, 2014.

Honorable health minister, Dr. Harshvardhan had given a statement against the AEP that, Sex education in Indian schools should be banned and in spite of AEP course content should be included with value education suitable to Indian culture.

- Durgesh Nandan Jha,"Sex education in schools should be banned, Union health minister Harsh Vardhan says.", Times of India, June 27, 2014

Study by Omprakash Aggarwal on "sexuality of medical college students" in India, revealed that, majority of students was in favor of introducing sex education at schools level. Mean age of initiating sexual activity was 17 years

and the major sources of knowledge of sexuality were friends, pornographic films, books and magazines. Very few students could communicate with teachers, parents, and persons of the other gender about sex.

- Omprakash Aggarwal, "sexuality of medical college students" ,Journal of Adolescent Health, Volume 26, Issue 3, Pages 226–229, March 2000

The result of the study on attitudes of stakeholders (teachers, pupils and parents) towards the inclusion and teaching of sexuality education in Ndola urban secondary schools of Copperbelt province, Zambia revealed that, teachers, pupils and students had positive attitude towards inclusion of sex education in school curriculum. On the other hand they had negative attitude on the inclusion of topics like sexual pleasure and enjoyment, homosexuality and pre-marital sex in the curriculum.

- Awoniyi Samuel Adebayo, "Attitudes of stakeholders (teachers, pupils and parents) towards the inclusion and teaching of sexuality education in Ndola urban secondary schools of Copperbelt province, Zambia", Europian Scientific Journal, volume: 10, 2014.

"Impact assessment of school-based sex education program amongst adolescents" by Thakor and Pradeep found that, sex education programs have beneficial impact. It resulted in enhancing knowledge and desired changes in attitude of adolescents regarding human sexuality.

- Thakor and Pradeep, "Impact assessment of school-based sex education program amongst adolescents", Indian Journal of Pediatrics, 67(8): 551-58.

Bhasin and et al in 1999 conducted a study on "Perceptions of teachers regarding sex education in national capital territory of Delhi". The results of this study revealed that, majority of teachers were in favor of inclusion of sex education in school curriculum. Various NGOs and other international organizations working for human health and education also felt sex education as an important component of school education.

- Bhasin and et al, "Perceptions of teachers regarding sex education in national capital territory of Delhi", Indian Journal of Pediatrics, 66(4): 527-31.

A review study by Kumar and Kumar revealed that, environment influences human sexuality and reproductive health. Adolescents must be aware of it. Hence, it is need to involve environment education and sexuality education in India. Sexuality education will reduce potential hazards of high risk behavior, like STIs, unwanted pregnancies etc.

- Vipan B.Kumar and et al, "A right to sexuality education as a human right", Indian Journal of Pediatrics, 66(4): 527-25.

As sexuality impacts on overall general health, quality of life, environmental adaptation etc.; it is human right and it should be protected. Lack of knowledge regarding sexuality education, human reproductive Anatomy and physiology may threaten the health and life of human beings.

- Vipan B.Kumar and et al, "A right to sexuality education as a human right", Indian Journal of Pediatrics, 66(4): 527-25.

Adolescents are more intrusive about the bodily changes. They are curious to more about these changes and human sexuality. Because of socio-cultural constraints in our society they can approach to their parents, teachers or elders to clarify their doubts. For getting informed they always rely on their friends who all are too deficit in knowledge. Inadequate knowledge is the main reason why adolescents becomes more curious and satisfies this urge with the help of experimentations. Providing them information regarding their body, changes in it, sexuality and STDs can help them being healthy and free from HIV and other STDs.

-Omprakash Agrawal and et al, "Study in sexuality of medical college students in India", Journal of Adolescent Health, Volume 26, Issue 3, Pages 226–229, March 2000

Do we need sex-education in schools? An article by Vipul Tripathi depicted that, a parliamentary committee, with a varied political membership, recently recommended that, topic of sex education embarrasses many Indians. This committee refused to have a power point presentation on the question of sex education with comment that it could embarrass the lady members present over there and recommended to remove HIV/AIDS and other STDs from the curriculum and include 'Physical and Mental Development in Adolescents' in the curriculum. Hence, parliamentary committee said no to sex education in India.

- Vipul Tripathi, "Do we need sex-education in schools?" India Insight, April 30, 2009

The NACO website says, "Most young people become sexually active during adolescence. In the absence of right guidance and information at this stage they are more likely to have multi-partner unprotected sex with high risk behavior groups.

- Vipul Tripathi, "Do we need sex-education in schools?" India Insight, April 30, 2009

A cross sectional study on Need Assessment for Sex Education amongst the University Students in Punjab University, Chhattisgarh on 45 boys and 41 girls reveals that, majority of students were in favor of sex education. Most of them relied that, teacher is the best source for providing sex education and preferred to start sex education from matriculation with topics likes sexual body changes during adolescence, contraceptives and STDs.

-Jaideep Kumar, "Need Assessment for Sex Education amongst the University Students in Punjab University, Chhattisgarh", Global Journal of Medicine and Public Health

The data from National Household Survey (NHS) revealed that 24 per cent of the drug abusers were in the age group of 12-18 years. Nearly 11 per cent were introduced to cannabis before the age of 15 years and about 26 per cent between the age of 16 and 20 years.

-Adolescent Education Programme- Life Skill Development-Facilitators Guide, NACO

Eighty three percent per cent young men and 78% young women in the age group 15-24 expressed that they perceived family life education to be important. Young people (45% boys and 27% girls) voted for teacher as the most appropriate person to transact education on family life matters.

Prof.SarojYadav,"Adolescence EducationEducation Programme In India :Evoluti on and Implementation"

A study commissioned by the Indian Ministry of Women and Children Development and carried out by UNICEF and Prayas, a non-governmental organization depicted that, 53% of children between the ages of five and 12 have been sexually abused. Most often this abuse was committed by parents, legal guardians or close members of the family. The study distressingly noted that, more than half of all cases of sexual abuse and rape go unreported.

- Neha Sood and et al. "Report to the United Nations human rights council for the universal periodic review of the republic of India"

Chapter 2

Research Methodology

2.1 Rationale:

Adolescents accounts one fifth of world's population. According to Indian census 2011, 20.9 per cent (243 million) India's total population is in the age group of 10-19 years. These young people are demographic dividend of India and hence, are pillars of India's upcoming economic development. One in every four girls and one in every seven boys in the world are sexually abused [WHO]. In recent years pre-marital sexual relationship trend is increasing in India. Sixty nine per cent men and 38 per cent women admits that they had premarital sex.[week magazine,2002]. According to NACO only 28 per cent young women and 54 per cent young men in the age group 15-19 year has comprehensive knowledge of HIV/AIDS. One in every 1000 youth is HIV positive (NFHS-3). Thirty five percent overall reported cases and 50 per cent new cases of HIV in India occurs among young people in the age group 15-24 year. Teenage pregnancy is high in India than other countries. Out of 1000 women 62 are pregnant teens in India. [Economic times Nov 14, 2008]. Eight per cent men and 11% women who had sexual intercourse reported STI or STI symptoms. Most of the adolescents get infected because of unprotected sex [NFHS-3]. Young children abuse is increased in recent years. Two out of every three children are physically abused. Boys and girls are equally abused. Because of physical and physiological changes in the body they can lead to unusual behavior. If such behavior is not corrected at proper time it may land up them into lifelong problem/s.

Providing sex education is not as easy as providing routine school education to the adolescents because of our Indian socio-cultural context and political acceptance issues. Though the sex education has been started throughout the country in the form of Adolescent Education Programme (AEP); eight states Gujarat, Madhya Pradesh, Maharashtra, Rajasthan, and Karnataka etc. banned AEP. Political resistance is a major issue in accepting AEP as a routine curriculum subject of adolescents in the school. Now a days AEP is renamed as a Family Life Education (FLE).

FLE provides platform for inculcating morals, good nutritional and hygiene habits, creating awareness regarding physical and psychological changes and high risk behavior during adolescence, prevention of STI, RTI and HIV/AIDS, making them aware of sexual violence and child abuse, proper counseling related to age specific psychological issues and bridging the gaps of inter personal relationship between parents and adolescents, peers, teachers and

adolescents and parents and teachers. Even though our socio cultural back ground is creating resistance to FLE, the positive attitude of adolescents, parents and teachers will definitely contribute in minimizing the intensity of it. FLE is vital measure to minimize the negative concerns of sexual behavior of adolescents like teen age pregnancies, early motherhood, unsafe abortions, RTI/STDs and HIV/AIDS etc.

2.2 Research Methodology

2.2.1 Research Question:

"What is the level of knowledge and attitude of adolescents, regarding family Life Education in schools of Surat city, Gujarat?"

2.2.2 Objectives:

1. To assess the knowledge of adolescents regarding family life education.
2. To assess the attitude of adolescents regarding family life education in schools.

2.2.3 Research Methodology:

Study Approach: Quantitative

Type of Study: Cross sectional study.

Location: Surat, Gujarat.

Study Population: Adolescent boys and girls of ninth standard, from the schools of Surat city in Gujarat state.

Sampling: Multi stage sampling.

Stages of Sampling:

- Stage I: Prepare the list of all Schools in the city along with population of ninth standard students.
- Stage II: Categorize the schools on the basis of location in four major directions.
- Stage III: Select the one school with highest population of adolescents of ninth standard in each major direction.
- Stage IV: Select the all adolescent boys and girls of ninth standard of selected school in particular direction.

Sample Size: Total 397 students from four schools of Surat city participated in the study. Out of these schools all are CBSE schools .

Data collection:

Data Collection Technique: School Survey

Selected schools have been visited by researcher to collect the data from samples.

Data collection Tool: Questionnaire Schedule

Existing FLE module and other studies are referred to form 80 statements of questionnaire regarding knowledge and attitude of adolescents.
Questionnaire Schedule has been used to collect the data from the samples. Researcher visited the adolescents of ninth standard from each identified school. Instructions to all of them will be given regarding filling of questionnaire Schedule. Adolescents and teachers questionnaire schedule has been distributed to Adolescents of identified schools. Filled questionnaire Schedules has been collected from the samples after ensuring completeness of filled data.

Processing and data analysis:

Collected data has been analyzed with the help of SPSS software. Data was entered in the SPSS. Response coding was done and then data has been cleaned. New variables have been created for knowledge and attitude. New scale was created for new variables and recoding has been done. Scale reliability was done for this scale. Data was analyzed by using frequencies and cross tabulations.

Ethical Considerations:

- Written permission has been taken from District Education Officer for collecting data from schools.
- Written permission has been taken from participants for collecting data from them.
- Information collected will be used for research purpose only.
- All the information collected will be kept confidential and will not be disclosed to anybody.

2.3 Pilot Study:

Pilot study was done on 20 students of ninth standard from two different schools to test the reliability of questionnaire schedule. Schools were selected in such a way that they have population of adolescent students less than next to schools selected for the study.
Forms were collected and after discussion with students, teachers and principal of these schools necessary changes were made in questionnaire.

Chapter III

Results of the Study

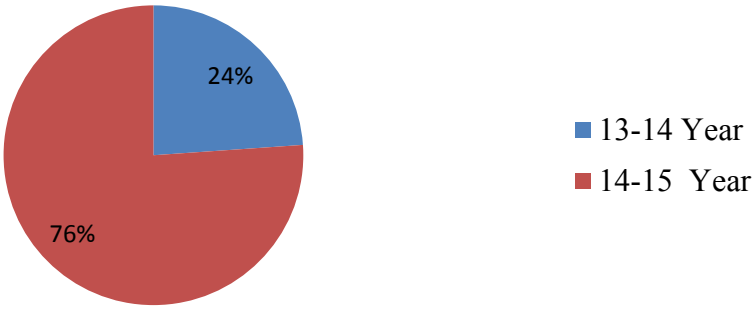
Table: 1 Background Characteristics of Respondents

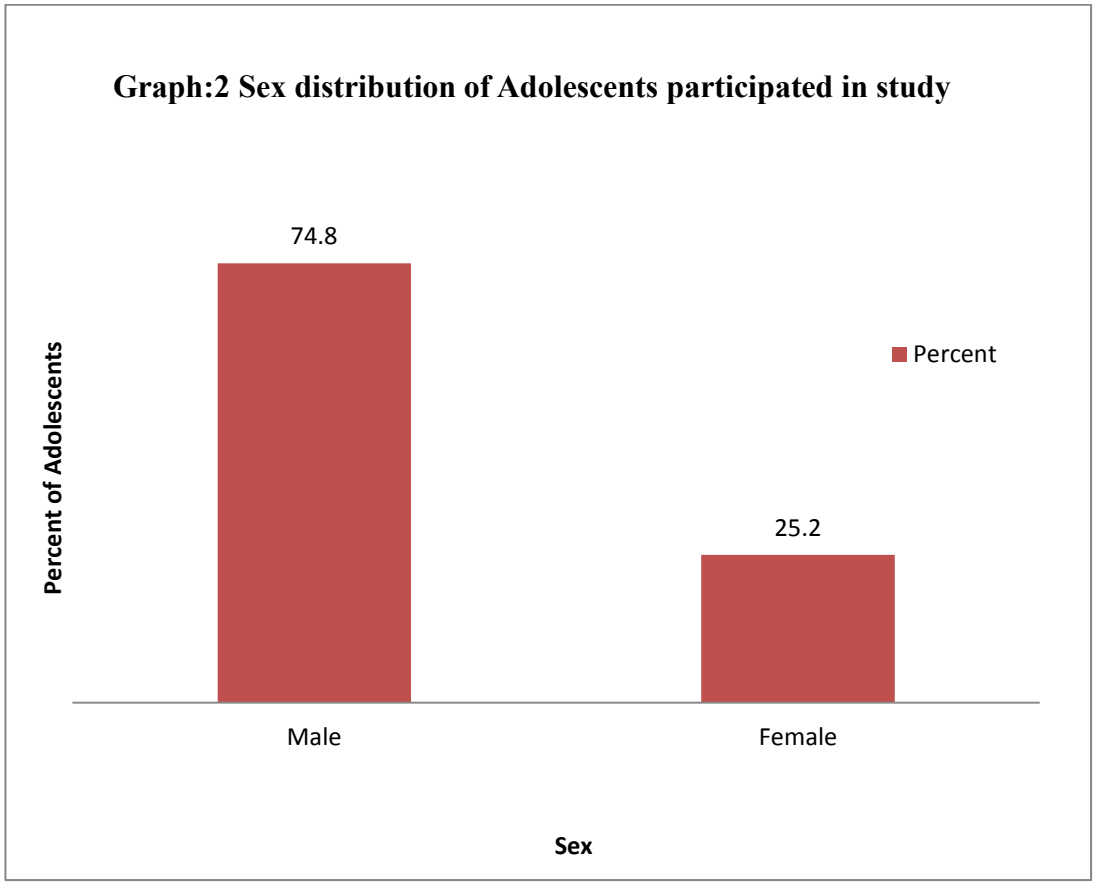
n=397

Background Characteristics of Respondents	Frequency	Per Cent
1. Age in complete Years		
13-14	95	24
14-15	302	76
2. Sex		
Male	297	75
Female	100	25
3.Language		
Local	313	79
Hindi	53	13
English	31	8
4.Education of Mother		
Illiterate	11	3
Primary	22	6
Middle	38	10
Secondary	72	18
Higher Secondary	91	23
Graduation and above	163	41
5.Education of Father		
Illiterate	1	0
Primary	8	2
Middle	34	9
Secondary	69	17
Graduation	104	26
Post-Graduation and above	181	46
6. Occupation of mother:		
House wife	354	90
Laborer	1	0
Farmer	1	0
Job in Private Company	20	5
Government Job	21	5
7. Occupation of father:		12

Unemployed	46	3
Laborer	12	3
Farmer	10	72
Job in Private Company	287	10
Government Job	39	1
8. Monthly Income:		
Less than Rs. 5000/-	4	1
Rs.5000-10,000/-	29	7
Rs.10,001-15,000/-	47	12
Rs. 15,001 and Above	317	80
9. Family size :		
2-4 members	232	59
5-6 members	105	26
7-9 members	30	8
10 and above	30	8
10. Staying in-		
Rented House	41	10
Own House	356	90
11. Type of Housing		
Kachcha	2	1
Semi Pucca	13	3
Pucca	382	96
Total	397	100

Graph :1 Age distribution of Adolescents participated in study




Graph:2 Sex distribution of Adolescents participated in study
74.8
25.2
Percent
Percent of Adolescents
Male
Female
Sex

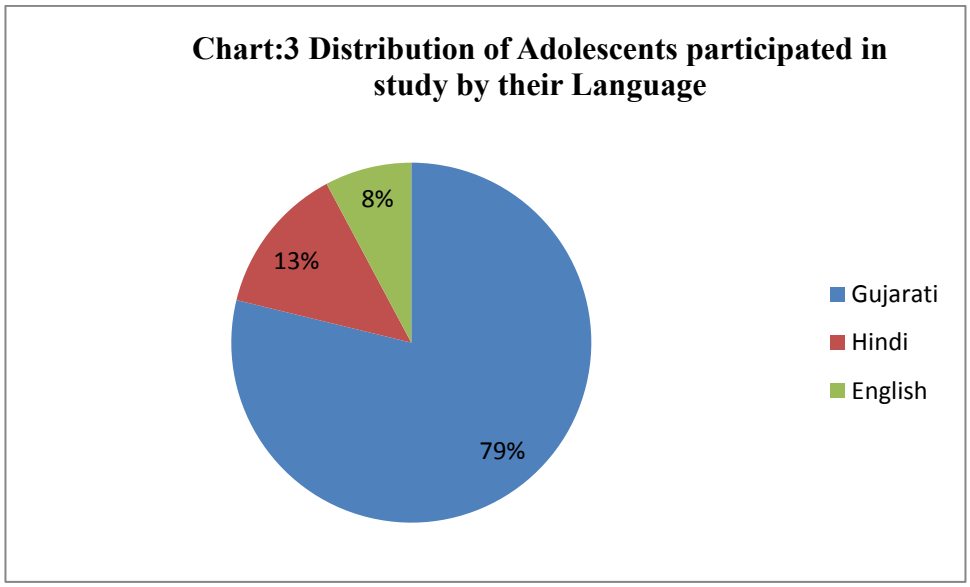
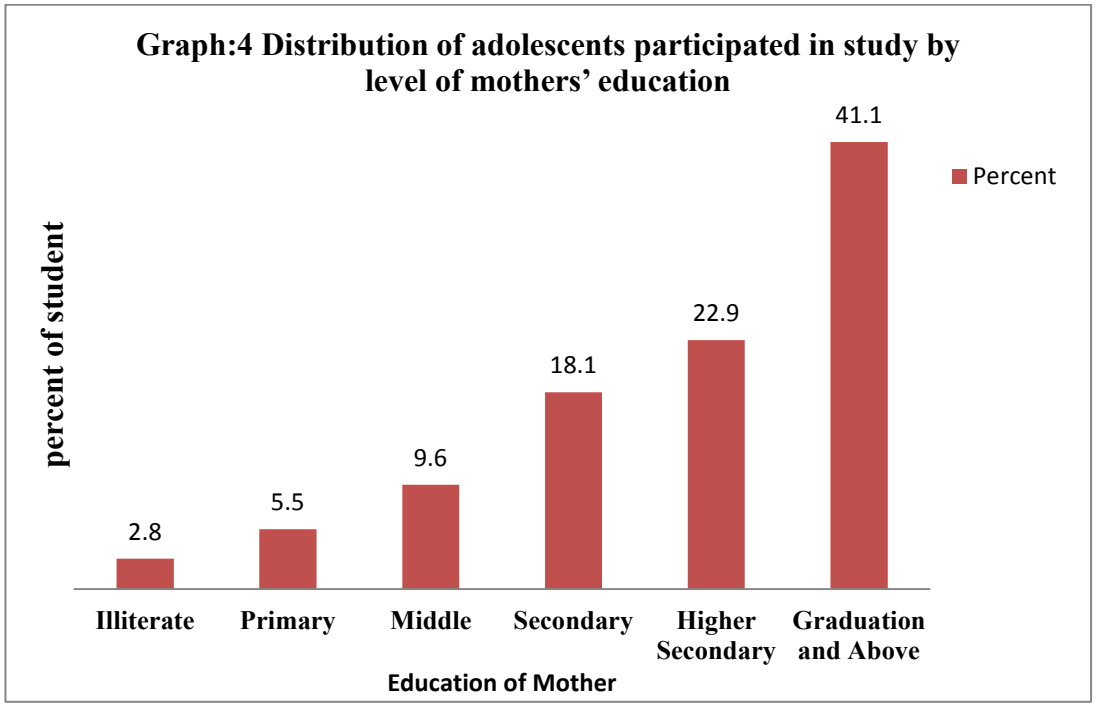


Chart:3 Distribution of Adolescents participated in study by their Language
8%
13%
79%
Gujarati
Hindi
English


Graph:4 Distribution of adolescents participated in study by level of mothers' education
percent of student
41.1
22.9
18.1
9.6
5.5
2.8
Percent
Illiterate
Primary
Middle
Secondary
Higher Secondary
Graduation and Above
Education of Mother

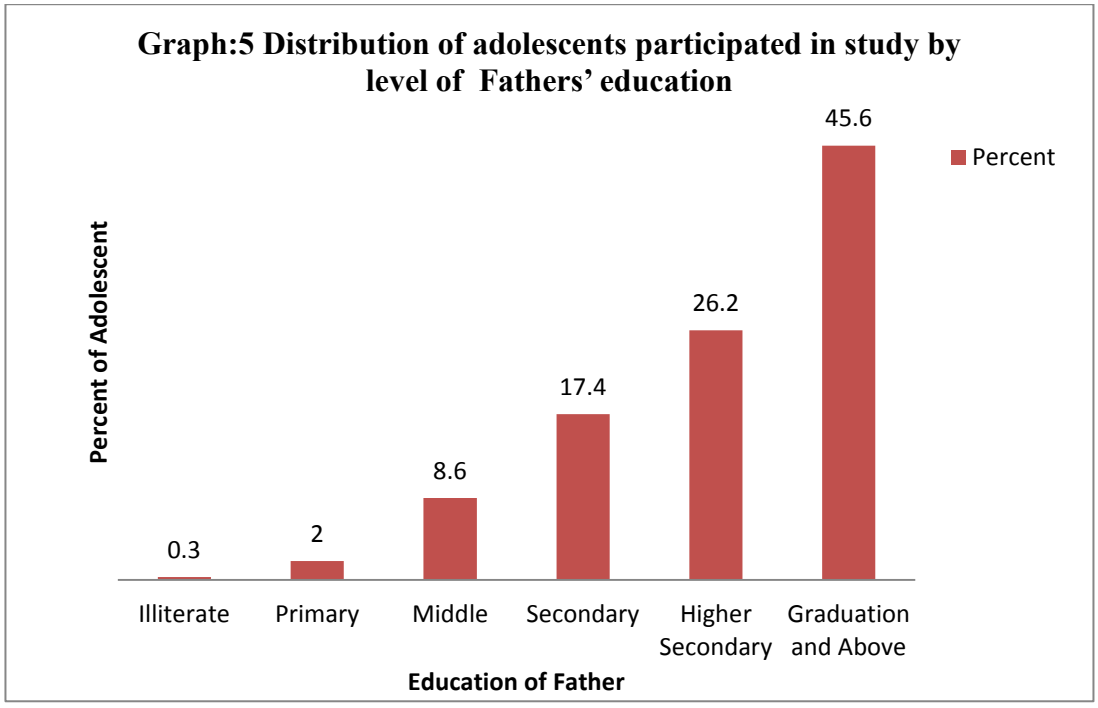
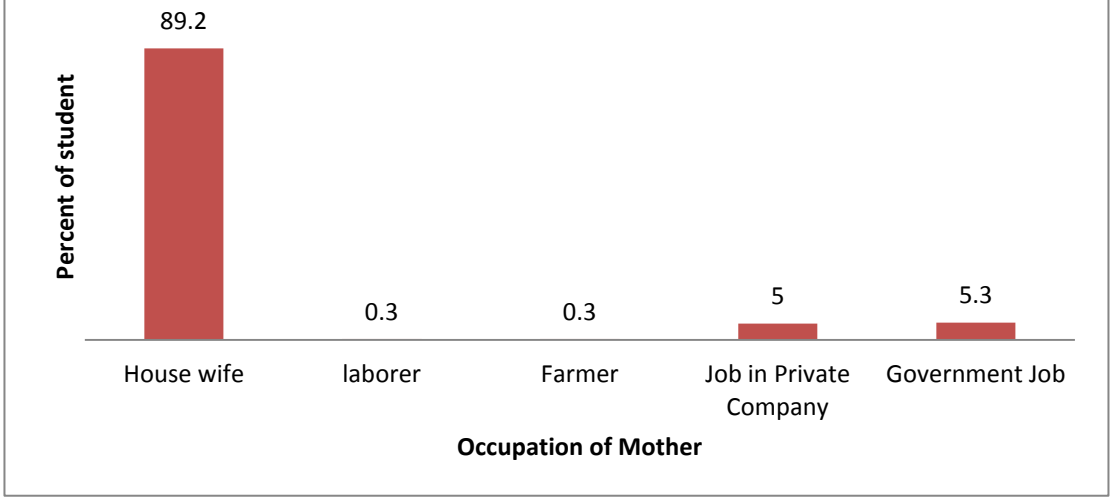
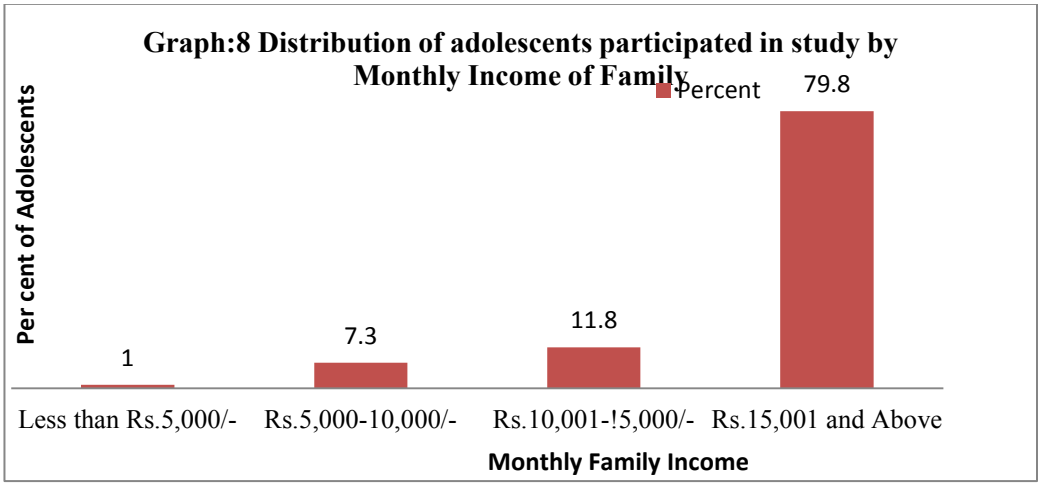

Graph:5 Distribution of adolescents participated in study by level of Fathers' education
Percent of Adolescent
45.6
26.2
17.4
8.6
2
0.3
Percent
Illiterate
Primary
Middle
Secondary
Higher Secondary
Graduation and Above
Education of Father

Table: 6 Distribution of adolescents participated in study by Occupation of mother





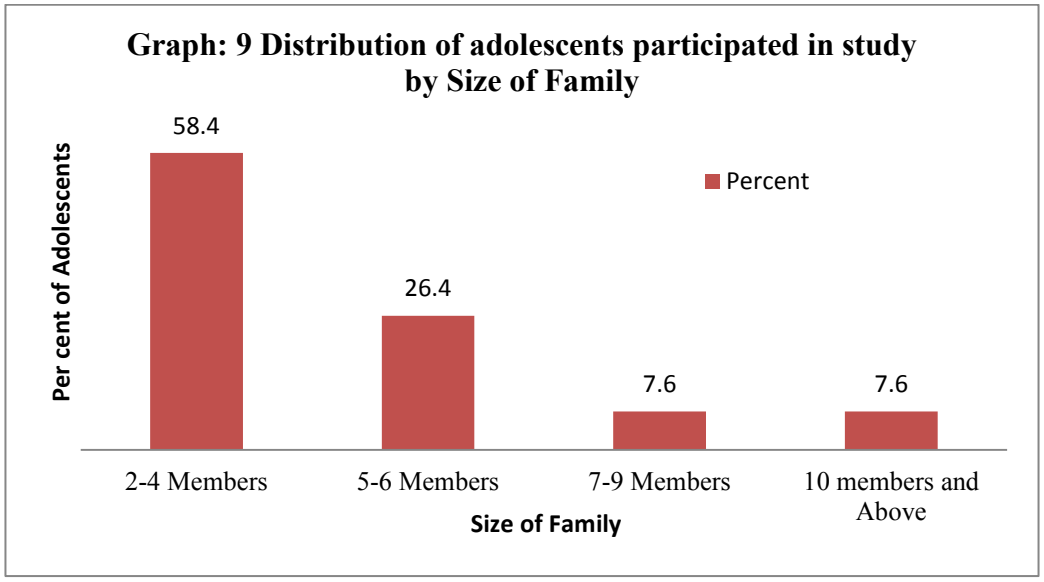


Table 1 presents background characteristics of respondents. It is evident that 76 per cent of total respondents are in the age group of 14-15 and remaining are aged 14-15 years. Around 75 per cent respondents are male and 25 per cent are female. About 79 per cent are Gujarati, 13 per cent are Hindi, whereas, eight per cent respondents are English speaking. About 41 per cent respondents mothers have education level graduation and above, 23 per cent higher secondary, 18 percent secondary, 10 per cent middle, six per cent primary level, whereas three per cent are illiterate. Around 46 per cent respondents fathers have education level graduation and above, 26 per cent with higher secondary, 17 percent with secondary, 9 per cent with middle, two per cent with primary level.: whereas three per cent are illiterate. About 89 per cent respondents mothers are house wife, five per cent has Government job, five per cent has job in private company; whereas, least per cent of mothers are farmer and laborer. Around 72 per cent respondents father have jobs in private company, 11 per cent are unemployed, 10 cent has their own business, three percent are laborer, three per cent are farmer and least percent of fathers are in Government job. About 80 per cent of respondents participated have family income Rs. 15,001 and above, 12 per cent have Rs.10, 001-15,000/-, seven per cent has Rs.5, 000-10,000/-; whereas, very least number of respondents have family income less than Rs.5, 000/-. Around 58 per cent of respondents have family size of 2-4 members, 26 per cent has 5-6 members, eight per cent has 7-9 members; whereas, eight per cent has 10 members and Above

Table: 2 Per cent Distribution of Respondents Level of Knowledge Regarding Physical Changes in Adolescent Boys by Their Background Characteristics

n= 397

Background Characteristics of Respondents	Level of Knowledge			Per Cent
1. Age in complete Years	Low	Moderate	High	
12-13	47	30	23	100
13-14	32	34	34	100
2. Sex				
Male	25	29	46	100
Female	50	31	19	100
3.Language				
Local	46	30	24	100
Hindi	40	26	34	100
English	22	39	39	100
4.Education of Mother				
Illiterate	64	3	33	100
Primary	41	50	9	100
Middle	42	45	13	100
Secondary	46	22	32	100
Higher Secondary	40	24	36	100
Graduation and above	44	31	25	100
5.Education of Father				
Illiterate	0	0	100	100
Primary	25	75	0	100
Middle	38	53	9	100
Secondary	55	19	26	100
Higher Secondary	45	29	26	100
Graduation and above	40	30	30	100
6. Occupation of mother:				
House wife	43	31	26	100
Laborer	0	0	100	100
Farmer	0	100	0	100
Job in Private Company	30	40	30	100
Government Job	62	14	24	100
7. Occupation of father:				
Unemployed	48	26	26	100
Laborer	25	58	17	100
Farmer	30	70	0	100
Job in Private Company	43	28	30	100

own Business	51	36	13	100
Government Job	33	67	0	100
8. Monthly Income:				
Less than Rs. 5000/-	25	75	0	100
Rs.5000-10,000/-	41	35	24	100
Rs.10,001-15,000/-	60	19	21	100
Rs. 15,001 and Above	41	31	27	100
9. Family size :				
2-4 members	39	30	31	100
5-6 members	37	30	33	100
7-9 members	51	35	14	100
10 and above	60	17	23	100

Respondent's knowledge of physical changes in adolescent boys is represented in Table 2. Knowledge is high among respondents in the age group 14-15 Year than those of 13- 14 Years. Around 46 per cent of male and 19 per cent of female have high knowledge of physical changes in adolescent boys. About 50 per cent female have low knowledge. Among those who have high knowledge, 39 per cent English, 34 per cent Hindi and 24 per cent have Gujarati as their mother tongue. Respondent's whose parents are highly and moderately educated have high knowledge than those whose parents are less educated. Respondents whose mothers are house wife and are government employee has low knowledge than that of other respondents whose mothers are working in private company. On the other hand whose fathers are government employee 67 per cent of these respondents have moderate knowledge of physical changes in adolescent boys. Adolescents with unemployed father and father having own business have low knowledge. Respondents having monthly family income Rs. 15,001 and above have comparatively high knowledge than those with less than this. Knowledge is low among respondents having family size more than seven members.

Respondent's knowledge level of physical changes is decreased with increase in family size. Adolescents with family size 2-4 members have high knowledge of physical changes in adolescent boys. Respondents those living in pucca house have high level knowledge whereas Adolescents living in semi pucca house have moderate level of knowledge. Adolescents living in kaccha house have low of knowledge of physical changes.

Table: 3 Per cent Distribution of Respondents' Level of Knowledge Regarding Physical Changes in Adolescent Girls by Their Background Characteristics

n= 397

Background Characteristics of Respondents	Level of Knowledge			Per Cent
	Low	Moderate	High	
1. Age in complete Years				
13-14	19	31	50	100
14-15	17	33	50	100
2. Sex				
Male	22	41	37	100
Female	15	30	55	100
3.Language				
Local	16	34	51	100
Hindi	23	19	58	100
English	23	41	36	100
4.Education of Mother				
Illiterate	0	18	82	100
Primary	5	53	42	100
Middle	5	50	45	100
Secondary	26	28	46	100
Higher Secondary	8	40	52	100
Graduation and above	22	26	53	100
5.Education of Father				
Illiterate	0	100	0	100
Primary	0	63	37	100
Middle	9	56	35	100
Secondary	17	23	59	100
Higher Secondary	13	34	53	100
Graduation and above	22	29	49	100
6. Occupation of mother:				
House wife	17	32	51	100
Laborer	0	100	0	100
Farmer	0	100	0	100
Job in Private Company	30	20	50	100
Government Job	5	48	47	100
7. Occupation of father:				
Unemployed	26	22	52	100
Laborer	8	75	17	100

Farmer	0	80	20	100
Job in Private Company	17	32	51	100
own Business	15	23	62	100
Government Job	0	33	67	100
8. Monthly Income:				
Less than Rs. 5000/-	25	50	25	100
Rs.5000-10,000/-	21	45	34	100
Rs.10,001-15,000/-	9	45	47	100
Rs. 15,001 and Above	18	29	53	100
9. Family size :				
2-4 members	20	32	48	100
5-6 members	13	36	51	100
7-9 members	13	50	37	100
10 and above	10	10	80	100

Table 3 represents the respondent's level of knowledge regarding physical changes in adolescent girls. Respondents who are in the age group of 13-14 Years 50 per cent of these and 50 per cent of those in 14-15 years have high knowledge of physical changes in adolescent girls

Female have more knowledge of physical changes in adolescent girl's i.e.55 per cent high and 30 per cent moderate knowledge than those of boys. Male have low knowledge as comparative to females.

Respondents those who have Gujarati as their mother tongue, have high knowledge than respondents having Hindi and English as their a mother tongue. Respondents whose mothers have education graduation and above, higher secondary and secondary; their Adolescents have high and moderate knowledge of physical changes in adolescent girls than those of adolescents whose mothers have middle and primary education. Level of respondent's knowledge is high among those whose mothers are house wife, having government and private job i.e. 51 per cent, 50 per cent and 47 per cent respectively than those of respondents with mothers as a laborer and farmer.

Respondents whose fathers are laborer and farmer have comparatively low knowledge than those respondents whose fathers are having their own business, working in government and private firms. Knowledge is low among Adolescents whose parents have own business, farmer, laborer, unemployed and have government job.

Knowledge is low among those who have monthly family income Less than Rs.5, 000/-.

Knowledge is high among those having family size of 2-4 and 5-6 members.

Table: 4 Per cent Distribution of Respondents' Level of Knowledge Regarding Sex and Sexuality by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Knowledge			Per Cent
	Low	Moderate	High	
1. Age in complete Years				
13-14	38	25	37	100
14-15	27	21	52	100
2. Sex				
Male	44	21	34	100
Female	8	32	60	100
3.Language				
Local	38	34	38	100
Hindi	32	23	45	100
English	13	26	61	100
4.Education of Mother				
Illiterate	18	36	46	100
Primary	55	27	18	100
Middle	47	26	26	100
Secondary	49	24	28	100
Higher Secondary	34	23	43	100
Graduation and above	26	22	52	100
5.Education of Father				
Illiterate	0	100	0	100
Primary	25	50	25	100
Middle	44	18	38	100
Secondary	44	26	30	100
Higher Secondary	37	25	38	100
Graduation and above	30	22	48	100
6. Occupation of mother:				
House wife	36	24	40	100
Laborer	0	100	0	100
Farmer	0	0	100	100
Job in Private Company	20	15	65	100
Government Job	38	29	33	100
7. Occupation of father:				
Unemployed	54	13	33	100
Laborer	75	17	8	100
Farmer	60	20	20	100

Job in Private Company	31	27	42	100
own Business	28	21	51	100
Government Job	33	0	68	100
8. Monthly Income:				
Less than Rs. 5000/-	25	0	75	100
Rs.5000-10,000/-	43	23	34	100
Rs.10,001-15,000/-	31	35	35	100
Rs. 15,001 and Above	35	23	42	100
9. Family size :				
2-4 members	29	24	47	100
5-6 members	38	29	33	100
7-9 members	57	10	33	100
10 and above	50	20	30	100

Respondent's knowledge of sex and sexuality is represented in Table 4. Respondents who are in the age group 13-14 have less knowledge of sex and sexuality than those in age group 14-15 Years. Those who have high knowledge regarding sex and sexuality 60 per cent are female and 34 per cent are male. Maximum females have high and moderate knowledge as compared to males.

Respondents whose mother tongue is English s have high knowledge as compared to Gujarati and Hindi ones. Respondents having high and moderate knowledge of sex and sexuality most of these have fathers with education graduation and above. Adolescent's knowledge level is low whose fathers are primary educated and illiterate.

Sixty five per cent respondents whose mothers are working in private company and 33 per cent whose mothers are in government jobs have high knowledge of sex and sexuality. Respondents whose fathers have job in private company, own business and government job have high knowledge. Adolescent's knowledge level is low among those whose fathers are unemployed laborer and farmer..

Respondents whose who have their per month family income less than Rs.15, 001 have low knowledge. Respondents those who have their family size 2-4, 47 per cent of these have high knowledge of sex and sexuality and percentage of knowledge level is decreased with increase in family size .

Table: 5 Per cent Distribution of Respondents' Level of Knowledge Regarding HIV/AIDS by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Knowledge			Per Cent
	Low	Moderate	High	
1. Age in complete Years				
13-14	34	33	33	100
14-15	20	34	46	100
2. Sex				
Male	9	41	50	100
Female	38	30	32	100
3.Language				
Local	32	33	35	100
Hindi	34	26	40	100
English	13	42	45	100
4.Education of Mother				
Illiterate	18	27	55	100
Primary	32	50	18	100
Middle	45	32	24	100
Secondary	43	35	22	100
Higher Secondary	32	32	36	100
Graduation and above	22	31	47	100
5.Education of Father				
Illiterate	0	100	0	100
Primary	13	38	50	100
Middle	41	24	35	100
Secondary	48	32	20	100
Higher Secondary	27	44	29	100
Graduation and above	25	28	46	100
6. Occupation of mother:				
House wife	30	33	37	100
Laborer	0	100	0	100
Farmer	0	100	0	100
Job in Private Company	15	45	40	100
Government Job	48	24	28	100
7. Occupation of father:				
Unemployed	46	17	37	100
Laborer	83	0	17	100
Farmer	10	70	20	100
Job in Private Company	27	36	37	100

own Business	31	33	36	100
Government Job	33	0	67	100
8. Monthly Income:				
Less than Rs. 5000/-	25	0	75	100
Rs.5000-10,000/-	44	28	28	100
Rs.10,001-15,000/-	35	24	41	100
Rs. 15,001 and Above	28	35	37	100
9. Family size :				
2-4 members	24	33	43	100
5-6 members	42	28	30	100
7-9 members	17	53	30	100
10 and above	57	33	10	100

Table 5 represents respondent's level of knowledge regarding HIV/AIDS. Thirty three percent respondents in the age group of 13-14 and 46 per cent in the age group of 14-15 years have high knowledge of HIV/AIDS

Fifty per cent male and 32 per cent are female have high knowledge of HIV/AIDS . Male have more knowledge as compared to females.

Forty five per cent Adolescents having English as their mother tongue have high knowledge. Knowledge is low among Gujarati speaking adolescents than those of Hindi and English speaking ones.

Percentage of respondents is increased with increase in literacy of their parents. Adolescents' knowledge level is low among those whose mothers are less educated.

Adolescent's whose mothers are working and fathers having government job have high knowledge of HIV/AIDS.

Forty three per cent adolescents who have family size of 2-4 members have high knowledge of HIV/AIDS than those having family size more than this. Adolescents whose family income is more than Rs. 10, 000/- have high knowledge of HIV/AIDS.

Table: 6 Per cent Distribution of Respondents' Level of Knowledge Regarding STI by Their Background Characteristics

Background Characteristics of Respondents	Level of Knowledge			Per Cent
	Low	Moderate	High	
1. Age in complete Years				
13-14	10	32	58	100
14-15	3	30	67	100
2. Sex				
Male	10	35	55	100
Female	3	21	76	100
3.Language				
Local	10	30	60	100
Hindi	4	49	47	100
English	0	13	87	100
4.Education of Mother				
Illiterate	64	9	27	100
Primary	9	55	36	100
Middle	3	55	42	100
Secondary	11	36	53	100
Higher Secondary	6	36	68	100
Graduation and above	7	25	68	100
5.Education of Father				
Illiterate	0	0	100	100
Primary	18	50	32	100
Middle	7	39	54	100
Secondary	14	35	51	100
Higher Secondary	5	24	71	100
Graduation and above	0	12	88	100
6. Occupation of mother:				
House wife	9	33	58	100
Laborer	0	0	100	100
Farmer	0	0	100	100
Job in Private Company	10	30	60	100
Government Job	5	5	90	100
7. Occupation of father:				
Unemployed	7	46	47	100
Laborer	8	75	17	100
Farmer	0	80	20	100
Job in Private Company	10	27	63	100

own Business	3	23	74	100
Government Job	0	33	68	100
8. Monthly Income:				
Less than Rs. 5000/-	0	25	75	100
Rs.5000-10,000/-	9	32	59	100
Rs.10,001-15,000/-	7	28	66	100
Rs. 15,001 and Above	9	30	61	100
9. Family size :				
2-4 members	11	25	65	100
5-6 members	6	34	60	100
7-9 members	7	43	50	100
10 and above	3	60	37	100

Table: 6 depict that 67 per cent respondents in the age group of 14-15 and 58 per cent in the age group 13-14 year have high knowledge of STI. Female have more knowledge of STI than male adolescents. Eighty seven per cent English speaking respondents have high knowledge of STI, whereas 60 per cent Gujarati speaking have high knowledge of STI.

Respondents whose parents are highly educated have more knowledge of STI than those whose parents are moderately and less educated. Respondents with working mothers and fathers with own business and government job have high knowledge as compared to those with unemployed, farmer and laborer parents. Respondents whose monthly family income is more than Rs. 10, 000/- have high knowledge as compared to those having monthly family income less than this.

Respondents having family size more than 7-9 members have moderate knowledge of STI as compared to those having family size less than six members.

Table: 7 Per cent Distribution of Respondents' Level of Knowledge Regarding Sexual Abuse by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Knowledge			Per Cent
	Low	Moderate	High	
1. Age in complete Years				
13-14	11	17	72	100
14-15	4	12	84	100
2. Sex				
Male	8	13	79	100
Female	10	16	74	100
3.Language				
Local	11	16	73	100
Hindi	4	13	83	100
English	0	13	87	100
4.Education of Mother				
Illiterate	55	9	36	100
Primary	18	14	68	100
Middle	8	13	79	100
Secondary	11	22	67	100
Higher Secondary	6	14	80	100
Graduation and above	7	14	79	100
5.Education of Father				
Illiterate	0	0	100	100
Primary	0	13	87	100
Middle	21	18	61	100
Secondary	12	19	70	100
Higher Secondary	12	16	72	100
Graduation and above	6	13	81	100
6. Occupation of mother:				
House wife	10	16	74	100
Laborer	0	0	100	100
Farmer	0	0	100	100
Job in Private Company	10	20	70	100
Government Job	5	0	95	100
7. Occupation of father:				
Unemployed	7	9	84	100
Laborer	0	0	100	100
Farmer	0	20	80	100

Job in Private Company	10	17	73	100
own Business	8	17	75	100
Government Job	10	10	80	100
8. Monthly Income:				
Less than Rs. 5000/-	0	25	75	100
Rs.5000-10,000/-	11	26	63	100
Rs.10,001-15,000/-	10	14	76	100
Rs. 15,001 and Above	7	7	86	100
9. Family size :				
2-4 members	10	16	74	100
5-6 members	8	17	75	100
7-9 members	10	10	80	100
10 and above	10	10	80	100

Table 7 represents respondents' knowledge of sexual abuse. 72 per cent respondents in the age group of 13-14 years and 84 per cent in the age group of 14-15 years have high knowledge of sexual abuse. Male have comparatively high knowledge of sexual abuse than that of female respondents. 87 per cent English and 83 per cent Hindi speaking adolescents have high knowledge of sex abuse which is high as compared to Gujarati speaking ones.

Respondents whose parents have job in private company, have own business and job in government have comparatively high knowledge. Respondents having family income more than Rs. 15, 000/- have high knowledge of sex abuse.

Respondents whose parents are highly educated have more knowledge than those with moderate and less educated ones. Respondent's level of knowledge is increased with increase in family size.

Table: 8 Per cent Distribution of Respondents' Level of Knowledge Regarding Masturbation by Their Background Characteristics

Background Characteristics of Respondents	Level of Knowledge			Per Cent
	Low	Moderate	High	
1. Age in complete Years				
13-14	19	30	51	100
14-15	20	7	73	100
2. Sex				
Male	5	15	80	100
Female	24	28	48	100
3.Language				
Local	18	27	55	100
Hindi	30	23	47	100
English	7	10	83	100
4.Education of Mother				
Illiterate	0	27	73	100
Primary	36	14	50	100
Middle	18	53	29	100
Secondary	24	40	36	100
Higher Secondary	18	25	57	100
Graduation and above	17	13	70	100
5.Education of Father				
Illiterate	0	0	100	100
Primary	25	38	37	100
Middle	12	50	38	100
Secondary	35	29	35	100
Higher Secondary	16	23	61	100
Graduation and above	15	19	66	100
6. Occupation of mother:				
House wife	20	25	56	100
Laborer	0	0	100	100
Farmer	0	0	100	100
Job in Private Company	5	10	85	100
Government Job	19	48	33	100
7. Occupation of father:				
Unemployed	39	11	50	100
Laborer	25	58	17	100
Farmer	10	10	80	100
Job in Private Company	17	26	57	100

own Business	8	28	64	100
Government Job	0	33	67	100
8. Monthly Income:				
Less than Rs. 5000/-	25	0	75	100
Rs.5000-10,000/-	11	36	53	100
Rs.10,001-15,000/-	20	25	56	100
Rs. 15,001 and Above	24	14	62	100
9. Family size :				
2-4 members	14	21	65	100
5-6 members	24	34	42	100
7-9 members	13	24	63	100
10 and above	47	23	30	100

Table 8 represents respondents' level of knowledge regarding masturbation by their background characteristics. Adolescents in the age group of 14-15 have high knowledge than that of adolescents in the age group of 13-14 years. 80 per cent male have high knowledge of masturbation. Knowledge level is low among girls than boys. Gujarati speaking and Hindi speaking adolescents have less knowledge as compared to English speaking ones.

Respondents whose parents are highly educated have high knowledge of masturbation than those of whose parents moderately literate. Respondents whose mothers have job in private company and those with father having own business and in government jab have high knowledge as compared to other ones.

Respondents, who are having monthly family income more than Rs. 15, 000/- have high knowledge of masturbation. Knowledge is high among those respondents having family size 2-4 members.

Table: 9 Per cent Distribution of Respondents' Level of Knowledge Regarding Menstruation by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Knowledge			Per Cent
	Low	Moderate	High	
1. Age in complete Years				
13-14	30	41	29	100
14-15	30	34	36	100
2. Sex				
Male	35	35	30	100
Female	28	37	34	100
3.Language				
Local	32	36	31	100
Hindi	17	47	36	100
English	29	23	48	100
4.Education of Mother				
Illiterate	32	43	25	100
Primary	37	45	18	100
Middle	29	37	34	100
Secondary	31	34	35	100
Higher Secondary	18	27	55	100
Graduation and above	13	27	60	100
5.Education of Father				
Illiterate	0	100	0	100
Primary	0	63	38	100
Middle	35	24	41	100
Secondary	32	46	22	100
Higher Secondary	30	34	36	100
Graduation and above	30	36	34	100
6. Occupation of mother:				
House wife	31	36	33	100
Laborer	0	100	0	100
Farmer	100	0	0	100
Job in Private Company	35	20	45	100
Government Job	14	62	24	100
7. Occupation of father:				
Unemployed	48	44	4	100
Laborer	58	33	8	100
Farmer	80	20	0	100

Job in Private Company	34	36	30	100
own Business	23	44	33	100
Government Job	0	67	33	100
8. Monthly Income:				
Less than Rs. 5000/-	75	25	0	100
Rs.5000-10,000/-	38	31	31	100
Rs.10,001-15,000/-	13	28	60	100
Rs. 15,001 and Above	33	33	34	100
9. Family size :				
2-4 members	26	36	38	100
5-6 members	40	34	26	100
7-9 members	50	30	20	100
10 and above	57	33	10	100

Table: 9 represent the knowledge of respondents regarding menstruation by their background characteristics. 36 per cent adolescents in the age group of 14-15 and 29 adolescents in the age group of 13-14 years have high knowledge of menstruation. 34 per cent female have high knowledge of masturbation. Knowledge level is low among male than female respondents. Gujarati speaking and Hindi speaking adolescents have less knowledge as compared to English speaking ones.

Respondents whose parents are highly educated have high knowledge of menstruation than those of whose parents moderately literate. Respondents whose mothers have job in private company and those with father having own business and in government jab have high knowledge as compared to other ones.

Respondents, who are having monthly family income more than Rs. 10, 000/- have high knowledge of masturbation. Knowledge is high among those respondents having family size 2-4 members.

Table: 10 Per cent Distribution of Respondents' Level of Knowledge Regarding Pregnancy by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Knowledge			Per Cent
	Low	Moderate	High	
1. Age in complete Years				
13-14	42	14	43	100
14-15	39	17	44	100
2. Sex				
Male	48	15	34	100
Female	22	16	62	100
3.Language				
Local	43	15	42	100
Hindi	49	11	40	100
English	16	19	65	100
4.Education of Mother				
Illiterate	73	18	9	100
Primary	50	36	14	100
Middle	50	32	18	100
Secondary	57	31	13	100
Higher Secondary	15	35	50	100
Graduation and above	15	39	46	100
5.Education of Father				
Illiterate	100	0	0	100
Primary	63	37	0	100
Middle	51	38	12	100
Secondary	44	44	12	100
Higher Secondary	20	39	41	100
Graduation and above	12	40	48	100
6. Occupation of mother:				
House wife	42	15	43	100
Laborer	100	0	0	100
Farmer	0	100	0	100
Job in Private Company	30	10	60	100
Government Job	14	38	48	100
7. Occupation of father:				
Unemployed	59	39	2	100
Laborer	75	0	25	100
Farmer	70	10	20	100

Job in Private Company	17	38	45	100
own Business	13	39	48	100
Government Job	0	33	68	100
8. Monthly Income:				
Less than Rs. 5000/-	55	34	10	100
Rs.5000-10,000/-	50	25	25	100
Rs.10,001-15,000/-	15	41	44	100
Rs. 15,001 and Above	17	32	51	100
9. Family size :				
2-4 members	12	37	51	100
5-6 members	14	38	48	100
7-9 members	20	23	57	100
10 and above	60	20	20	100

Table: 10 present the per cent distribution of respondents 'level of knowledge regarding pregnancy by their background characteristics. Adolescents those who have high and moderate knowledge of pregnancy most of these are in the age group of 14-15 Years. Adolescents with age group 13-14 Years have comparatively low knowledge than that of Adolescents with age group 14-15. Knowledge is increased with increase in age of Adolescents.

62 per cent females have high knowledge of pregnancy .Males have low knowledge as compared to females. 65 per cent English speaking adolescents have high knowledge than that of Gujarati and Hindi speaking ones.

Mothers who have education level graduation and above, and higher secondary their children have more knowledge than that of mothers with less education. Adolescent's knowledge level is low among those adolescents who have illiterate mothers and mothers with primary education.

Knowledge of pregnancy is higher among the Adolescents whose fathers are highly educated. Adolescents who have high knowledge of Pregnancy maximum number of Adolescents have working mothers.

Adolescents those who have their per month family income Rs.15, 001 and above have high knowledge of pregnancy. Adolescents those who have family size 7-9 members 57 per cent of these have high knowledge of pregnancy.

Table: 11 Per cent Distribution of Respondents' Level of inadequacy of Knowledge Regarding Menstruation, Masturbation, Sex and pregnancy by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Inadequacy			Per Cent
	High	Moderate	Low	
1. Age in complete Years				
14-15	77	15	8	100
14-15	56	10	33	100
2. Sex				
Male	54	15	31	100
Female	83	1	16	100
3.Language				
Local	60	9	31	100
Hindi	55	28	17	100
English	84	7	10	100
4.Education of Mother				
Illiterate	75	15	10	100
Primary	64	18	18	100
Middle	62	3	35	100
Secondary	48	14	38	100
Higher Secondary	40	13	47	100
Graduation and above	36	9	55	100
5.Education of Father				
Illiterate	100	0	0	100
Primary	70	13	17	100
Middle	61	10	29	100
Secondary	50	25	25	100
Higher Secondary	46	9	45	100
Graduation and above	44	15	41	100
6. Occupation of mother:				
House wife	60	12	28	100
Laborer	100	0	0	100
Farmer	100	0	0	100
Job in Private Company	80	20	0	100
Government Job	57	0	43	100
7. Occupation of father:				
Unemployed	66	0	33	100
Laborer	66	0	33	100

Farmer	65	11	24	100
Job in Private Company	52	30	17	100
own Business	25	0	75	100
Government Job	20	10	70	100
8. Monthly Income:				
Less than Rs. 5000/-	75	0	25	100
Rs.5000-10,000/-	66	3	31	100
Rs.10,001-15,000/-	62	13	25	100
Rs. 15,001 and Above	53	6	40	100
9. Family size :				
2-4 members	68	10	22	100
5-6 members	58	6	36	100
7-9 members	43	14	43	100
10 and above	40	47	13	100

Table: 11 depict per cent distribution of respondents' level of inadequacy of knowledge regarding menstruation, masturbation, sex and pregnancy by their background characteristics. Adolescents those who are in the age group of 13-14 Years are highly inadequate Knowledge of Menstruation, Masturbation, Sex and pregnancy than those of Adolescents in the age group of 14-15 Years.

83 per cent Female adolescents' have inadequate Knowledge regarding Menstruation, Masturbation, Sex and pregnancy than males.

Adolescents those who are Gujarati speaking are highly Inadequate in Knowledge of Menstruation, Masturbation, Sex and pregnancy than Hindi speaking and English speaking Adolescents.

Adolescents whose mothers are highly educated are least inadequate in Knowledge regarding menstruation, masturbation, sex and pregnancy. Whereas inadequacy is increased with decrease in education of mother.

Inadequacy of Knowledge regarding menstruation, masturbation, sex and pregnancy is increased with decrease in education of father.

Adolescents whose mothers are house wife and are in government job are least inadequate in knowledge of menstruation, masturbation, sex and pregnancy than those having working mothers.

Adolescents those having fathers unemployed, laborer and farmer are highly inadequate in Knowledge of menstruation, masturbation, sex and pregnancy.

Adolescents those who have their per month family income Rs.15,001 and above are least inadequate in Knowledge of regarding Menstruation, masturbation, sex and pregnancy respectively. Whereas inadequacy is high in Adolescents with less family income.

Inadequacy of knowledge regarding menstruation, masturbation, sex and pregnancy is high among adolescent with family size 2-4. Whereas inadequacy of knowledge is decreased with increase in family size.

Table: 12 Per cent Distribution of Respondents' Level of Attitude towards Learning Sex and Sexuality by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Attitude			Per Cent
	Less Favorable	Favorable	More Favorable	
1. Age in complete Years				
14-15	45	22	33	100
14-15	38	26	36	100
2. Sex				
Male	36	20	44	100
Female	46	24	31	100
3.Language				
Local	48	20	33	100
Hindi	21	42	38	100
English	32	23	45	100
4.Education of Mother				
Illiterate	68	23	9	100
Primary	50	34	16	100
Middle	62	17	21	100
Secondary	34	25	41	100
Higher Secondary	40	17	43	100
Graduation and above	9	27	63	100
5.Education of Father				
Illiterate	100	0	0	100
Primary	56	15	29	100
Middle	25	38	38	100
Secondary	42	28	30	100
Higher Secondary	50	20	30	100
Graduation and above	38	23	39	100
6. Occupation of mother:				
House wife	43	24	33	100
Laborer	100	0	0	100
Farmer	100	0	0	100

Job in Private Company	30	25	45	100
Government Job	52	5	43	100
7. Occupation of father:				
Unemployed	28	35	37	100
Laborer	92	0	8	100
Farmer	80	10	10	100
Job in Private Company	43	24	33	100
own Business	39	5	56	100
Government Job	33	67	0	100
8. Monthly Income:				
Less than Rs. 5000/-	25	0	75	100
Rs.5000-10,000/-	62	17	21	100
Rs.10,001-15,000/-	41	24	35	100
Rs. 15,001 and Above	35	21	45	100
9. Family size :				
2-4 members	42	20	38	100
5-6 members	45	21	34	100
7-9 members	67	20	13	100
10 and above	20	53	27	100

Table: 12 present per cent distribution of respondents' level of attitude towards learning sex and sexuality by their background characteristics. Adolescents in the age group of 14-15 years have more favorable attitude towards learning sex and sexuality than Adolescents in the age group of 14-15 years.

Male Adolescents have more favorable attitude towards learning sex and sexuality than female Adolescents.

Gujarati speaking Adolescents have more favorable attitude towards Learning sex and sexuality than those of Hindi and English speaking ones.

Mothers who are highly educated their Adolescents are more favorable towards learning sex and sexuality than Adolescents of mother with less education.

Adolescents whose fathers are more educated are more favorable towards learning sex and sexuality than those with father less educated.

Adolescents whose mothers are house wife and having government job have more favorable towards learning sex and sexuality.

Adolescents those have family income Rs.15,001 and Above are more favorable for learning sex and sexuality than those with less family income. Adolescents those who have family size of 2-4 members are more favorable for learning sex and sexuality

Table: 13 Per cent Distribution of Respondents' Level of Attitude towards Abstinence by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Attitude			Per Cent
	Less Favorable	Favorable	More Favorable	
1. Age in complete Years				
13-14	31	16	53	100
14-15	27	19	54	100
2. Sex				
Male	35	19	46	100
Female	17	9	74	100
3.Language				
Local	33	15	52	100
Hindi	15	28	57	100
English	32	10	58	100
4.Education of Mother				
Illiterate	0	27	73	100
Primary	36	18	46	100
Middle	29	25	46	100
Secondary	43	8	49	100
Higher Secondary	23	19	58	100
Graduation and above	40	5	55	100
5.Education of Father				
Illiterate	100	0	0	100
Primary	13	63	25	100
Middle	38	6	56	100
Secondary	28	17	55	100
Higher Secondary	30	17	53	100
Graduation and above	30	16	54	100
6. Occupation of mother:				
House wife	30	16	54	100
Laborer	100	0	0	100
Farmer	0	0	100	100
Job in Private Company	25	10	60	100
Government Job	43	19	38	100
7. Occupation of father:				
Unemployed	30	33	37	100
Laborer	68	17	17	100

Farmer	70	0	30	100
Job in Private Company	28	15	56	100
own Business	26	8	68	100
Government Job	0	33	67	100
8. Monthly Income:				
Less than Rs. 5000/-	0	25	75	100
Rs.5000-10,000/-	36	15	49	100
Rs.10,001-15,000/-	31	16	54	100
Rs. 15,001 and Above	21	24	55	100
9. Family size :				
2-4 members	28	12	60	100
5-6 members	34	15	51	100
7-9 members	40	17	43	100
10 and above	20	57	23	100

Table: 13 present per cent distribution of respondents' level of attitude towards abstinence by their background characteristics. Adolescents in the age group of 14-15 years have more favorable attitude towards abstinence than adolescents in the age group of 13-14 years.

Female adolescents have more favorable attitude towards abstinence than male adolescents.

English speaking Adolescents have more favorable attitude towards Abstinence than those of Hindi and Gujarati speaking ones.

Mothers who are highly educated their Adolescents are more favorable towards abstinence than Adolescents of mother with less education

Adolescents whose fathers are more educated are more favorable towards abstinence than those with father less educated.

Adolescents whose mothers are working are more favorable towards abstinence than those with house wife mothers.

Adolescents whose father has job in government private company and those having own business are more favorable towards abstinence than those with father having another job.

Adolescents those have family income Rs.15, 001 and Above are more favorable for Abstinence than those with less family income.

Adolescents those who have family size of 2-4 members are more favorable for abstinence. Favorability is decreased with increase in family size.

Table: 14 Per cent Distribution of Respondents' Level of Attitude towards Peer Pressure by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Attitude			Per Cent
	Less Favorable	Favorable	More Favorable	
1. Age in complete Years				
13-14	38	12	50	100
14-15	47	17	36	100
2. Sex				
Male	25	15	60	100
Female	52	16	33	100
3.Language				
Local	46	17	37	100
Hindi	45	8	47	100
English	32	13	55	100
4.Education of Mother				
Illiterate	18	18	64	100
Primary	59	9	32	100
Middle	61	11	29	100
Secondary	46	22	32	100
Higher Secondary	53	11	36	100
Graduation and above	36	17	47	100
5.Education of Father				
Illiterate	0	0	100	100
Primary	38	25	38	100
Middle	54	10	36	100
Secondary	41	16	43	100
Higher Secondary	46	20	34	100
Graduation and above	44	9	47	100
6. Occupation of mother:				
House wife	46	15	39	100
Laborer	0	0	100	100
Farmer	0	0	100	100
Job in Private Company	20	35	45	100
Government Job	52	14	33	100
7. Occupation of father:				
Unemployed	65	11	24	100
Laborer	75	8	17	100

Farmer	70	20	10	100
Job in Private Company	39	17	43	100
own Business	46	10	47	100
Government Job	33	0	67	100
8. Monthly Income:				
Less than Rs. 5000/-	25	0	75	100
Rs.5000-10,000/-	28	7	65	100
Rs.10,001-15,000/-	43	17	40	100
Rs. 15,001 and Above	47	16	37	100
9. Family size :				
2-4 members	37	18	45	100
5-6 members	52	13	34	100
7-9 members	60	10	30	100
10 and above	63	13	23	100

Table: 14 per cent distribution of respondents' level of attitude towards peer pressure by their background characteristics. Adolescents in the age group of 13-14 years have more favorable attitude towards peer pressure than adolescents in the age group of 14-15 years. Male adolescents have more favorable attitude towards peer pressure than female adolescents. English speaking adolescents have more favorable attitude towards peer pressure than those of Hindi and Gujarati speaking ones. Mothers who are highly educated their adolescents are less favorable towards peer pressure than adolescents of mother with less education

Adolescents whose fathers are more educated are more favorable towards peer pressure than those with father less educated.
Adolescents whose mothers are house wife are more favorable towards peer pressure than those with working mothers.
Adolescents whose father has job in government, private company and those having their own business have more favorable attitude towards peer pressure than those with father having another job.
Adolescents those have family income less than Rs.15, 001 and Above are more favorable for peer.
Adolescents those who have family size of 2-4 members are more favorable for peer pressure. Favorability is decreased with increase in family size.

Table: 15 Per cent Distribution of Respondents' Level of Attitude towards Stigma Related to HIV/AIDS and STI by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Attitude			Per Cent
	Less Favorable	Favorable	More Favorable	
1. Age in complete Years				
13-14	34	22	44	100
14-15	33	32	35	100
2. Sex				
Male	40	29	31	100
Female	13	32	55	100
3.Language				
Local	36	29	36	100
Hindi	34	13	53	100
English	61	29	30	100
4.Education of Mother				
Illiterate	0	36	64	100
Primary	28	24	48	100
Middle	25	36	39	100
Secondary	51	21	28	100
Higher Secondary	50	23	27	100
Graduation and above	50	29	21	100
5.Education of Father				
Illiterate	0	100	0	100
Primary	13	62	25	100
Middle	35	38	28	100
Secondary	41	24	35	100
Higher Secondary	39	30	31	100
Graduation and above	29	25	45	100
6. Occupation of mother:				
House wife	34	28	38	100
Laborer	0	100	0	100
Farmer	0	0	100	100
Job in Private Company	10	35	50	100
Government Job	38	43	19	100
7. Occupation of father:				
Unemployed	48	13	39	100
Laborer	66	25	8	100

Farmer	80	20	0	100
Job in Private Company	28	32	40	100
own Business	36	31	33	100
Government Job	34	33	33	100
8. Monthly Income:				
Less than Rs. 5000/-	0	50	50	100
Rs.5000-10,000/-	24	28	48	100
Rs.10,001-15,000/-	40	28	32	100
Rs. 15,001 and Above	33	30	37	100
9. Family size :				
2-4 members	27	25	48	100
5-6 members	33	41	26	100
7-9 members	53	30	17	100
10 and above	63	27	10	100

Table: 15 depict per cent distribution of respondents' level of attitude towards stigma related to HIV/AIDS and STI by their background characteristics. Adolescents in the age group of 13-14 years have more favorable attitude towards stigma attached with HIV/AIDS and STI than Adolescents in the age group of 14-15 years. Male Adolescents have less favorable attitude towards Stigma Attached with HIV/AIDS and STI than female Adolescents. English speaking adolescents have less favorable attitude towards Stigma Attached with HIV/AIDS and STI than those of Hindi and Gujarati speaking ones. Mothers who are highly educated their Adolescents are less favorable towards stigma attached with HIV/AIDS and STI than Adolescents of mother with less education. Adolescents whose mothers are in government job have more favorable towards Stigma Attached with HIV/AIDS and STI than those with working mothers. Adolescents those have family income Rs.10, 001 and above are less favorable towards stigma attached with HIV/AIDS and STI than those with less family income

Table: 16 Per cent Distribution of Respondents' Level of Attitude towards Myths and Misconceptions related to Physical Changes in Adolescents, Masturbation, Sex, and STI Treatment by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Attitude			Per Cent
	Less Favorable	Favorable	More Favorable	
1. Age in complete Years				
13-14	26	12	62	100
14-15	36	25	42	100
2. Sex				
Male	37	26	37	100
Female	12	11	77	100
3.Language				
Local	32	24	44	100
Hindi	40	9	51	100
English	10	23	67	100
4.Education of Mother				
Illiterate	9	27	64	100
Primary	23	18	59	100
Middle	43	17	40	100
Secondary	24	33	43	100
Higher Secondary	50	23	27	100
Graduation and above	53	23	24	100
5.Education of Father				
Illiterate	0	0	100	100
Primary	23	28	49	100
Middle	36	25	39	100
Secondary	30	19	51	100
Higher Secondary	53	9	38	100
Graduation and above	12	63	25	100
6. Occupation of mother:				
House wife	31	23	46	100
Laborer	0	0	100	100
Farmer	0	0	100	100
Job in Private Company	20	10	70	100
Government Job	43	19	38	100
7. Occupation of father:				
Unemployed	33	0	67	100

Laborer	28	15	56	100
Farmer	27	23	50	100
Job in Private Company	35	33	32	100
own Business	75	8	17	100
Government Job	80	0	20	100
8. Monthly Income:				
Less than Rs. 5000/-	0	25	75	100
Rs.5000-10,000/-	7	24	69	100
Rs.10,001-15,000/-	36	17	47	100
Rs. 15,001 and Above	33	23	44	100
9. Family size :				
2-4 members	26	21	53	100
5-6 members	31	27	42	100
7-9 members	43	20	37	100
10 and above	57	20	23	100

Table: 16 depict per cent distribution of respondents' level of attitude towards myths and misconceptions related to physical changes in adolescents, masturbation, sex, and STI treatment by their background characteristics. Adolescents in the age group of 13-14 years have more favorable attitude towards myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI than Adolescents in the age group of 14-15 years. Female Adolescents have less favorable attitude towards myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI than male Adolescents. Hindi and English speaking Adolescents have less favorable attitude towards myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI than those of Gujarati speaking ones. Mothers who are highly educated their Adolescents are less favorable towards myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI than Adolescents of mother with less education

Adolescents whose mothers having government job are less favorable towards myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI.

Adolescents those have family income Rs.10, 001- 15, 000/- and less are less favorable for myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI than those with less family income. Adolescents those who have family size of 7 members onwards are less favorable for myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI. Favorability is increased with decrease in family size.

Table: 17 Per cent Distribution of Respondents' Level of Attitude towards Stereotype about Girls and Boys by Their Background Characteristics

n=397

Background Characteristics of Respondents	Level of Attitude			Per Cent
	Less Favorable	Favorable	More Favorable	
1. Age in complete Years				
13-14	34	22	44	100
14-15	41	7	52	100
2. Sex				
Male	42	21	37	100
Female	19	11	70	100
3.Language				
Local	37	20	43	100
Hindi	36	15	49	100
English	29	13	58	100
4.Education of Mother				
Illiterate	18	18	64	100
Primary	64	14	28	100
Middle	53	29	18	100
Secondary	35	26	39	100
Higher Secondary	34	15	51	100
Graduation and above	40	12	48	100
5.Education of Father				
Illiterate	100	0	0	100
Primary	34	12	54	100
Middle	44	15	41	100
Secondary	36	26	38	100
Higher Secondary	36	26	38	100
Graduation and above	50	38	12	100
6. Occupation of mother:				
House wife	36	20	45	100
Laborer	100	0	0	100
Farmer	0	0	100	100
Job in Private Company	30	15	55	100
Government Job	48	5	47	100
7. Occupation of father:				
Unemployed	39	13	47	100

Laborer	33	0	68	100
Farmer	70	10	20	100
Job in Private Company	33	20	47	100
own Business	39	18	44	100
Government Job	67	17	16	100
8. Monthly Income:				
Less than Rs. 5000/-	0	0	100	100
Rs.5000-10,000/-	24	7	69	100
Rs.10,001-15,000/-	40	26	34	100
Rs. 15,001 and Above	37	19	44	100
9. Family size :				
2-4 members	32	16	52	100
5-6 members	35	25	40	100
7-9 members	50	17	33	100
10 and above	57	23	20	100

Table: 17 present per cent distribution of respondents' level of attitude towards stereotype about girls and boys by their background characteristics. Adolescents in the age group of 13-14 years have more favorable attitude towards stereotype regarding girls and boys than adolescents in the age group of 14-15 years. Female Adolescents have more favorable attitude towards Stereotype Regarding Girls and Boys than male Adolescents. Hindi and English speaking Adolescents have more favorable attitude towards stereotype regarding girls and boys than those of Gujarati speaking ones. Mothers who are middle and above educated their adolescents are less favorable towards Stereotype Regarding Girls and Boys than Adolescents of mother with high education. Adolescents whose fathers are government employee have less favorable attitude towards Stereotype Regarding Girls and Boys than those with father having another job. Adolescents those have family income Rs.10, 001 and above have less favorable for Stereotype Regarding Girls and Boys than those with less family income. Adolescents those who have family size 7 members and onwards have less favorable for Stereotype Regarding Girls and Boys

3.1. Reliability Test for scale of Newly Created Variable

Cronbach's Alpha	N of Items
.816	17

As Cronbach's Alpha value is 0.816, this proves that scale of newly created variable is highly reliable.

3.2 Conclusion:

Out of total respondents 75 per cent are male and 25 per cent are female. Male adolescents have more knowledge of physical changes in adolescent boys than female participants. Also adolescents whose father is highly educated, who are Gujarati speaking and whose mothers are house wives have moderate and high knowledge of physical changes in adolescent boys. In case of physical changes in girls have more knowledge of their physical changes than boys adolescents whose mother and father are highly educated have more knowledge of physical changes in adolescent girls. Male students have more knowledge of sex and sexuality than girls. Also the adolescents who are English speaking and whose parents are highly educated have high and moderate knowledge of sex and sexuality. Fifty per cent male and 32 per cent are female have high knowledge of HIV/AIDS. Adolescents whose parents are highly educated have high knowledge of STI symptoms. Seventy nine per cent male and 74 per cent female adolescents have high knowledge of sexual abuse. Adolescents those whose mother tongue is English and those whose mother is highly educated have high knowledge of sexual abuse.

80 per cent male and 48 per cent female have high knowledge of masturbation. Adolescents whose parents are highly educated have high knowledge of menstruation. Female adolescents whose mothers are highly educated have high knowledge of pregnancy. Knowledge level is low among those adolescents who have illiterate mothers and mothers with primary education. Male adolescents who are in the age group of 14-15 year and whose parents are highly educated have more favorable attitude towards learning sex and sexuality. Adolescents who are in the age group of 14-15 year, whose parents are highly educated have less favorable attitude towards stigma related to HIV/AIDS and STI. Female Adolescents are least inadequate in Knowledge regarding Menstruation, Masturbation, Sex and pregnancy than males. Adolescents whose parents are highly educated are least inadequate in Knowledge regarding menstruation, masturbation, sex and pregnancy. 76 per cent female and 46 per cent male have more favorable attitude towards Abstinence. Adolescents whose mothers are highly educated have more favorable attitude towards abstinence than Adolescents with less educated mother. 44 per cent Male and 31 per cent female

adolescents in the age group of 14-15 years have more favorable attitude towards learning sex and sexuality Male Adolescents have more favorable attitude towards learning sex and sexuality than female Adolescents. Male Adolescents have more favorable attitude towards peer pressure than female Adolescents. Male Adolescents have more favorable attitude towards Stigma Attached with HIV/AIDS and STI than female Adolescents. Female Adolescents have less favorable attitude towards myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI than male Adolescents. Hindi and English speaking Adolescents have less favorable attitude towards myths and misconceptions regarding physical changes, masturbation, sex and sexuality, and STI than those of Gujarati speaking ones. Female Adolescents have less favorable attitude towards stereotype regarding girls and boys than male adolescents. Hindi and English speaking Adolescents have less favorable attitude towards Stereotype Regarding Girls and Boys than those of Gujarati speaking ones. Mothers who are middle and secondary educated their Adolescents are less favorable towards Stereotype Regarding Girls and Boys than Adolescents of mother with high education.

Chapter: IV

Supplementary

4.1 Annexure

4.1. A Adolescents Questionnaire Schedule

Instructions:

- **Attend all questions.**
- **Encircle ( ) the correct option.**
- **In case of multiple response questions you can encircle more than one option.**
- **Before submitting your questionnaire; make sure that it is filled completely**

A. Demographic Characteristics:

Category	Code	Response
1.Age in Complete Years		
a) 13-14	1	
b) 14-15	2	
2. Sex		
a) Male	1	
b) Female	2	
3.Language		
a) Gujarati	1	
b) Hindi	2	
c) English	3	
d) Illiterate	4	
4.Education of Mother		
a) Illiterate	1	
b) Primary	2	
c) Middle	3	
d) Secondary	4	
e) Graduation	5	
f) Graduation and above	6	
5.Education of Father		
a) Illiterate	1	
b) Primary	2	
c) Middle	3	
d) Secondary	4	
e) Graduation	5	

f) Graduation and above	6	
6. Occupation of mother:		
a) House wife	1	
b) Laborer	2	
c) Farmer	3	
d) Job in Private Company	4	
e) Government Job	5	
7. Occupation of father:		
a)Unemployed	1	
b) Laborer	2	
c) Farmer	3	
d) Job in Private Company	4	
e) Government Job	5	
8. Monthly Income:		
a) Less than Rs. 5000/-	1	
b) Rs.5000-10,000/-	2	
c) Rs.10,000-15,000/-	3	
d) Rs. 15,000 and Above	4	
9. Family size :		
a) 2-4 members	1	
b) 4-6 members	2	
c) 7-9 members	3	
d) 10 and above	4	
10. Staying in-		
a) Rented House	1	
b) Own House	2	
11. Type of Housing		
a) Kaccha	1	
b) Semi- Pucca	2	
c) Pucca	3	

B. Adolescents knowledge on physical changes during adolescence

Category		Code
1. Some of the changes that take place in adolescent boys are:(Multiple answers can be allowed)		
a) Moustache and beard	Yes No	1 2
b) Growth of chest	Yes No	1 2
c) Growth of the waist size	Yes No	1 2
d) Growth of pubic hair	Yes No	1 2
e) Growth of penis	Yes No	1 2
f) Change in voice	Yes No	1 2
g) Development of breast	Yes No	1 2
h) Pimples	Yes No	1 2
2. Some of the changes that take place in adolescent girls are (Multiple answers can be allowed)		
a) Moustache and beard	Yes No	1 2
b) Growth of chest	Yes No	1 2
c) Growth of the waist size	Yes No	1 2
d) Growth of pubic hair	Yes No	1 2
e) Development of breast	Yes No	1 2
f) Change in voice	Yes No	1 2
g) Pimples	Yes No	1 2

a. Knowledge of Menstruation:

Category		Code
1. Different types of sexuality among people are : (Multiple response)		
a) Homosexuality (when men have sex with men and women with women)	Yes	1
	No	2
b) Heterosexuality (when man has sex with woman)	Yes	1
	No	2
c) Bisexuality (when man has sex with both men and women)	Yes	1
	No	2
d) Both b and c	Yes	1
	No	2
e) Don't Know		99
2. Sex refers to biological difference between male and female.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
3. Anal sex is inserting penis into anus.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
4.Gender means socially accepted roles of males and females		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
5. People have sex for pleasure.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
6.Vaginal sex is inserting penis into vagina		

Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
7. People have sex for procreation		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	

D: Knowledge about HIV/AIDS and STI

Category		**Code**
1.Some of the routes of transmission of HIV are (Multiple Response)		
a) Having unprotected sex with a HIV positive man or woman	Yes No	1 2
b) Kissing and hugging	Yes No	1 2
c) Transfusion of HIV positive blood	Yes No	1 2
d) Traveling together	Yes No	1 2
e) From a HIV positive mother to her unborn child	Yes No	1 2
f) Mosquito bites	Yes No	1 2
g) Sharing food	Yes No	1 2
h) Use of HIV infected syringes and needles	Yes No	1 2
i) Shaking hands.	Yes No	1 2
j) Don't Know		99
2. Someone with HIV coughs or sneezes near other people, the virus doesn't spread		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	

Don’t Know	99	
3. A very healthy looking person can also be HIV positive and can pass on HIV to others.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don’t Know	99	
4. Using condom during sexual intercourse is a way to protect oneself from HIV/AIDS and other Sexually Transmitted Infections.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don’t Know	99	
5. Both partners require treatment for cure from Sexually Transmitted Infections.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don’t Know	99	
6. RTI is.		
Reproductive Tract Injury	1	
Road Traffic Injury	2	
Reproductive Tract Infection	3	
Don’t Know	99	
7.HIV and AIDS is the same		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don’t Know	99	
8. AIDS stands for:		
Acquired Immunity Decreasing Syndrome.	1	
Acquired Infection Disease syndrome	2	
Acquired Immuno Deficiency Syndrome	3	
Don’t know	99	
9. HIV is:		

Human Immunity Virus	1	
Human Infective Virus	2	
Human Immuno Virus	3	
Human Immuno Deficiency Virus	4	
Don't know	99	

E: Knowledge about Symptoms of STI

Category	Code	Response
1.Some of the symptoms of Sexually Transmitted Infection in men are:(multiple Response)		
a) Irritation while urinating	Yes No	1 2
b) Curdy, foul smelling white discharge	Yes No	1 2
c) Pubic hair loss	Yes No	1 2
d) Genital ulcers	Yes No	1 2
e) Itching around the genitals	Yes No	1 2
f) Excessive bleeding from penis	Yes No	1 2
2. Some of the symptoms of Sexually Transmitted Infection in women are: :(multiple Response)		
a) Curdy, foul smelling white discharge	Yes No	1 2
b) Pubic hair loss	Yes No	1 2
c) Genital ulcers	Yes No	1 2
d) Itching around the genitals	Yes No	1 2
e) Excessive bleeding from vagina	Yes No	1 2

F: Knowledge About Sexual Abuse

Category	Code	Response
Sexual abuse is: :(multiple Response)		
a) Sexual touch or fondling by force	Yes No	1 2
b) Sexually explicit talk or hint by force	Yes No	1 2
c) Exposure of minors to sexual activity or pornography by force	Yes No	1 2
d) Staring or letching at women	Yes No	1 2

G: Knowledge About Masturbation:

Category	Code	Response
1.For women, masturbation is the act of inserting objects or fingers into their vagina		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
2. Masturbation for men is the act of rubbing his penis.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
H: Knowledge of Menstruation	**Code**	**Response**
1. Menstruation is the monthly cycle in a female body.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
2. During menstruation a girl should take care of hygiene by wearing sanitary pads or cotton cloth.		
Strongly Disagree	1	

Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
3. A girl should wash hands and bath daily even more during menstruation		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	

I. Knowledge about pregnancy:

Category	**Code**	**Response**
1. A man can make a woman pregnant when he inserts his penis into a woman's vagina and ejaculates inside her.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
2. A pregnant woman requires nutritious food and exercise.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
3. Most commonly available ways of preventing pregnancies are: :(multiple Response)		
a) Birth Control Pills	Yes No	1 2
b) I pills	Yes No	1 2
c) Condoms	Yes No	1 2
d) Don't know		99

J. Inadequacy In Knowledge

Category	Code	Response
1. A girl can get pregnant even before she reaches her menarche (menstruation).		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
2. A man can impregnate a woman when he has anal sex with her.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
3.Kissing on lips and tongue to tongue kissing is not oral sex		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
4. Wet dreams are injurious to health		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	

K: Attitude towards learning sex and sexuality

Category	Code	Response
1. Parents feel shy to talk about sex with their adolescent children.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
2. By learning about sex, adolescents may start having sex with their boyfriends or girlfriend.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
3. Adolescents should be taught about their body parts before teaching them about sex and sexuality		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	

L: Attitude towards abstinence

Category	Code	Response
1. First sexual intercourse should be delayed till both the partners become adults		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
2. Sexual activity should be initiated only if both the adult partners consent to it		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
3. Pre-marital sex is not acceptable.		

Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	

M: Attitude Towards Stigma attached with HIV/AIDS and STI

Category	Code	Response
1. Boys with STIs (sexually transmitted infections) are bad boys.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
2. HIV positive parents should not give birth to children.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
3. People infected with HIV/AIDS should be kept away from their community.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
4. Children can play, share books and have food together with any HIV positive child in school.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
5. Girls with STIs (sexually transmitted infections) have loose characters.		

Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
6. An HIV positive person should not get married.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	

N. Attitude towards peer pressure

Category	**Code**	**Response**
1. Using condom will reduce the pleasure of sex		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
2. It is not ok to have sex because it is fashionable among your friends.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
3. It is not ok to drink or smoke because your friends force you		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	

O: Attitude Towards Myths and Misconceptions

Category	**Code**	**Response**
1. Talking about sex is bad.		
Strongly Disagree	1	
Disagree	2	
Agree	3	

Strongly Agree	4	
Don't Know	99	
2. Boys don't get attracted to girls with small breasts.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
3. Having sex with a virgin is a cure for STI (sexually transmitted infections).		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
4. Gays are boys who are too girlish or less macho.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
5. Masturbation is bad.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
6. If size of penis is small, men will get less pleasure in sex		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	

P. Attitude Towards Stereotype about Girls and Boys

Category	Code	Response
1. Sexual urge is higher among men than women.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
2. Only boys can read porn magazines (with obscene contents or pictures)		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
3. A boy has control over a girl, when he has sex with her.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
4. Girls are raped because they wear revealing clothes.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
5. Girls should not take initiative for sexual activity.		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	
Don't Know	99	
6. Men can have sex before marriage but girls should not		
Strongly Disagree	1	
Disagree	2	
Agree	3	
Strongly Agree	4	

Don’t Know	99	

૨૫૪૩

નં.જિ.પં./સંબાવિયો/ખા.પ્રા.શા./અં. મીડીયમ/ /૧૫
આઈ.સી.ડી.એસ. શાખા, જિલ્લા પંચાયત કચેરી
સુરત, તા. ૨૪/૦૩/૨૦૧૫

પ્રતિ,
જિલ્લા શિક્ષણાધિકારીશ્રી,
જિલ્લા શિક્ષણાધિકારીની કચેરી,
જિલ્લા સેવા સદન- ૨, બ્લોક- A, બીજો માળે,
અઠવાલાઈન્સ, સુરત

વિષય:- ધોરણ-૮ ની અંગ્રેજી મીડીયમમાં વર્ગો ચાલતી પ્રાયમરી સ્કુલની ખાનગી તેમજ સરકારી સંસ્થાની યાદી આપવા તેમજ સંસ્થામાં ડેટા કલેકશન કરવા જવાની મંજુરી આપવા બાબત.

સવિનય સહ ઉપરોકત વિષય અન્વયે જણાવવાનું કે અત્રેના જિલ્લાના સુરત મહાનગર પાલિકા વિસ્તારમાં " To study the knowledge and attitude of students, Parents and teacher regarding inclusion of family life education in curriculum in surat city." સર્વે કામગીરી કરવાની હોવાથી આપના તાબા હેઠળ સરકારી / ખાનગી પ્રાથમિક શાળામાં ધોરણ- ૮ ના અંગ્રેજી માધ્યમમાં વર્ગો ચાલતા હોય તેવી પ્રાથમિક શાળાની યાદી આપવા તથા અત્રેની કચેરીના કોઓર્ડીનેટરને સંસ્થામાં ડેટા કલેકશન કરવા જવા અંગેની મંજુરી આપવા નમ્ર વિનંતી.

પ્રોગ્રામ ઓફિસર
આઇસીડીએસ
૦૮૬૧ જીલ્લા પંચાયત સુરત

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