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ORIGINAL ARTICLE

EVALUATION OF PATTERN AND PERCEPTION STATUS OF REPRODUCTIVE AND SEXUAL HEALTH AMONG SCHOOL GOING ADOLESCENTS IN FARIDKOT CITY, PUNJAB

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ABSTRACT:
Background: As adolescence represents a window of opportunity to prepare for a healthy adult life; thus, the present study was undertaken to study the knowledge, attitude and awareness among school going adolescents of urban area of Faridkot regarding reproductive health and sexual problems. **Material and methods:** The present community based cross sectional study was carried out among school going adolescents of 16 to 19 years studying in 11th and 12th classes. A self designed self-reported pretested questionnaire was used to assess the knowledge regarding reproductive and sexual health among adolescents in schools. Data was compiled in excel sheet and analyzed with Chi-square test with p-value of <0.05 was considered as significant value. **Results:** 16(06.40%) students agreed to marry to a person who had premarital sex and 199(79.60%) answered no and undecided were 35(14.00%). most of the respondents believed that father determined sex of a child and the results were significant. Majority of the girls 98(68.53%) were aware that pregnancy resulted from sexual intercourse with a man. The percentage of boys able to answer this question correctly was 78(72.89%). Only 51(35.67%) respondents were educated about menstruation before menarche. Methods of contraception known to respondents among the girls 58(40.56%) were condoms. Among boys the percentage naming condoms was 56(52.34%), those naming abstinence were 10(09.36%) and those naming OCP's were 31(28.97%). **Conclusion**: Since the subject of adolescent sexuality remains a taboo in most societies, there is widespread ignorance among young people of risks associated with behavior changes, physiological changes, psychological changes and various consequences associated with these. School based effective sex education is the need of the hour. Sex education should be provided to adolescents by their teachers without any hesitation, it should be a part of their regular school curriculum.
Keywords: Menstruation; Pregnancy; STDs

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INTRODUCTION

World Health Organization (WHO) describes adolescence as the period of life between 10 and 19 years of age when an individual experiences physical growth and change alongwith emotional, psychological, social and mental change and growth. Physiological changes lead to sexual maturity and usually occur during the first several years of this period.[1] It is one of the life's fascinating stage and if adolescents are supported and encouraged by caring adults, they thrive in unimaginable ways, becoming resourceful and contributing members of families and communities.[2] As the youngsters at this stage of life are deprived of authentic and adequate knowledge about their physical, psychological and emotional development,

as well as reproductive and sexual health; thus they fall prey to sources that create misconception among them.[3] Emergence of AIDS has focused everybody's attention towards the role of sex education. AIDS and other sexually transmitted disease are common today, but many parents, teachers, students lack knowledge about these diseases and their prevention. Adolescents due to a variety of reasons such as developmental issue, peer pressure, social influences, mobile, internet advertisement, movies etc are become sexually active at earlier ages then before. However, this sexual activity is often not accompanied by knowledge about its consequences.[4]

The absence or lack of sex education leads to risk for unplanned pregnancy and STDs, it also results into phenomenon of teenage mothers, which is quite common in Europe, Africa, America and is also being reported from India.[5] As adolescence represents a window of opportunity to prepare for a healthy adult life[1] thus, the present study was undertaken to study the knowledge, attitude and awareness among school going adolescents of urban area of Faridkot regarding reproductive health and sexual problems.

MATERIAL AND METHODS

The present community based cross sectional study was carried out in District Faridkot (Punjab) located in the northern part of India. The study population consists of school going adolescents of 16 to 19 years studying in 11th and 12th classes. The study was conducted in government and private senior secondary schools of the district after obtaining approval from school premises. Multistage Random Sampling was adopted to get the study subjects. Out of 10 senior secondary schools in Faridkot, 5 schools were randomly selected. In each school there were 2 sections of 11th and 12th. A consent form was given to the students to take consent from their parents. After obtaining consents from both sides (Parents and Students), the students were allowed to participate in the study. Students who themselves or whose parents were not willing to participate in the study were excluded from the study. 250 students in 10 sections from 5 schools were selected for the study. The students were explained the purpose of the study. They were assured of utmost confidentiality. A total of 143 girls and 107 boys were administered questionnaire. A self designed self-reported pretested questionnaire was used to assess the knowledge regarding reproductive and sexual health among adolescents in schools. Most of the questions were structured with 3-5 options. Students were asked to tick only one option unless specified otherwise. Open-ended questions were given wherever description of answer was required which helped them in understanding the answer better while enabling students to explain their problem. The method of filling the questionnaire was explained to the students. No interpersonal discussions were allowed in between and all the queries raised by students were clarified. The completed questionnaires were collected and education regarding sexual and reproductive health was given to them. Data was compiled in excel sheet and analyzed with Chi-square test with p-value of <0.05 was considered as significant value.

RESULTS

Table 1: Distribution of respondents who had steady friend of the opposite sex

Response	Male		Female		Total	
	No. of males	%age	No.of females	%age	No. of respondents	%age
Yes	26	24.29	11	07.69	37	14.80
No	77	71.97	126	88.12	203	81.20
NA/DK	4	03.74	6	04.19	10	04.00
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

Statistical Analysis

X^2	DF	p	Significance
262.136	2	<0.001	HS

*** NA/DK stands for No Answer/ Don't know.**

Table 1 shows that out of the 143 girls, 11(07.69%) girls had a boyfriend and 126 (88.12%) affirmatively answered No. Among 107 boys asked whether they had a girlfriend 26(24.29%) answered in the affirmative, whereas 77 (71.97%) said they had no girlfriend. Chi square test reveals that the proportional difference of having a friend of opposite sex was found to be statistically significant. Table 2 shows that most of the girls 92(64.34%) prefer to marry between 20-24 years. Most of the boys 50(46.73%) prefer to marry between 20-24 years and the results were statistically significant. 92(36.80%) believes that Arrange marriages are more successful than Love marriages 38(15.20%). Twenty eight of them (11.20%) believe that Intellectual matching was considered more important than looks. Matching of Horoscopes scored 16(06.40%) and Religion/Caste 34(13.60%).

Table 2: Attitude towards marriage among respondents

Distribution of Respondents By Preferred Age Of Marriage						
Age	Male		Female		Total	
	No. of males	**%age**	**No. of females**	**%age**	**No. of respondents**	**%age**
15-19	1	00.93	1	0.69	2	00.80
20-24	50	46.73	92	64.34	142	56.80
25-29	32	29.91	22	15.39	54	21.60
>30	15	14.02	26	18.19	41	16.40
NA/DK	9	08.41	2	01.39	11	04.40
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

Factors contributing to a successful marriage						
Quality	Male		Female		Total	
	No. of males	**%age**	**No. of females**	**%age**	**No. of respondents**	**%age**
Horoscope	6	05.60	10	06.99	16	06.40
Religion/Caste	11	10.28	23	16.08	34	13.60
Arrange Marriage	36	33.65	56	39.17	92	36.80
Love Marriage	22	20.57	16	11.19	38	15.20
Looks	7	06.55	5	03.49	12	04.80
Intellectual Matching	17	15.88	11	07.69	28	11.20
NA/DK	8	07.47	22	15.39	30	12.00
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

*** NA/DK stands for No Answer/ Don't know.**

Statistical Analysis

X^2	DF	p	Significance
247.720	4	<0.001	HS

Table 3: Attitude towards sexual activity among respondents

Opinion of students regarding pre marital sexual activity with partner						
Response	Male		Female		Total	
	No. of males	**%age**	**No. of females**	**%age**	**No. of respondents**	**%age**
Yes	4	03.74	1	00.70	5	02.00
No	88	82.24	137	95.81	225	90.00
NA/DK	15	14.02	5	03.49	20	08.00
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

Acceptance of partner with pre marital sexual history						
Response	Male		Female		Total	
	No. of males	**%age**	**No. of females**	**%age**	**No. of respondents**	**%age**
Yes	11	10.28	5	03.49	16	06.40
No	75	70.09	124	86.72	199	79.60
NA/DK	21	19.63	14	09.79	35	14.00
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

*** NA/DK stands for No Answer/ Don't know.**

Table 4: Respondents reasons for not being sexually active

Response	**Male**		**Female**		**Total**	
	No. of males	**%age**	**No. of females**	**%age**	**No. of respondents**	**%age**
AIDS	21	19.63	23	16.08	44	17.60
Fear of Pregnancy	13	12.15	12	08.39	25	10.00
Virginity	21	19.63	37	25.87	58	23.20
No Chance	16	14.95	13	09.09	29	11.60
Emotional	1	00.93	3	02.11	4	01.60
Any Other	22	20.56	18	12.59	40	16.00
NA/DK	13	12.15	37	25.87	50	20.00
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

*** NA/DK stands for No Answer/ Don't know.**

Table 3 shows only 1(00.70%) girl answered in the positive whereas 137(95.81%) girls said they would not indulge in pre marital sex even if they loved someone. Among the boys, the number answering this question in the affirmative was higher as compared to girls i.e. 4(03.74%) responses, while 88(82.24%) answered negatively. 16(06.40%) students agreed to marry to a person who had premarital sex and 199(79.60%) answered no and undecided were 35(14.00%).

Table 4 shows the reasons for respondents for not being sexually active. Among girls 37(25.87%) mentioned because of the importance of preserving their virginity followed by AIDS 23(16.08%), and fear of pregnancy 12(08.39%). Among boys the most commonly stated reasons were fear of AIDS/Disease 21(19.63 %).

Table 5: Knowledge and awareness regarding pregnancy

Respondents views on who is responsible for determining the sex of child						
Response	Male		Female		Total	
	No. of males	**%age**	**No. of females**	**%age**	**No. of respondents**	**%age**
Father	54	50.47	96	67.14	150	60.00
Mother	2	01.87	8	05.59	10	04.00
God	26	24.29	23	16.09	49	19.60
Others	22	20.57	10	06.99	32	12.80
NA/DK	3	02.80	6	04.19	9	03.60
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

Respondents views on how a woman becomes pregnant						
Response	Male		Female		Total	
	No. of males	**%age**	**No. of females**	**%age**	**No. of respondents**	**%age**
Gods Will	5	04.67	16	11.19	21	08.40
Kissing	18	16.83	23	16.09	41	16.40
Sex	78	72.89	98	68.53	176	70.40
NA/DK	6	05.61	6	04.19	12	04.80
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

*** NA/DK stands for No Answer/ Don't know.**

Table 6: Respondents views on signs of pregnancy and harmful effects of teenage pregnancy

Respondents views on definitive sign of pregnancy						
Response	Male		Female		Total	
	No. of males	**%age**	**No. of females**	**%age**	**No. of respondents**	**%age**
Vomiting	26	24.29	33	23.08	59	23.60
Fall ill	2	01.87	1	00.70	3	01.20
Weight Gain	7	06.54	1	00.70	8	03.20
Amenorrhea	71	66.36	105	73.43	176	70.40
NA/DK	1	00.94	3	02.09	4	01.60
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

Awareness about harmful effects of teenage pregnancy		
Response	No. of respondents	%age
Girl's Health	45	18.00
Baby's Health	32	12.80
Societal Shame	170	68.00
No Harm	1	00.40
NA/DK	2	00.80
Total	**250**	**100.00**

Table 7: Attitude and Age of menarche among female respondents

Age of menarche among female respondents		
Age at Menarche (Years)	No. of respondents	%age
11 or Less	8	05.59
12	16	11.19
13	49	34.28
14	32	22.39
15	26	18.19
16	4	02.79
17	2	01.39
Not Yet	2	01.39
NA	4	02.79
Total	**143**	**100.00**

Respondents feelings at first menstrual period

Response	No. of respondents	%age
Pain	58	39.19
Shame	22	14.86
Shock	43	29.06
Dirty	20	13.51
NA/DK	5	03.38
Total	**148**	**100.00**

*** NA/DK stands for No Answer/ Don't know.**

Table 5 shows the views of respondents regarding who is responsible for determining the sex of child, most of the respondents believed that father determined sex of a child and the results were significant. Majority of the girls 98(68.53%) were aware that pregnancy resulted from sexual intercourse with a man. The percentage of boys able to answer this question correctly was 78(72.89%).The Chi square test reveals that there is a statistically significant difference between the view of males and females regarding how women becomes pregnant.

Table 6 shows that on identifying the definitive sign of pregnancy, among girls, 105(73.43%) could correctly say Amenorrhea was the diagnostic feature of pregnancy and 33(23.08%) and 1(00.70%) chooses vomiting and gaining weight respectively. In case of boys 71(66.36%) identified Amenorrhea and 26(24.29%) vomiting. Chi square test reveals that there was a statistically significant difference between the views of males and females regarding views on definitive signs of pregnancy. The knowledge of respondents regarding harmful effects of teenage pregnancy. Among them, 170(68.00%) said it caused societal disapproval and shame, followed by 45(18.00%) mentioned it because of harmful effects on girls health. Chi square test reveals that the awareness of respondents regarding the harmful effects of teenage pregnancy was found to be statistically significant.

Table 8: Knowledge about Menstruation

Distribution of respondents educated about menstruation before menarche		
Response	No. of respondents	%age
Yes	51	35.67
No	89	62.24
NA/DK	3	02.09
Total	**143**	**100.00**

Source of education about menstruation before menarche		
Response	No. of respondents	%age
Mother	21	41.18
Brother/Sister	5	09.80
Friend	13	25.49
Other	4	07.84
Teacher	7	13.73
NA/DK	1	01.96
Total	**51**	**100.00**

*** NA/DK stands for No Answer/ Don't know.**

Table 9: Respondents whose parents have tried to educate them about sex

Response	Male		Female		Total	
	No. of males	%age	No. of females	%age	No. of respondents	%age
Yes	5	04.68	7	04.90	12	04.80
No	97	90.65	127	88.81	224	89.60
NA/DK	5	04.67	9	06.29	14	05.60
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

*** NA/DK stands for No Answer/ Don't know.**

Table 7 shows maximum number of girls had menarche at the age of 13, 49(34.28%). The mean age at menarche was found to be 13 years. The results were found to be statistically significant. It was found that maximum number of girls experienced pain 58(39.19%), followed by shock 43(29.06%), shame 22 (14.86%) and dirty 20(13.51%). Five of them (03.38%) did not offer any answer to the question.

Table 8 shows number of respondents who were educated about menstruation before menarche and found that 51(35.67%) answered affirmatively, but 89(62.24%) had not received any education about menstruation before their first period. 51 girls who had received some information on menstruation before menarche were asked about the source of their information, 21(41.18%) of them identified mother and 13(25.49%) received information from friends. The Chi square test reveals that the source of education about menarche was found to be statistically significant.

Table 9 shows number of respondents whose parents had ever tried to educate them about sex. Among girls, only 12(04.80%) responded that their parents had attempted to educate them about sex. The ratio of boys who had been given any form of sex education by their parents was even lower 5(04.68%).

Table 10: Methods of contraception known to respondents

Response	Male		Female		Total	
	No. of males	%age	No. of females	%age	No. of respondents	%age
Condoms	56	52.34	58	40.56	114	45.60
Abortion	2	01.87	6	04.20	8	03.20
Abstinence	10	09.36	14	09.79	24	09.60
Oral Pills	31	28.97	37	25.87	68	27.20
Permanent Methods	1	00.93	2	01.40	3	01.20
IUCD	3	02.80	9	06.29	12	04.80
Other	3	02.80	15	10.49	18	07.20
NA/DK	1	00.93	2	01.40	3	01.20
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

*** NA/DK stands for No Answer/ Don't know.**

Table 11: Awareness regarding sexually transmitted diseases

SYMPTOMS OF STDS KNOWN TO RESPONDENTS						
Response	Male		Female		Total	
	No. of males	%age	No. of females	%age	No. of respondents	%age
Leucorrhoea	53	49.53	65	45.45	118	47.20
Genital Itching	12	11.21	16	11.19	28	11.20
Genital Boils	19	17.76	23	16.08	42	16.80
Burning Micturition	11	10.28	15	10.49	26	10.40
Thigh Swelling	5	04.68	9	06.29	14	05.60
Any other	3	02.80	5	03.50	8	03.20
NA/DK	4	03.74	10	07.00	14	05.60
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**
Respondents view on cure of STDs						
Response	**Male**		**Female**		**Total**	
	No. of males	**%age**	**No. of females**	**%age**	**No. of respondents**	**%age**
Virgin Sex	2	01.87	0	00.00	2	00.80
Sex With Animal	3	02.80	1	00.70	4	01.60
Medicines	68	63.56	75	52.45	143	57.20
No Cure	22	20.56	60	41.96	82	32.80
NA/DK	12	11.21	7	04.89	19	07.60
Total	**107**	**100.00**	**143**	**100.00**	**250**	**100.00**

*** NA/DK stands for No Answer/ Don't know.**

Table 10 shows methods of contraception known to respondents, among the girls 58 (40.56%) named condoms. Among boys the percentage naming condoms was 56(52.34%), those naming abstinence were 10 (09.36%) and those naming OCP's were 31(28.97%) and the results were found to be statistically significant.

Table 11 shows the symptoms of STD's known to respondents. Sixty five girls (45.45%) named Leucorrhoea, 23(16.08%) genital boils, 16(11.19%) as symptoms of STD's. Among boys 53(49.53%) named Leucorrhoea, 19(17.76%) genital boils, 12(11.21%) genital itching. Among the girls, 75(52.45%) reposed believes that it could be cured by medicines, among boys the percentages of respondents mentioning medicines were 68(63.56%).

DISCUSSION

Bursting with energy, curiosity and spirit that is not easily extinguished, young people have the potential to change negative societal patterns of behavior and break cycles of violence and discrimination that pass from one generation to the next. With their creativity, energy and enthusiasm, young people can change the world in astonishing ways, making it a better place not only for themselves but for everyone.[2]

The present study was conducted among school going adolescents of 16 to 19 years studying in 11th and 12th classes. This age group was chosen as the students get exposed to reproductive and sexual changes in their bodies and face problems related to these changes. It was found that more boys accepted to have steady friend of opposite sex. Possible reason for the higher number of boys claiming to have girlfriends is exaggeration whereas girls tend to hide such information and the results were found to be statistically significant similar trends were seen in a study conducted by the Sex Education Counseling Research Training and Therapy (SECRT) Department of the Family Planning Association of India carried out an India wide study to elicit the opinions and perceptions of youth, particularly in relation to sexuality and marriage.[6] The percentages in the present survey were those who actually had a steady friend of the opposite sex, as opposed to the attitude towards having a boyfriend/girlfriend in the SECRT survey. The more conservative, inner city, vernacular schools may also have contributed to the lower figure.

While a majority of girls 26(18.19%) wanted to marry at >30 years, there was a sizeable group of 22(15.39%) girls that wanted to marry between 25-29 years of age. Among the 107 Boys, 50(46.72%) boys wanted to marry between 20-24 years, 32 (29.9%) between 25-29 years and only 15 (14.02%) wanted to marry after 30 years of age and the results were statistically significant. An encouraging sign is that only a handful of the girls wanted to marry as adolescents, and none of the boys was in favor of doing so. The VHAI has estimated that 14.4% of girls in Punjab (Rural 16.1%, Urban 10.1%) are married during adolescent years as compared to 38.4% on an all India basis.[7] Another study with contradictory results was conducted by Benjamin A et al,[8] in 2001 on Knowledge and attitude of senior secondary school students of Ludhiana regarding Population Control and Contraception among Class XI & XII boys and girls from co educational senior secondary schools in Ludhiana found that 87.5% of the girls wanted to get married before 21 years, 12.2% between 22-25 years and only 0.3% after 25 years of age. The corresponding figures among boys were 3.7%, 85.1% & 11.1% respectively.

The present study shows that out of 143 girls, only 1 answered in the positive whereas 95.81% said they would not indulge in pre marital sex even if they loved someone. Among the 107 boys, the number answering this question in the affirmative was higher as compared to girls 4 (03.74%) responses, while 88 (82.24%) answered negatively. Some contradictory results were found in the SECRT survey, where respondents were asked to respond to the statement "A couple in loves may have pre-marital sex". Among boys, 34.74% agreed with the statement and 31.00% disagreed, whereas among girls only 12.56% agreed, whereas 58.92% disagreed with the statement. In the present study, the percentage of respondents agreeing was lower perhaps due to more conservative outlook of vernacular medium, inner city schools. Also, the age of respondents in the present study was younger than in the SECRT survey.[6]

In present study only 16(06.4%) of total agreed to marry to a person who had premarital sex. The present study showed the attitude of Faridkot school children to be more conservative when it came to premarital sex. The present study shows respondent's views on how a woman becomes pregnant, a majority of the girls 68.53% were aware

that pregnancy resulted from sex with a man. The percentage of boys able to answer this question correctly was 72.89%, giving an average for the study of 70.40%. The VHAI states that 88% of unmarried girls seeking abortions in India did not know that pregnancy resulted from sexual relations.[6] The high number of respondents in favor of vomiting as the one definite sign of pregnancy could possibly be due to the effect of Hindi movies and TV serials, where a woman is often declared pregnant after she starts vomiting.

The median age at menarche was found to be 13 years. Similar results were seen in study conducted by Reddy PJ et al[9], in his study on Reproductive Health Constraints of Adolescent School Girls and found that 84.7% adolescent girls had attained menarche. The mean age at menarche was 13 years for the 232 adolescent menstrual girls. The onset of the menarche is early in girls of early adolescent age of 12-13 years. In the present study, about one fourth of the respondents were shocked at getting their first period perhaps shows that they had no idea that they were going to experience an event of this nature.

The present study shows number of respondents who were educated about menstruation before menarche were 35.67%. The results were concordant with the study conducted by Jyothi K et al[10] on Reproductive Health Awareness among College-Going Girls and found that around one-third girls had no knowledge of menstruation, while more or less a similar proportion (32%) had high or moderate knowledge. Awareness regarding menstruation and menstrual hygiene should be told to girls in schools, various infections and other long term harmful effects of unhygienic practices should be told to them.

Pregnancy at a young age also increases risks to the mother and child. The first priority is to provide knowledge about reproductive health; the second is to educate this young generation to make appropriate decisions for their daily life. These actions will help to increase educational opportunities for girls and boys and encourage girls to stay in school longer.[11] This study shows the knowledge of respondents regarding harmful effects of teenage pregnancy. Among the 143, 58.04% said it caused societal disapproval and shame. During the same time, the proportion identifying adverse effects on the girl's health was 07.60%, and those mentioning adverse effects on the baby's health were 09.70%. Among the 107 boys too, the proportion of those identifying societal shame as a factor was also 81.30%. Adverse effects on mother's health were mentioned by 30.84%. Those identifying ill effects on baby's health were also 17.75% and the results were statistically significant Thus, there was widespread ignorance about the adverse effects of teenage pregnancy on the mother and child's health.

In the present study the number of respondents whose parents had ever tried to educate them about sex, a vast majority of all respondents replied in the negative. One reason for the slightly higher proportion of girls having been given education about sex may be that menstruation is a convenient starting point for such a discussion. It is also possible that a few of the girls whose mothers had talked to them about menstruation may have considered this as basic sex education.

The present study shows the respondents when asked to methods of contraception among the girls,40.56% of them named condoms, 37(25.87%) oral contraceptive pills (OCP's) , 14(09.97%) abstinence, 6(04.20%) abortion and 2(01.40%) permanent methods. Among boys the percentage naming condoms was 56(52.34%), those naming OCP's were 31(28.97%) and those naming abstinence were 10(09.36%). Similar results were found in a study conducted by Majumdar et al,[12] on Adolescent Girls in Pune. Health and population and found that 527 students of Class XI and XII from two coeducational schools in Ludhiana, the respondents were asked to list the contraceptive methods they knew. The methods listed by boys were Condoms (85.1%), OCPs (78.5%), Permanent methods (15.9%), Abstinence (5%) and IUCDs (3.4%). Girls mentioned OCPs (87.3%), condoms (47.3%), Permanent methods (14.7%) and Abstinence (0.7%). The VHAI[6] reports that among adolescent girls (including married girls) of age 15-19 years, 87.7% were aware of terminal methods, which were unsuitable for them, and only 57.6% were aware of spacing methods. Haldar A et al[13] conducted a study on need of awareness generation regarding a component of Reproductive and Child Health programme Bangalore schools, when asked to identify a 100% sure ways of avoiding pregnancy, 31-63% students in class VIII, IX and X identified abstinence, and 17-55% condoms. After educational intervention, the percentage changed to 68-83% for abstinence and 11-12% for condoms.

This study shows respondents views regarding how STD's could be cured. Among the girls, 75(52.45%) reposed that it could be cured by medicines, 60(41.96%) after said there was no cure for STD. Among boys the percentages of respondents mentioning medicines were 75(63.55%) and a large segment of 22(20.56%) believed that there is no cure for it. Strong advocation for abstinence and delayed initiation of sex should be emphasized to adolescent. In case of already sexually active, condom seems to be a better choice as compared to other methods. Limitation of the present study was that there was reluctance among respondents to answer the questions honestly. Boys were either more knowledgeable or more open in their answers than girls.

Today's time demands an appropriate and innovative research to improve knowledge and disseminate information about the factors that influence and determine young people's sexual, contraceptive and reproductive decisions and behaviors.

CONCLUSION

Since the subject of adolescent sexuality remains a taboo in most societies, there is widespread ignorance among young people of risks associated with behavior changes, physiological changes, psychological changes and various consequences associated with these. Adolescent's health visit is an excellent opportunity to talk to their parents and adolescents themselves about the pubertal changes. It is likely that they have not received any formal sex education in school and need to be provided with correct educational resources for the same. School based effective sex education is the need of the hour. Sex education should be provided to adolescents by their teachers without any hesitation, it should be a part of their regular school curriculum.

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