IMPACT OF SEXUALITY EDUCATION IN PREVENTING STD-HIV/AIDS AMONG TEENAGERS OF SCHOOL GOING STUDENTS

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CHAPTER 1

Background of the study

Education is considered as one of the major factor for any development. Rajbhandari (2007) stated that expenditure in education produces more benefit than spending on economic development. This enhances the increment of literacy rate, which significantly contribute to the prospective of country's development. Furthermore, he stated "high literacy rates of country largely fulfill the development of nation as a whole, because literacy brings social welfare in the society, help in generating employment to the extent that foster economic development, and bring about social welfare, consequently, improve the quality of human life" (p.60).

Supporting this view of enhancing education, The World Bank implemented decentralization in education over the nation. The emphasis of this program was to bring about quality of education by making the local group aware of the importance that education can play, importantly, in terms of social benefits to raise the quality of human life by acquiring the knowledge from educating oneself. According to The World Bank, the decentralization focuses on two aspects, the participation and the partnership of both local community group and the non governmental organizations. However, in context to Nepal, this was just the starting process of development in education from the primary level and secondary level. Nevertheless, education as being the vital source for development not only academically but also socially that bring social welfare and increase the quality of human life, it is, therefore, understood that it can play a major role of providing knowledge for preventing the disease that

can be transmitted through sexual relationship by implementing the sexuality education in the school education curriculum.

Taking into consideration of such benefit, the MOES implemented a sexuality education curriculum for secondary level, expecting that it would help in providing the relevant knowledge about disease transmitted through sexual relation and also to suggest the safe sex practice if situations demands. This was not only focused to provide knowledge to students but also to spread the wide views of knowledge to the society through the medium of young generation, basically, teenagers of school going students, who falls victim of such infection despite having the knowledge about consequences of being infected.

As sex is considered a natural process of life, it is also one of the major reflections of transmitting highly infected disease, specifically amongst the teenager who are vulnerable. Nevertheless, to overcome from such devastating consequences of being infected, introduction of sexuality education in 9^{th} and 10^{th} grade has been implemented with anticipation of preventing the vulnerable teenagers from being infected from STD-HIV/AIDS and also to prevent others social members by sharing the general know-how knowledge.

The pivotal issue in today's world talks about HIV/AIDS transmission, it is also understood by virtue that almost every one has the knowledge of the disease and are aware how it is transmitted to others. Despite such understanding, the numbers of infected people are increasing everyday in all part of the world. The drastic scenario of developing country like ours, which is accustomed by religious belief and values still are lacking the significant data of the infectious people by HIV/AIDS. To reveal the exact data of infectious people, many social organization have come together to contribute their valuable suggestion. This is where the decentralization in education

specifically, partnership and participation of NGOs and INGOs and community are required. Despite strong bind of participation and partnership in education, the policy and planning of curriculum in education has not provided significant result in sexuality education.

Purpose of the study

The purpose of the study was to analysis the extent of awareness of sexuality education in school going teenagers and its result of prevention of STD-HIV/AIDS. Specifically, the study attempts to find out, whether the teenagers students have the knowledge of STD-HIV/IDS that is included in the sexuality education curriculum.

Statement of problem

Nonetheless, sexuality education does provide the basic knowledge of STD such as HIV/AIDS in school curriculum and the ways and means of transmission of disease from one body to another. The transmission process of the disease can be in various ways, such as, sex relationship, sharing injecting tools among drugs users, and blood transmission. Family planning association of Nepal stated that 40% of injecting drug users are infected by HIV/AIDS through sexual relationship. Public schools that provide education regarding the control of STD infection have been limited to classroom alone in Nepal. Most of all, the transmission of such disease is also found to be occurred due to sharing of drugs among and between the drug taking groups. However, the measures to control drug has become redundant in developing country. It is found that drug is taken in school premises after the class hours are over. Some evidence can be a remarkable issue whether it is cheap drug like glue sniffing or injecting. Rajbhandari (2008) asserted that “The scene I encountered when I saw some middle class teenagers under the influence of this cheap substitute was a

devastating one to me. Unknown to my presence, these teenagers had slipped into the once famous school campus of the Durbar School. Behind an old, monumental building, I saw some other youths enjoying a cricket game. They seemed to be not at all bothered by the rowdy acts of these teenagers inhaling gluten on the other side of the wall".

However, these activities are frequently encountered, which is a major problem that our country is facing. Moreover, this can also influence the teenagers youth urging to involve in drug. At this point, the measure to prevention of HIV/AIDS may become useless if a sexual activity takes place under intoxication as the teenagers may not use any contraceptives. However, most importantly, it should be understood by the teenagers students that STD, such as, MTCT, STI-HepatitisB, Syphillis Syphillis, Gonorrhea**,** HIV/AIDS are transmitted by sexual contact. Nevertheless, to some extent, the prevention can be done by using temporary contraceptives.

Therefore, the problem statement of this study was to find out to what extend the sexuality education provides knowledge information about the STD- HIV/AIDS and knowledge of contraceptives measures as to prevent the HIV AIDS.

Research questions

The following research questions were developed to find out the importance of sexuality education and its impact on prevention of STD- HIV/AIDS amongst school going teenagers.

1. To what extent the sexuality education is felt to be important in curriculum for the teenagers' students?
2. To what extent has the learning occurred in teenagers' students from sex education?

3. To what extent do the teenagers' students have knowledge about using contraceptives to be prevented from STD-HIV/AIDS?

Rationale of the study

The major attempts to investigate the study was to find out whether the students of class 9 and class 10 have adequate knowledge about sexual education and its impact on prevention of STD-HIV/AIDS. The study also attempts to signify the importance of sexuality education in school curriculum. Nevertheless, this study provides helpful suggestion to teenagers' students, teachers, and social developmental organization. Moreover, the study gives a valuable suggestion to the researchers to further investigate the burning problem in depth.

Limitation and delimitation of the study

Time frame had become the major limitation in investigating the research study. The accessibility of investigation was limited to questionnaire, with anticipation of gathering more data from the students from various schools. As for delimitation, the study focused only on teenagers of secondary grades. This study focused completely on the primary source of data that was directly collected from the students of different schools. The schools that were selected for sampling are only public schools in Kirtipur Valley.

Ethical issues

The name of the students has not been included in this study. The entire respondents were informed prior to giving their views. However, it was conveyed to all the students about the secrecy to be maintained. Both genders were given equal opportunity to participate, therefore, no such discrimination were made on selecting

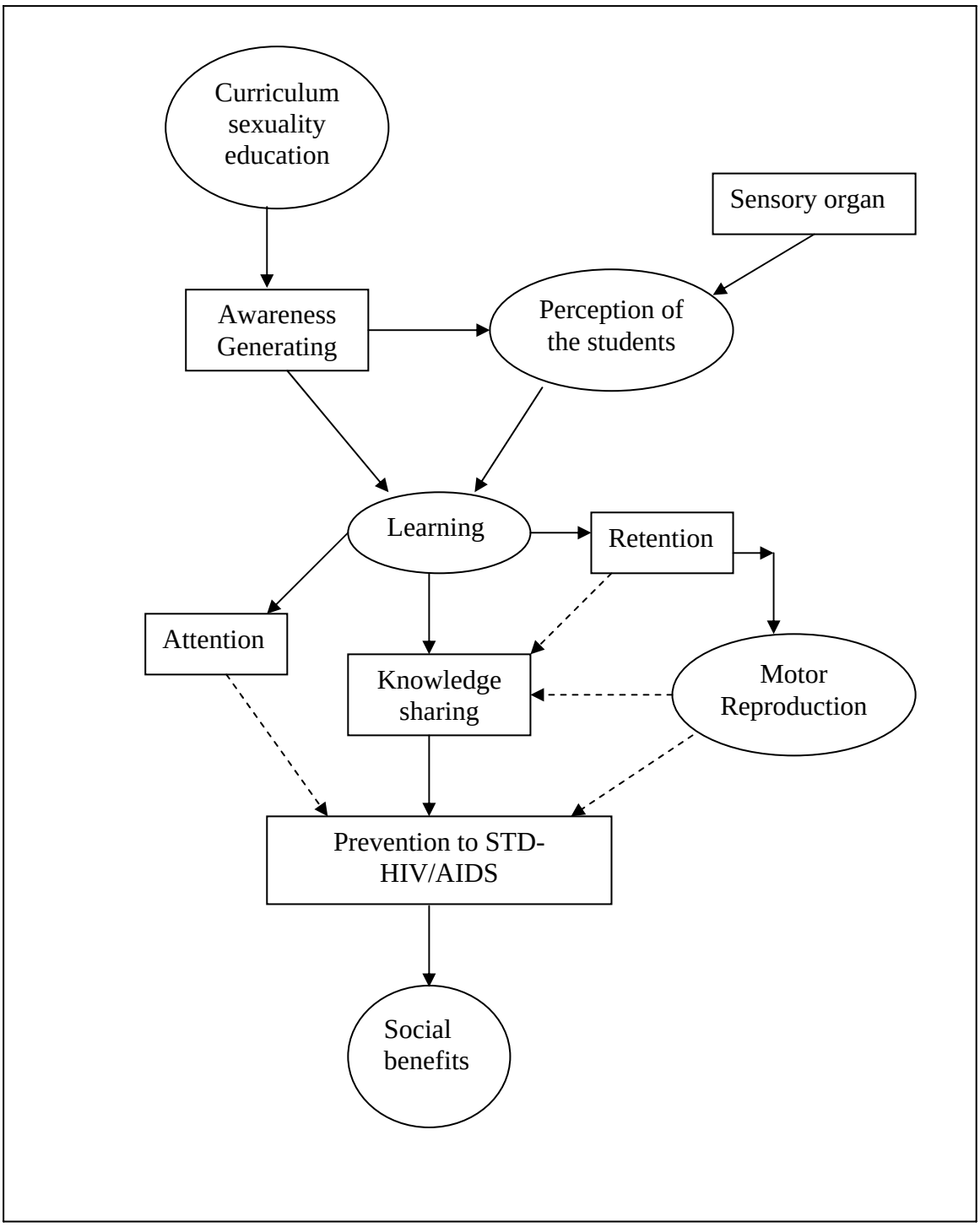
participants. However, it was made known to the students that the purpose of the study was academic.

Theoretical construction

The construction of the research study is based on the perception of students and the learning theory. The learning theory includes the cognitive theory and social learning theory. The cognitive theory explains about the reasoning and problem solving with rational decision making. The social learning theory explains about the sharing and gathering of knowledge through observation in the societal arena. The social theory also explains about how knowledge can be gained by sharing the ideas among and between people. Nevertheless, learning involves process of attention, retention, motor reproduction and the reinforcement or motivation. Learning is achieved if the knowledge of sexuality education is always on the attention of preventing STD disease like HIV/AIDS. The attention process is further generated to retention by being aware of the causes and effect of being infected and taking measures for prevention. However, it is also important that learning process takes place if motor reproduction is geared. This involves practicing of safe guarding to prevent transmission disease.

Therefore, as prevention of STD-HIV/AIDS has taken the turn towards social awareness around the world I have related my research with perception and learning, which is based on the cognitive learning theory and the social learning theory.

Figure 1. Theoretical framework of the learning process of Sexuality education and its impact on preventing HIV AIDS among school going teenagers



CHAPTER 2

RESEARCH METHODOLOGY

The research study attempts to explore the reality based on the method of quantitative and descriptive analysis. The quantitative approach attempts to analysis the data by using the spss statistical software, whereas the descriptive and interpretative analysis attempts to give meaning to the data.

Data sources

The sources of data are basically primary, however, secondary data that were relevant to the study has also been captured from international educational journals that were available to highlight the reality behind the impact that support sexuality education reflects in preventing STD-HIV/AIDS among the school going teenagers'.

The primary data were collected through semi structured questionnaire from both male and female teenagers' of grade 9^{th} and 10^{th}. This has become the strength in formulating the study to give the real picture of the reality.

Research sample

The samples for the research study include both male and female gender of grade 9^{th} and 10^{th} of public schools around Kirtipur valley. The age of the sample was between 13 years of age to 18 years of age. The sample size for the research study is 280 this includes all the sample of age, gender and grades. (See annex 1, 2 and 3)

Table 1. Students age

Students age	Sample size	Percentage
13	24	8.6
14	83	29.9
15	90	32.4
16	60	21.6
17	18	6.5
18	3	1.1
Missing	2	-
Total	280	100

In taking consideration of age variable for teenagers' in grade 9^{th} and 10^{th}, it was found that the ages of 13 to 18 are the students who are currently studying.

Table 2. Students' gender

Students gender	Sample size	Percentage
Female	116	41.4
Male	164	58.6
Total	280	100

The sample for the research study includes both male and female. However, the majority of sample size lies in the male category. This reflects that male candidates have the high rate of enrollment in public school.

Table 3. Students level of education

Level of education	Sample size	Percentage
Grade 9th	124	44.6
Grade 10th	154	55.4
Missing	2	-
Total	280	100

The sample for the research study includes the 9th grade and 10th grade teenagers' students, who have the access to the sexuality education in their curriculum. The analyses for the above table in terms of educational level can be interpreted that more of teenagers' in class 10th grade are taken for the research study, who are at the verge of passing the School Leaving Certificate level. This as well can provide sharing of knowledge information of preventing STD-HIV/AIDS to others after leaving school and move to the higher secondary level where sexuality education is not prominent. Taking into consideration of higher secondary education, it is believed that students become mature when they enter the higher level of education. They will have the multiple choices of selecting education faculty where they meet other students from different diversity and share their past perceptual experiences. Believing the fact about knowledge sharing, the spreading of ideas about sexuality education and its impact to prevention of STD-HIV/AIDS is made aware to their friends.

Research tools and techniques

In making the effort of collecting maximum information among the teenagers' and to relate the study with the purpose of my study, the semi structured questionnaire

tool was developed expecting that it would penetrate maximum numbers of respondent. The questionnaire tool has save the time limitation of collection of data on time framework of the study.

The questionnaire technique was applied due to the reason of confined cultural and social values that implies the negative impact in Nepalese context about sexuality research in teenagers. This technique of applying semi structured questionnaire as a research tool has been helpful in gathering information from the participants without hesitation as it did not involved direct one on one communication with the respondents.

Semi Structured questionnaire instigated the maximum responses, which otherwise wouldn't have become successful in collection of data at primary source.

Data analysis procedures

Primary data that were gathered from both male and female teenagers' of grade 9^{th} and 10^{th} were processed through the spss statistical software for analysis. The spss statistical software was one major analysis tools applied for achieving at the findings and conclusion.

The analysis procedure was followed by data reduction, data display and conclusion drawing. The data that were not relevant to the purpose of the study were reduced; this further gave the way to displaying of relevant data from which the conclusion were drawn to achieve the reliability and finally giving meaning to the data. Triangulation method was applied to reach the validity of the data. The time triangulation method was applied which entails that similar data gathered at the similar time period.

CHAPTER 3

FINDINGS AND CONCLUSION

The finding of the research is based on the research problem statement and the research questions. The finding includes three main subtitles, which throw the heat rather than the light to the purpose of the study. The main three subtitles are importance of sexuality education felt by the teenagers', lesson learned by the teenagers' from sexuality education, and the knowledge of measures to be taken using contraceptives from preventing HIV/AIDS.

Importance of sexuality education felt by the teenager's

Sex is a natural process of life. However, many diseases are transmitted through building sexual relationship; the main is the HIV/AIDS. The most vulnerable groups are the teenagers' between 13 years of age to 17 years of age, who have the high chances of being infected. U.S. Department of Health and Human Service (2008) stated that "Compared with older adults, sexually active adolescents (10–19 years of age) and young adults (20–24years of age) are at higher risk for acquiring STDs for a combination of behavioral, biological, and cultural reasons . Adolescents are more likely to have multiple sexual partners and short-term relationships, to engage in unprotected intercourse, and to have partners who are themselves at high risk for STDs". As stated, it is found that transmission of HIV/AIDS among teenagers' in Nepal is not due to injecting drugs but the cause is the sexual relationship. Almost

40% of teenagers' of HIV/AIDS victims have found to be infected by practicing sexual relationship. (FPAN, 2008).

Taking such factors into consideration, the teenagers' of grade 9th and 10th have additional subject developed for them as sexuality education. This subject was developed by the government anticipating that sexuality education would bring about awareness to the teenagers' about sexually transmitted disease, specifically, HIV/AIDS, STI-AIDS, STI-Gonorrhea, STI-Syphillis and STI-Hepatitis B. U.S. Department of Health and Human Service further reported that "Chlamydia remains the most commonly reported infectious disease in the United States. In 2004, female adolescents 15–19 years of age had higher reported rates of chlamydial infections than those of adolescent males and older persons of either gender; rates among young women 20–24 years of age were nearly as high. The higher reported rates of chlamydia among adolescents and young women than among their male counterparts are primarily attributable to detection of asymptomatic infection in young women through screening, whereas chlamydia among their sex partners may not be diagnosed or reported".

However, achieving knowledge of such disease can only be provided by implementing sexuality education in the school curriculum, which gives reflection of the health education as well. The primary sources data from students of 9th grade and 10th grade regarding the importance of sexuality education in curriculum have a significant correlation at the 0.05 level between students and importance and need of sexuality education in curriculum. (See annex 4).

Despite understanding of importance and need of sexuality education in curriculum, the teenagers' students also have a positive reflection towards the

sexuality education as being necessary at the early age. This is represented by the table below.

Table 4. Need and importance of sexuality education

Response	No of students	Percentage
Agree	269	96.1
Disagree	6	2.1
Indifference	2	0.7
Missing	3	1.1
Total	280	100

Nevertheless, the understanding of need and importance of sexuality education has felt positive by the teenagers' students. This reflects the cognitive learning theory of reasoning themselves about its importance and rationality. However, the question still is yet to answer whether, the students have the tendencies to share the vision to the society by contributing their cognitive reasoning about being aware of preventing the disease by building sexual relationship. The cognitive process of learning, empower the teenagers' students about being aware of sexuality education and its important, however, the learning also indicates the process of attention, retention and motor reproduction.

Based on the theoretical construction, the societal benefits wouldn't be achieved if learning process of being attentive, retention and motor reproduction of such learning is not formulated on a continuous basis to change in behavior of practicing unsafe sexual relation.

Despite understanding of importance of sexuality education by the teenagers' students, it is as well to be more precise on what age category of sample agrees the

most about the need and importance of sexuality education in the curriculum. The table below represents the age group of teenage students regarding their perception of accepting the importance of sexuality education.

Table 5. Perception of age group about importance of sexuality education

Students age	Agree	Disagree	Indifference	Total
13	24	0	0	24
14	81	0	0	81
15	90	0	0	90
16	57	0	2	59
17	13	5	0	18
18	4	4	0	7
Total	269	9	2	280

The above table represents that almost all the students perceive the sexuality education valuable in curriculum. Moreover, it is found that the age groups of 14 and 15 and 16 have more inquisitive towards sexuality education. It is also found that very less respondent have disagreed upon the necessity of sexuality education, however, being the elder most among the age group and the verge of bidding goodbye to the teen age, these age group are matured enough to have more power in cognitive process of learning. It is found that 50% of the age group of 18 years of age has denied the importance of sexuality education. The reason behind this might not look too good despite the quantity in the above table shows very less sample.

The matured student of 18 years of age, however, must have developed the cognitive thinking that would exploit the teenagers through the practice of sexuality education as this allows everyone in the school kids to talk freely about sexuality education. Taking consideration of such factors of being shy, the social learning

theory do not implicates the existence of learning. Can it further be assumed that the inquisitive age group of 14 to 16 may as well deny the importance of sexuality education when they reach the age of 18? This has yet to be answered. In answering to this, Grossman et.al (2001) concludes that talking about sexuality between youth and knowledgeable adults increases the access of contraceptives which will prevent female teenagers' being pregnant. (p.8).

The most critical of perceiving importance of sexuality education can be represented by taking the views of teenage students of grade 9^{th} and 10^{th} regarding the importance of sexuality education for children in school. The table below represents their views.

Table 6. Grade level students' perception of sexuality education

Grade	Agree	Disagree	Indifference	Total
Class 9 students	109	8	8	125
Class 10 students	133	7	15	155
Total	242	15	23	280

The findings of the grade level teenagers' students regarding the perception towards sexuality education has shown high acceptance, however, there are evidence of some students having disagreement and indifference to the sexuality education. Critically analyzing at this point may reflect that sexuality education in school has not yet penetrated in providing knowledge about it to great extent. The data also signify that most of the teenagers' of grade 10 has shown their indifference perception towards sexuality education.

In summary, the overall aspect of teenagers' has felt the need and importance of sexuality education in curriculum. This might as well have provided adequate knowledge about sexuality education in preventing STD- specifically, HIV/AIDS.

Lesson learned by the teenagers' from sexuality education

To be more specific regarding the learning process of the subject regarding sexuality education in preventing STD- HIV/AIDS, it is found that the curriculum includes the method safe sexual relationship by using contraceptives. In supporting the learning behavior, Tolman suggest his theory regarding cognitive learning is a valued internal mental phenomena. He further explains Learning results in an organized body of information. Some of his ideas are reflected to support the cognitive flair.

1. Behavior should be studied at a local level.
2. Learning can occur without reinforcement.
3. Learning can occur without a change in behavior.
4. Intervening variables must be considered.
5. Behavior is purposive.
6. Expectations of fact behavior. (href 1)

He further purposed that learning occurs where different parts of the environment are situated in relation to one another. This theory reflects that teenagers' students who have studied sexuality education in the school therefore, develop a cognitive map and apply the reality of prevention of STD-HIV/AIDS even after the school days are over.

The learning process occurs when the curriculum is designed to give more specific information of sexuality education and its importance related to health. The explaining of this aspect is represented by the table below.

Table 7. Awareness from sexuality education in relation to health

Awareness from sexuality education	Sexual health	STI-AIDS	STI-Gonorrhea	STI-Syphillis	STI-Hepatitis B	MTCT of HIV/AIDS
Yes	249	248	213	128	239	230
No	17	16	45	135	22	20
Indifference	14	16	22	17	19	14
Total	280	280	280	280	280	280

It is found that most of the teenagers' students who have taken the sexuality education in school have the knowledge about the sexually transmitted disease. However, it can also be revealed that there are students who do not have the knowledge about the disease despite taken the course on sexuality education. The count of students for indifference and unknown to the disease might as well look small in size but when taking into consideration of learning process, these teenagers have high chances of not being learned at all. The lesson learned by female teenagers' students is represented below table 8.

Table 8. Lesson learned by female teenagers'

Awareness from sexuality education	Sexual health	STI-AIDS	STI-Gonorrhea	STI-Syphillis	STI-Hepatitis B	MTCT of HIV/AIDS
Yes	109	110	98	53	107	103
No	5	3	13	60	6	10

It is found that most of the female teenagers' have the knowledge about sexuality education and its relation to the health. However, it is also important to find the male teenagers' perspectives. The table below represents the male teenagers' knowledge about sexuality education and the lesson learned about the disease.

Table 9. Lesson learned by male teenagers'

Awareness from sexuality education	Sexual health	STI-AIDS	STI-Gonorrhea	STI-Syphillis	STI-Hepatitis B	MTCT of HIV/AIDS
Yes	140	138	115	75	132	127
No	12	13	32	75	16	10

It can almost be concluded that male teenagers' are more equipped with the knowledge of sexuality education related to the health. The empirical research has found that most of the victims of STD are the female teenagers'. It was also found that female teenagers' are easily indulged into drugs and sex as compared to male. In connection to this FPAN (2007) stated that "female Injecting Drug Users (IDUs) had very low level of contraceptive use" (p.2). The common perception for not using the contraceptive was believed that family planning method have the side effects. This resisted most of the female to avoid using such temporary contraceptives.

Knowledge using contraceptives from preventing HIV/AIDS

It is the prime aspect of this research to reveal that if the teenagers' have understood the use of contraceptives in sexual relationship. The uses of contraceptives therefore, to some extent would help prevent the teenagers' from affecting from the disease.

The table below represents the knowledge of temporary contraceptives.

Table 10. Knowledge of temporary contraceptives by female

knowledge	IUCD	Female condom	Vasectomy	Laparoscopy	condom	injectable	pills	norplant
yes	43	49	100	100	103	91	26	76
No	60	53	14	12	9	21	87	27

The findings reveal that most of female teenagers' have knowledge about the contraceptives. However, the school going teenagers' who agrees upon the need and importance of sexuality education, there is still exist evidence that they lack the knowledge about such preventive methods. To find out the male perspective towards the knowledge about temporary contraceptives the data are presented in table below.

Table 11. Knowledge of temporary contraceptives by male

knowledge	IUCD	Female condom	Vasectomy	Laparoscopy	condom	injectable	pills	norplant
yes	79	102	112	113	144	113	69	121
No	66	42	37	36	9	38	78	22

It is almost clear from the findings that these sexually transmitted disease are still yet to be informed to the teenagers' including both the male and female. This is one major pitfall of the curriculum as sexuality education was also designed for informing about the knowledge regarding sexually transmitted disease.

Anticipating that students received knowledge of temporary and permanent contraceptives, the answer was collected from all the participants of age group of being aware about the knowledge of contraceptives. Table 12 represents the age group of students having knowledge about the same.

Table 12. Knowledge of contraceptives from perspective of student age

	Valid		Indifferences		Total	
	N	Percent	N	Percent	N	Percent
Student's age Knowledge of temporary contraceptives - Condom	263	93.9%	17	6.1%	280	100.0%
Student's age Knowledge of temporary contraceptives - Injectables	261	93.2%	19	6.8%	280	100.0%
Student's age Knowledge of temporary contraceptives - Pills	258	92.1%	22	7.9%	280	100.0%

Student's age Knowledge of temporary contraceptives - Norplant	244	87.1%	36	12.9%	280	100.0%
Student's age Knowledge of temporary contraceptives - IUCD	245	87.5%	35	12.5%	280	100.0%
Student's age Knowledge of temporary contraceptives - Female Condom	244	87.1%	36	12.9%	280	100.0%
Student's age Knowledge of permanent contraceptives - Vasectomy	261	93.2%	19	6.8%	280	100.0%
Student's age Knowledge of permanent contraceptives - Laparoscopy	259	92.5%	21	7.5%	280	100.0%
Student's age Knowledge of permanent contraceptives - MiniLap	256	91.4%	24	8.6%	280	100.0%

The data reveals there is vast amount of knowledge acquired by the students of different age group regarding the temporary and permanent contraceptives. However, small the number of students is indifferent; it can raise a big question in social setting. Nevertheless, cognitive learning according to Tolman states that learning can occur without reinforcement, and when sexuality education is concern at the secondary level it might take a critical process to understand the teaching and learning behavoiural practices, however according to Tolman again any form of cognitive learning should occur without the change in behaviour. Moreover, behaviour has to be considered as an important aspect in sexuality education while teaching the youthful children. Furthermore, in seeking the answer for the same, the data was segmented into gender. The table 12 represents the knowledge of contraceptives from the gender perspectives.

Table 12. Knowledge of contraceptives from perspective of student gender

	Valid		Indifference		Total	
	N	Percent	N	Percent	N	Percent
Student's gender Knowledge of temporary contraceptives - Condom	265	94.6%	15	5.4%	280	100.0%
Student's gender Knowledge of temporary contraceptives - Injectables	263	93.9%	17	6.1%	280	100.0%
Student's gender Knowledge of temporary contraceptives - Pills	260	92.9%	20	7.1%	280	100.0%
Student's gender Knowledge of temporary contraceptives - Norplant	246	87.9%	34	12.1%	280	100.0%
Student's gender Knowledge of temporary contraceptives - IUCD	247	88.2%	33	11.8%	280	100.0%
Student's gender Knowledge of temporary contraceptives - Female Condom	246	87.9%	34	12.1%	280	100.0%
Student's gender Knowledge of permanent contraceptives - Vasectomy	263	93.9%	17	6.1%	280	100.0%
Student's gender Knowledge of permanent contraceptives - Laparoscopy	261	93.2%	19	6.8%	280	100.0%
Student's gender Knowledge of permanent contraceptives - MiniLap	258	92.1%	22	7.9%	280	100.0%

There is high percentage of both male and female understanding the knowledge of temporary and permanent contraceptives. In comparison to having knowledge of contraceptives less though effective gender group seems to not having the knowledge regarding the contraceptives.

CONCLUSION

To conclude my study based on the finding, it can be concluded that sexuality education have brought about many importance knowledge that is relevant to the safeguarding of health. The study of the research was focused on the teenagers' both male and female to find out the basic knowledge they have acquired about sexuality education. The research study also framed a model theoretical construction to find whether the social and cognitive theory of learning has occurred in the teenagers' so that they would be informed and also try to inform the societal members that ultimately benefits the social aspect of life. Based on the theory of learning, it can be concluded that the learning has occurred as they are more informed about the sexually transmitted disease and the method to prevent by using temporary and permanent contraceptives. There are still chunks of teenagers' who have not received proper attention, however, majority of teenagers' have agreed on gaining the knowledge and also have a positive inclination of importance and the need of sexuality education in the curriculum.

Conclusively, it can be stated that school going teenager's who have taken over the course of sexuality education in secondary level both female and male have felt the necessity and importance of this education. Moreover, these teenagers have also become aware of STD and the knowledge of contraceptives. This however, can be stated that learning process have occurred and can therefore be stated that constructed theoretical framework for this research purpose is significant based upon the data that were analyzed through statistical software.

NEED FOR FURTHER ANALYSIS

Despite have the research on sexuality education among the school going teenagers, the research was limited to knowledge based. The theoretical framework constructed for the purpose of this research exhibit the existence of knowledge gathered by the students of different gender, age and level of education. However, sexuality education is considered as one of the prime aspect to prevent STD which is vulnerable among the school going teenagers.

Taking into consideration of being aware and learning process, sexuality education have gained a ground in providing knowledge of STD, contraceptives and its necessity in social milieu. However, it can be understood that those students who have learned about the knowledge that sexuality education provides have a high chances of preventing themselves from STD. Nevertheless, when sharing of such knowledge is concerned with social members, basically the female gender might have trouble in communicating such knowledgeable information.

After passing out and moving in to high school, students finds themselves into more complex situation when it comes into concern of being socializing among new friends and adopting new cultures. This situation might bring the students into the position of almost shutting their voice of being unfamiliar towards sexuality talking.

List of References

Family planning association of Nepal (2007). *Abortion need of female injecting drug users in Nepal*: a FGD report excerpts. Vol. 28. No. 2

Grossman, Jean Baldwin; Walker, Karen E; Kotloff, Lauren J.; Pepper, Sarah (2001). *Adult communication and teen sex; changing a community*. Philadelphia, pa. www.eric.ed.gov; ED 466887

Rajbhandari (2007). *Community readiness for self-managed school*. Masters dissertation. Grarkhu, Lalitpur, Kathmandu University School of education. www.eric.ed.gov; ED 498417.

Rajbhandari (2008). *Glue, a cheap substitute for intoxication.* www.ohmynews.com

U.S. Department of Health and Human (2008). *Adolescent health in the united states, 2007*, Maryland.

Href 1. http://teachnet.edb.utexas.edu/~lynda_abbott/Cognitive.html

Annex 1

Frequency Table

Student's age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	13	24	8.6	8.6	8.6
	14	83	29.6	29.9	38.5
	15	90	32.1	32.4	70.9
	16	60	21.4	21.6	92.4
	17	18	6.4	6.5	98.9
	18	3	1.1	1.1	100.0
	Total	278	99.3	100.0	
Missing	System	2	.7		
Total		280	100.0		

Annex 2

Student's gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	116	41.4	41.4	41.4
	Male	164	58.6	58.6	100.0
	Total	280	100.0	100.0	

Annex 3

Student's level of education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9	124	44.3	44.6	44.6
	10	154	55.0	55.4	100.0
	Total	278	99.3	100.0	
Missing	System	2	.7		
Total		280	100.0		

Annex 4

Correlations

		Student's gender	Sex Education in Curriculum	Need of Sex Education in Curriculum
Student's gender	Pearson Correlation	1	.115	.137(*)
	Sig. (2-tailed)	.	.057	.022
	N	280	274	277
Sex Education in Curriculum	Pearson Correlation	.115	1	-.032
	Sig. (2-tailed)	.057	.	.601
	N	274	274	271
Need of Sex Education in Curriculum	Pearson Correlation	.137(*)	-.032	1
	Sig. (2-tailed)	.022	.601	.
	N	277	271	277

* Correlation is significant at the 0.05 level (2-tailed).

Student's level of education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9	124	44.3	44.6	44.6
	10	154	55.0	55.4	100.0
	Total	278	99.3	100.0	
Missing	System	2	.7		
Total		280	100.0		

Student's age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	13	24	8.6	8.6	8.6
	14	83	29.6	29.9	38.5
	15	90	32.1	32.4	70.9
	16	60	21.4	21.6	92.4
	17	18	6.4	6.5	98.9
	18	3	1.1	1.1	100.0
	Total	278	99.3	100.0	
Missing	System	2	.7		
Total		280	100.0		

Student's gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	116	41.4	41.4	41.4
	Male	164	58.6	58.6	100.0
	Total	280	100.0	100.0	

Statistics

		Student's age	Student's level of education	Student's gender
N	Valid	278	278	280
	Missing	2	2	0

Case Processing Summary

	Cases					
	Valid		indifferences		Total	
	N	Percent	N	Percent	N	Percent
Health Education in Curriculum * Knowledge of temporary contraceptives - Condom	265	94.6%	15	5.4%	280	100.0%
Health Education in Curriculum * Knowledge of temporary contraceptives - Injectables	263	93.9%	17	6.1%	280	100.0%
Health Education in Curriculum * Knowledge of temporary contraceptives - Pills	260	92.9%	20	7.1%	280	100.0%
Health Education in Curriculum * Knowledge of temporary contraceptives - Norplant	246	87.9%	34	12.1%	280	100.0%
Health Education in Curriculum * Knowledge of temporary contraceptives - IUCD	247	88.2%	33	11.8%	280	100.0%
Health Education in Curriculum * Knowledge of temporary contraceptives - Female Condom	246	87.9%	34	12.1%	280	100.0%
Health Education in Curriculum * Knowledge of permanent contraceptives - Vasectomy	263	93.9%	17	6.1%	280	100.0%
Health Education in Curriculum * Knowledge of permanent contraceptives - Laparoscopy	261	93.2%	19	6.8%	280	100.0%
Health Education in Curriculum * Knowledge of permanent contraceptives - MiniLap	258	92.1%	22	7.9%	280	100.0%
Health Education in Curriculum * Awereness of sexual health	266	95.0%	14	5.0%	280	100.0%
Health Education in Curriculum * Awareness of STI-Aids	264	94.3%	16	5.7%	280	100.0%
Health Education in Curriculum * Awareness of STI-Gonorrhea	258	92.1%	22	7.9%	280	100.0%
Health Education in Curriculum * Awareness of STI-Syphillis	263	93.9%	17	6.1%	280	100.0%
Health Education in Curriculum * Awareness of STI-HepatitisB	261	93.2%	19	6.8%	280	100.0%

Health Education in Curriculum * Awareness of MTCT of HIV/AIDS	266	95.0%	14	5.0%	280	100.0%
Sex Education in Curriculum * Knowledge of temporary contraceptives - Condom	259	92.5%	21	7.5%	280	100.0%
Sex Education in Curriculum * Knowledge of temporary contraceptives - Injectables	257	91.8%	23	8.2%	280	100.0%
Sex Education in Curriculum * Knowledge of temporary contraceptives - Pills	255	91.1%	25	8.9%	280	100.0%
Sex Education in Curriculum * Knowledge of temporary contraceptives - Norplant	240	85.7%	40	14.3%	280	100.0%
Sex Education in Curriculum * Knowledge of temporary contraceptives - IUCD	241	86.1%	39	13.9%	280	100.0%
Sex Education in Curriculum * Knowledge of temporary contraceptives - Female Condom	240	85.7%	40	14.3%	280	100.0%
Sex Education in Curriculum * Knowledge of permanent contraceptives - Vasectomy	257	91.8%	23	8.2%	280	100.0%
Sex Education in Curriculum * Knowledge of permanent contraceptives - Laparoscopy	255	91.1%	25	8.9%	280	100.0%
Sex Education in Curriculum * Knowledge of permanent contraceptives - MiniLap	252	90.0%	28	10.0%	280	100.0%
Sex Education in Curriculum * Awereness of sexual health	260	92.9%	20	7.1%	280	100.0%
Sex Education in Curriculum * Awareness of STI-Aids	258	92.1%	22	7.9%	280	100.0%
Sex Education in Curriculum * Awareness of STI-Gonorrhea	252	90.0%	28	10.0%	280	100.0%
Sex Education in Curriculum * Awareness of STI-Syphillis	257	91.8%	23	8.2%	280	100.0%
Sex Education in Curriculum * Awareness of STI-HepatitisB	255	91.1%	25	8.9%	280	100.0%

Sex Education in Curriculum * Awareness of MTCT of HIV/AIDS	260	92.9%	20	7.1%	280	100.0%
Need of Sex Education in Curriculum * Knowledge of temporary contraceptives - Condom	263	93.9%	17	6.1%	280	100.0%
Need of Sex Education in Curriculum * Knowledge of temporary contraceptives - Injectables	261	93.2%	19	6.8%	280	100.0%
Need of Sex Education in Curriculum * Knowledge of temporary contraceptives - Pills	258	92.1%	22	7.9%	280	100.0%
Need of Sex Education in Curriculum * Knowledge of temporary contraceptives - Norplant	244	87.1%	36	12.9%	280	100.0%
Need of Sex Education in Curriculum * Knowledge of temporary contraceptives - IUCD	245	87.5%	35	12.5%	280	100.0%
Need of Sex Education in Curriculum * Knowledge of temporary contraceptives - Female Condom	244	87.1%	36	12.9%	280	100.0%
Need of Sex Education in Curriculum * Knowledge of permanent contraceptives - Vasectomy	261	93.2%	19	6.8%	280	100.0%
Need of Sex Education in Curriculum * Knowledge of permanent contraceptives - Laparoscopy	259	92.5%	21	7.5%	280	100.0%
Need of Sex Education in Curriculum * Knowledge of permanent contraceptives - MiniLap	256	91.4%	24	8.6%	280	100.0%
Need of Sex Education in Curriculum * Awereness of sexual health	264	94.3%	16	5.7%	280	100.0%
Need of Sex Education in Curriculum * Awareness of STI-Aids	262	93.6%	18	6.4%	280	100.0%
Need of Sex Education in Curriculum * Awareness of STI-Gonorrhea	256	91.4%	24	8.6%	280	100.0%
Need of Sex Education in Curriculum * Awareness of STI-Syphillis	261	93.2%	19	6.8%	280	100.0%
Need of Sex Education in Curriculum * Awareness of STI-HepatitisB	259	92.5%	21	7.5%	280	100.0%

Need of Sex Education in Curriculum * Awareness of MTCT of HIV/AIDS	264	94.3%	16	5.7%	280	100.0%
Importance of Sex in life * Knowledge of temporary contraceptives - Condom	265	94.6%	15	5.4%	280	100.0%
Importance of Sex in life * Knowledge of temporary contraceptives - Injectables	263	93.9%	17	6.1%	280	100.0%
Importance of Sex in life * Knowledge of temporary contraceptives - Pills	260	92.9%	20	7.1%	280	100.0%
Importance of Sex in life * Knowledge of temporary contraceptives - Norplant	246	87.9%	34	12.1%	280	100.0%
Importance of Sex in life * Knowledge of temporary contraceptives - IUCD	247	88.2%	33	11.8%	280	100.0%
Importance of Sex in life * Knowledge of temporary contraceptives - Female Condom	246	87.9%	34	12.1%	280	100.0%
Importance of Sex in life * Knowledge of permanent contraceptives - Vasectomy	263	93.9%	17	6.1%	280	100.0%
Importance of Sex in life * Knowledge of permanent contraceptives - Laparoscopy	261	93.2%	19	6.8%	280	100.0%
Importance of Sex in life * Knowledge of permanent contraceptives - MiniLap	258	92.1%	22	7.9%	280	100.0%
Importance of Sex in life * Awereness of sexual health	266	95.0%	14	5.0%	280	100.0%
Importance of Sex in life * Awareness of STI-Aids	264	94.3%	16	5.7%	280	100.0%
Importance of Sex in life * Awareness of STI-Gonorrhea	258	92.1%	22	7.9%	280	100.0%
Importance of Sex in life * Awareness of STI-Syphillis	263	93.9%	17	6.1%	280	100.0%
Importance of Sex in life * Awareness of STI-HepatitisB	261	93.2%	19	6.8%	280	100.0%
Importance of Sex in life * Awareness of MTCT of HIV/AIDS	266	95.0%	14	5.0%	280	100.0%
understanding of sex in social context * Knowledge of temporary contraceptives - Condom	257	91.8%	23	8.2%	280	100.0%
understanding of sex in social context * Knowledge of temporary contraceptives - Injectables	255	91.1%	25	8.9%	280	100.0%

understanding of sex in social context * Knowledge of temporary contraceptives - Pills	252	90.0%	28	10.0%	280	100.0%
understanding of sex in social context * Knowledge of temporary contraceptives - Norplant	239	85.4%	41	14.6%	280	100.0%
understanding of sex in social context * Knowledge of temporary contraceptives - IUCD	240	85.7%	40	14.3%	280	100.0%
understanding of sex in social context * Knowledge of temporary contraceptives - Female Condom	239	85.4%	41	14.6%	280	100.0%
understanding of sex in social context * Knowledge of permanent contraceptives - Vasectomy	255	91.1%	25	8.9%	280	100.0%
understanding of sex in social context * Knowledge of permanent contraceptives - Laparoscopy	253	90.4%	27	9.6%	280	100.0%
understanding of sex in social context * Knowledge of permanent contraceptives - MiniLap	250	89.3%	30	10.7%	280	100.0%
understanding of sex in social context * Awereness of sexual health	258	92.1%	22	7.9%	280	100.0%
understanding of sex in social context * Awareness of STI-Aids	257	91.8%	23	8.2%	280	100.0%
understanding of sex in social context * Awareness of STI-Gonorrhea	251	89.6%	29	10.4%	280	100.0%
understanding of sex in social context * Awareness of STI-Syphillis	256	91.4%	24	8.6%	280	100.0%
understanding of sex in social context * Awareness of STI-HepatitisB	254	90.7%	26	9.3%	280	100.0%
understanding of sex in social context * Awareness of MTCT of HIV/AIDS	259	92.5%	21	7.5%	280	100.0%
Sexual freedon in the society * Knowledge of temporary contraceptives - Condom	261	93.2%	19	6.8%	280	100.0%

Sexual freedon in the society * Knowledge of temporary contraceptives - Injectables	259	92.5%	21	7.5%	280	100.0%
Sexual freedon in the society * Knowledge of temporary contraceptives - Pills	256	91.4%	24	8.6%	280	100.0%
Sexual freedon in the society * Knowledge of temporary contraceptives - Norplant	243	86.8%	37	13.2%	280	100.0%
Sexual freedon in the society * Knowledge of temporary contraceptives - IUCD	244	87.1%	36	12.9%	280	100.0%
Sexual freedon in the society * Knowledge of temporary contraceptives - Female Condom	243	86.8%	37	13.2%	280	100.0%
Sexual freedon in the society * Knowledge of permanent contraceptives - Vasectomy	259	92.5%	21	7.5%	280	100.0%
Sexual freedon in the society * Knowledge of permanent contraceptives - Laparoscopy	257	91.8%	23	8.2%	280	100.0%
Sexual freedon in the society * Knowledge of permanent contraontraceptives - MiniLap	254	90.7%	26	9.3%	280	100.0%
Sexual freedon in the society * Awereness of sexual health	262	93.6%	18	6.4%	280	100.0%
Sexual freedon in the society * Awareness of STI-Aids	261	93.2%	19	6.8%	280	100.0%
Sexual freedon in the society * Awareness of STI-Gonorrhea	255	91.1%	25	8.9%	280	100.0%
Sexual freedon in the society * Awareness of STI-Syphillis	260	92.9%	20	7.1%	280	100.0%
Sexual freedon in the society * Awareness of STI-HepatitisB	258	92.1%	22	7.9%	280	100.0%
Sexual freedon in the society * Awareness of MTCT of HIV/AIDS	263	93.9%	17	6.1%	280	100.0%

Case Processing Summary

	Cases					
	Valid		indifferences		Total	
	N	Percent	N	Percent	N	Percent
Student's age * Need of Sex Education in Curriculum	275	98.2%	5	1.8%	280	100.0%
Student's age * Sex Education in Curriculum	272	97.1%	8	2.9%	280	100.0%
Student's age * Health Education in Curriculum	278	99.3%	2	.7%	280	100.0%

Student's age * Need of Sex Education in Curriculum

Crosstab

Count

		Need of Sex Education in Curriculum			Total
		Yes	No	Don't Know	
Student's age	13	24	0	0	24
	14	81	0	0	81
	15	90	0	0	90
	16	57	0	2	59
	17	13	5	0	18
	18	2	1	0	3
Total		267	6	2	275

Student's age * Sex Education in Curriculum

Crosstab

Count

		Sex Education in Curriculum			Total
		Yes	No	Don't Know	
Student's age	13	22	1	0	23
	14	71	5	3	79
	15	88	0	1	89
	16	59	0	1	60
	17	18	0	0	18
	18	3	0	0	3
Total		261	6	5	272

Student's age * Health Education in Curriculum

Crosstab

Count

		Health Education in Curriculum		Total
		Yes	No	
Student's age	13	23	1	24
	14	82	1	83
	15	90	0	90
	16	60	0	60
	17	18	0	18
	18	3	0	3
Total		276	2	278

Case Processing Summary

	Cases					
	Valid		indifferences		Total	
	N	Percent	N	Percent	N	Percent
Student's gender * Health Education in Curriculum	280	100.0%	0	.0%	280	100.0%
Student's gender * Sex Education in Curriculum	274	97.9%	6	2.1%	280	100.0%
Student's gender * Need of Sex Education in Curriculum	277	98.9%	3	1.1%	280	100.0%

Student's gender * Health Education in Curriculum

Crosstab

Count

		Health Education in Curriculum		Total
		Yes	No	
Student's gender	Female	116	0	116
	Male	162	2	164
Total		278	2	280

Student's gender * Sex Education in Curriculum

Crosstab

Count

		Sex Education in Curriculum			Total
		Yes	No	Don't Know	
Student's gender	Female	114	0	1	115
	Male	149	6	4	159
Total		263	6	5	274

Student's gender * Need of Sex Education in Curriculum

Crosstab

Count

		Need of Sex Education in Curriculum			Total
		Yes	No	Don't Know	
Student's gender	Female	115	0	0	115
	Male	154	6	2	162
Total		269	6	2	277

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Student's level of education * Health Education in Curriculum	278	99.3%	2	.7%	280	100.0%
Student's level of education * Sex Education in Curriculum	272	97.1%	8	2.9%	280	100.0%
Student's level of education * Need of Sex Education in Curriculum	275	98.2%	5	1.8%	280	100.0%

Student's level of education * Health Education in Curriculum

Crosstab

Count

		Health Education in Curriculum		
		Yes	No	Total
Student's level of education	9	122	2	124
	10	154	0	154
Total		276	2	278

Student's level of education * Sex Education in Curriculum

Crosstab

Count

		Sex Education in Curriculum			
		Yes	No	Don't Know	Total
Student's level of education	9	109	5	4	118
	10	152	1	1	154
Total		261	6	5	272

Student's level of education * Need of Sex Education in Curriculum

Crosstab

Count

		Need of Sex Education in Curriculum			Total
		Yes	No	Don't Know	
Student's level of education	9	121	0	0	121
	10	146	6	2	154
Total		267	6	2	275

Student's age * Knowledge of temporary contractipes - Condom

Crosstab

Count

		Knowledge of temporary contractipes - Condom		Total
		Yes	No	
Student's age	13	17	5	22
	14	79	4	83
	15	84	3	87
	16	51	4	55
	17	12	2	14
	18	2	0	2
Total		245	18	263

Student's age * Knowledge of temporary contractipes - Condom

Crosstab

Count

		Knowledge of temporary contractipes - Condom		Total
		Yes	No	
Student's age	13	17	5	22
	14	79	4	83
	15	84	3	87
	16	51	4	55
	17	12	2	14
	18	2	0	2
Total		245	18	263

Student's age * Knowledge of temporary contractipes - Injectables

Crosstab

Count

		Knowledge of temporary contractipes - Injectables		
		Yes	No	Total
Student's age	13	12	10	22
	14	58	25	83
	15	67	18	85
	16	52	3	55
	17	12	2	14
	18	2	0	2
Total		203	58	261

Student's age * Knowledge of temporary contractipes - Pills

Crosstab

Count

		Knowledge of temporary contractipes - Pills		
		Yes	No	Total
Student's age	13	1	21	22
	14	22	60	82
	15	30	52	82
	16	29	26	55
	17	11	4	15
	18	1	1	2
Total		94	164	258

Student's age * Knowledge of temporary contractipes - Norplant

Crosstab

Count

		Knowledge of temporary contractipes - Norplant		
		Yes	No	Total
Student's age	13	13	11	24
	14	70	12	82
	15	62	17	79
	16	36	7	43
	17	13	1	14
	18	2	0	2
Total		196	48	244

Student's age * Knowledge of temporary contractipes - IUCD

Crosstab

Count

		Knowledge of temporary contractipes - IUCD		
		Yes	No	Total
Student's age	13	5	19	24
	14	23	59	82
	15	47	33	80
	16	35	8	43
	17	8	6	14
	18	1	1	2
Total		119	126	245

Student's age * Knowledge of temporary contractipes - Female Condom

Crosstab

Count

		Knowledge of temporary contractipes - Female Condom		
		Yes	No	Total
Student's age	13	8	16	24
	14	49	33	82
	15	45	35	80
	16	37	6	43
	17	9	4	13
	18	2	0	2
Total		150	94	244

Student's age * Knowledge of permanent contractipes - Vasectomy

Crosstab

Count

		Knowledge of permanent contractipes - Vasectomy		
		Yes	No	Total
Student's age	13	15	8	23
	14	64	17	81
	15	74	11	85
	16	49	8	57
	17	7	6	13
	18	2	0	2
Total		211	50	261

Student's age * Knowledge of permanent contractipes - Laparoscopy

Crosstab

Count

		Knowledge of permanent contractipes - Laparoscopy		
		Yes	No	Total
Student's age	13	17	6	23
	14	64	18	82
	15	71	14	85
	16	50	5	55
	17	8	4	12
	18	2	0	2
Total		212	47	259

Student's age * Knowledge of permanent contractipes - MiniLap

Crosstab

Count

		Knowledge of permanent contractipes - MiniLap		
		Yes	No	Total
Student's age	13	16	7	23
	14	61	19	80
	15	70	14	84
	16	49	6	55
	17	9	3	12
	18	1	1	2
Total		206	50	256

Case Processing Summary

Student's gender * Knowledge of temporary contractipes - Condom

Crosstab

Count

		Knowledge of temporary contractipes - Condom		
		Yes	No	Total
Student's gender	Female	103	9	112
	Male	144	9	153
Total		247	18	265

Student's gender * Knowledge of temporary contractipes - Injectables

Crosstab

Count

		Knowledge of temporary contractipes - Injectables		
		Yes	No	Total
Student's gender	Female	91	21	112
	Male	113	38	151
Total		204	59	263

Student's gender * Knowledge of temporary contractipes - Pills

Crosstab

Count

		Knowledge of temporary contractipes - Pills		
		Yes	No	Total
Student's gender	Female	26	87	113
	Male	69	78	147
Total		95	165	260

Student's gender * Knowledge of temporary contractipes - Norplant

Crosstab

Count

		Knowledge of temporary contractipes - Norplant		
		Yes	No	Total
Student's gender	Female	76	27	103
	Male	121	22	143
Total		197	49	246

Student's gender * Knowledge of temporary contractipes - IUCD

Crosstab

Count

		Knowledge of temporary contractipes - IUCD		
		Yes	No	Total
Student's gender	Female	43	60	103
	Male	78	66	144
Total		121	126	247

Student's gender * Knowledge of temporary contractipes - Female Condom

Crosstab

Count

		Knowledge of temporary contractipes - Female Condom		
		Yes	No	Total
Student's gender	Female	49	53	102
	Male	102	42	144
Total		151	95	246

Student's gender * Knowledge of permanent contractipes - Vasectomy

Crosstab

Count

		Knowledge of permanent contractipes - Vasectomy		
		Yes	No	Total
Student's gender	Female	100	14	114
	Male	112	37	149
Total		212	51	263

Student's gender * Knowledge of permanent contractipes - Laparoscopy

Crosstab

		Knowledge of permanent contractipes - Laparoscopy		
		Yes	No	Total
Student's gender	Female	100	12	112
	Male	113	36	149
Total		213	48	261

Student's gender * Knowledge of permanent contractipes - MiniLap

Crosstab

		Knowledge of permanent contractipes - MiniLap		
		Yes	No	Total
Student's gender	Female	98	12	110
	Male	109	39	148
Total		207	51	258

Case Processing Summary

	Cases					
	Valid		Indifferences		Total	
	N	Percent	N	Percent	N	Percent
Student's level of education * Knowledge of temporary contractipes - Condom	264	94.3%	16	5.7%	280	100.0%
Student's level of education * Knowledge of temporary contractipes - Injectables	262	93.6%	18	6.4%	280	100.0%
Student's level of education * Knowledge of temporary contractipes - Pills	259	92.5%	21	7.5%	280	100.0%
Student's level of education * Knowledge of temporary contractipes - Norplant	245	87.5%	35	12.5%	280	100.0%
Student's level of education * Knowledge of temporary contractipes - IUCD	246	87.9%	34	12.1%	280	100.0%
Student's level of education * Knowledge of temporary contractipes - Female Condom	245	87.5%	35	12.5%	280	100.0%
Student's level of education * Knowledge of permanent contractipes - Vasectomy	262	93.6%	18	6.4%	280	100.0%
Student's level of education * Knowledge of permanent contractipes - Laparoscopy	260	92.9%	20	7.1%	280	100.0%
Student's level of education * Knowledge of permanent contractipes - MiniLap	257	91.8%	23	8.2%	280	100.0%

Student's level of education * Knowledge of temporary contractipes - Condom

Crosstab

Count

		Knowledge of temporary contractipes - Condom		
		Yes	No	Total
Student's level of education	9	107	10	117
	10	139	8	147
Total		246	18	264

Student's level of education * Knowledge of temporary contractipes - Injectables

Crosstab

Count

		Knowledge of temporary contractipes - Injectables		
		Yes	No	Total
Student's level of education	9	75	40	115
	10	128	19	147
Total		203	59	262

Student's level of education * Knowledge of temporary contractipes - Pills

Crosstab

Count

		Knowledge of temporary contractipes - Pills		
		Yes	No	Total
Student's level of education	9	22	90	112
	10	72	75	147
Total		94	165	259

Student's level of education * Knowledge of temporary contractipes - Norplant

Crosstab

Count

		Knowledge of temporary contractipes - Norplant		
		Yes	No	Total
Student's level of education	9	83	30	113
	10	113	19	132
Total		196	49	245

Student's level of education * Knowledge of temporary contractipes - IUCD

Crosstab

Count

		Knowledge of temporary contractipes - IUCD		
		Yes	No	Total
Student's level of education	9	29	85	114
	10	91	41	132
Total		120	126	246

Student's level of education * Knowledge of temporary contractipes - Female Condom

Crosstab

Count

		Knowledge of temporary contractipes - Female Condom		
		Yes	No	Total
Student's level of education	9	60	54	114
	10	90	41	131
Total		150	95	245

Student's level of education * Knowledge of permanent contractipes - Vasectomy

Crosstab

Count

		Knowledge of permanent contractipes - Vasectomy		
		Yes	No	Total
Student's level of education	9	79	38	117
	10	132	13	145
Total		211	51	262

Student's level of education * Knowledge of permanent contractipes - Laparoscopy

Crosstab

Count

		Knowledge of permanent contractipes - Laparoscopy		
		Yes	No	Total
Student's level of education	9	79	38	117
	10	133	10	143
Total		212	48	260

Student's level of education * Knowledge of permanent contractipes - MiniLap

Crosstab

Count

	Knowledge of permanent contractipes - MiniLap		
	Yes	No	Total

Student's level of education	9	74	42	116
	10	132	9	141
Total		206	51	257

Case Processing Summary

	Cases					
	Valid		indifference		Total	
	N	Percent	N	Percent	N	Percent
Student's age * Awareness of MTCT of HIV/AIDS	264	94.3%	16	5.7%	280	100.0%
Student's age * Awareness of adolescent pregnency and its effect on health	264	94.3%	16	5.7%	280	100.0%
Student's age * Awareness of STI-HepatitisB	259	92.5%	21	7.5%	280	100.0%
Student's age * Awareness of STI-Syphillis	261	93.2%	19	6.8%	280	100.0%
Student's age * Awareness of STI-Gonorrhea	256	91.4%	24	8.6%	280	100.0%
Student's age * Awareness of STI-Aids	262	93.6%	18	6.4%	280	100.0%
Student's age * Awereness of sexual health	264	94.3%	16	5.7%	280	100.0%
Student's gender * Awareness of MTCT of HIV/AIDS	266	95.0%	14	5.0%	280	100.0%
Student's gender * Awareness of adolescent pregnency and its effect on health	266	95.0%	14	5.0%	280	100.0%
Student's gender * Awareness of STI-HepatitisB	261	93.2%	19	6.8%	280	100.0%
Student's gender * Awareness of STI-Syphillis	263	93.9%	17	6.1%	280	100.0%
Student's gender * Awareness of STI-Gonorrhea	258	92.1%	22	7.9%	280	100.0%
Student's gender * Awareness of STI-Aids	264	94.3%	16	5.7%	280	100.0%
Student's gender * Awereness of sexual health	266	95.0%	14	5.0%	280	100.0%
Student's level of education * Awareness of MTCT of HIV/AIDS	265	94.6%	15	5.4%	280	100.0%

Student's level of education * Awareness of adolescent pregnency and its effect on health	265	94.6%	15	5.4%	280	100.0%
Student's level of education * Awareness of STI-HepatitisB	260	92.9%	20	7.1%	280	100.0%
Student's level of education * Awareness of STI-Syphillis	262	93.6%	18	6.4%	280	100.0%
Student's level of education * Awareness of STI-Gonorrhea	257	91.8%	23	8.2%	280	100.0%
Student's level of education * Awareness of STI-Aids	263	93.9%	17	6.1%	280	100.0%
Student's level of education * Awereness of sexual health	265	94.6%	15	5.4%	280	100.0%

Student's age * Awareness of MTCT of HIV/AIDS

Crosstab

Count

		Awareness of MTCT of HIV/AIDS			
		Yes	No	Don't know	Total
Student's age	13	19	1	4	24
	14	69	6	7	82
	15	72	11	2	85
	16	52	1	3	56
	17	14	1	0	15
	18	2	0	0	2
Total		228	20	16	264

Student's age * Awareness of adolescent pregnency and its effect on health

Crosstab

Count

		Awareness of adolescent pregnency and its effect on health		
		Yes	No	Total
Student's age	13	14	10	24
	14	62	20	82
	15	60	25	85
	16	35	21	56
	17	12	3	15
	18	2	0	2
Total		185	79	264

Student's age * Awareness of STI-HepatitisB

Crosstab

Count

		Awareness of STI-HepatitisB		
		Yes	No	Total
Student's age	13	20	4	24
	14	68	12	80
	15	82	3	85
	16	53	1	54
	17	12	2	14
	18	2	0	2
Total		237	22	259

Student's age * Awareness of STI-Syphillis

Crosstab

Count

		Awareness of STI-Syphillis		
		Yes	No	Total
Student's age	13	3	21	24
	14	30	52	82
	15	44	41	85
	16	36	18	54
	17	12	2	14
	18	1	1	2
Total		126	135	261

Student's age * Awareness of STI-Gonorrhea

Crosstab

Count

		Awareness of STI-Gonorrhea		
		Yes	No	Total
Student's age	13	22	2	24
	14	64	18	82
	15	73	12	85
	16	45	9	54
	17	6	3	9
	18	2	0	2
Total		212	44	256

Student's age * Awareness of STI-Aids

Crosstab

Count

		Awareness of STI-Aids		
		Yes	No	Total
Student'	13	22	2	24

s age	14	71	11	82
	15	84	2	86
	16	53	1	54
	17	14	0	14
	18	2	0	2
Total		246	16	262

Student's age * Awereness of sexual health

Crosstab

Count

		Awereness of sexual health		
		Yes	No	Total
Student's age	13	21	2	23
	14	77	4	81
	15	80	7	87
	16	56	1	57
	17	11	3	14
	18	2	0	2
Total		247	17	264

Student's gender * Awareness of MTCT of HIV/AIDS

Crosstab

Count

		Awareness of MTCT of HIV/AIDS			
		Yes	No	Don't know	Total
Student's gender	Female	103	10	3	116
	Male	127	10	13	150
Total		230	20	16	266

Student's gender * Awareness of adolescent pregnency and its effect on health

Crosstab

Count

		Awareness of adolescent pregnency and its effect on health		
		Yes	No	Total
Student's gender	Female	79	37	116
	Male	108	42	150
Total		187	79	266

Student's gender * Awareness of STI-HepatitisB

Crosstab

Count

	Awareness of STI-HepatitisB		
	Yes	No	Total

Student's gender	Female	107	6	113
	Male	132	16	148
Total		239	22	261

Student's gender * Awareness of STI-Syphillis

Crosstab

Count

		Awareness of STI-Syphillis		
		Yes	No	Total
Student's gender	Female	53	60	113
	Male	75	75	150
Total		128	135	263

Student's gender * Awareness of STI-Gonorrhea

Crosstab

Count

		Awareness of STI-Gonorrhea		
		Yes	No	Total
Student's gender	Female	98	13	111
	Male	115	32	147
Total		213	45	258

Student's gender * Awareness of STI-Aids

Crosstab

Count

		Awareness of STI-Aids		
		Yes	No	Total
Student's gender	Female	110	3	113
	Male	138	13	151
Total		248	16	264

Student's gender * Awereness of sexual health

Crosstab

Count

		Awereness of sexual health		
		Yes	No	Total
Student's gender	Female	109	5	114
	Male	140	12	152
Total		249	17	266

Student's level of education * Awareness of MTCT of HIV/AIDS

Crosstab

Count

	Awareness of MTCT of HIV/AIDS	Total

		Yes	No	Don't know	
Student's level of education	9	96	7	13	116
	10	133	13	3	149
Total		229	20	16	265

Student's level of education * Awareness of adolescent pregnency and its effect on health

Crosstab

Count

		Awareness of adolescent pregnency and its effect on health		
		Yes	No	Total
Student's level of education	9	80	36	116
	10	106	43	149
Total		186	79	265

Student's level of education * Awareness of STI-HepatitisB

Crosstab

Count

		Awareness of STI-HepatitisB		
		Yes	No	Total
Student's level of education	9	94	21	115
	10	144	1	145
Total		238	22	260

Student's level of education * Awareness of STI-Syphillis

Crosstab

Count

		Awareness of STI-Syphillis		
		Yes	No	Total
Student's level of education	9	37	80	117
	10	90	55	145
Total		127	135	262

Student's level of education * Awareness of STI-Gonorrhea

Crosstab

Count

		Awareness of STI-Gonorrhea		
		Yes	No	Total
Student's level of education	9	93	24	117
	10	119	21	140
Total		212	45	257

Student's level of education * Awareness of STI-Aids

Crosstab

Count

		Awareness of STI-Aids		
		Yes	No	Total
Student's level of education	9	103	14	117
	10	144	2	146
Total		247	16	263

Student's level of education * Awereness of sexual health

Crosstab

Count

		Awereness of sexual health		
		Yes	No	Total
Student's level of education	9	107	11	118
	10	141	6	147
Total		248	17	265