CHAPTER - 4

RESULT AND DISCUSSION

I. NUTRITIONAL PROFILE

II. FAMILY WELFARE

♦ HEALTH AWARENESS
♦ AWARENESS TOWARDS REPRODUCTIVE HEALTH
♦ AWARENESS TOWARDS FAMILY WELFARE
♦ ANTENATAL AND POSTNATAL CARE AWARENESS
♦ AWARENESS AND FIRST SOURCE OF INFORMATION
I. NUTRITIONAL PROFILE:

Table 1 shows the mean age of the girls of general class is 19.8 years with 1.63 SD mean height is 154.8 cms with 5.31 SD. Mean weight is 48.5 kg with 6.47 SD. Mean chest girth is 81.2 cms with 5.06 SD. Sitting height mean is 78.3 cms and 3.12 SD. BMI is 20.2 with 2.47 SD.

The mean age among other backward class is 20.0 years with 1.46 SD. Mean height is 154.6 cms with 4.89 SD. Mean weight is found 49.4 kg with 6.17 SD. Mean chest girth is found 82.9 cms with 6.12 SD sitting height mean is 79.0 with 2.70 SD and BMI is 20.6 with 2.36 SD. (Table : 1).

The mean age of schedule tribe girls is 20.1 years with 1.83 SD. Mean Height is 152.8 cms with 4.67 SD. Mean weight is 47.5 kgs with 5.30 SD. Mean chest girth is 80.8 cms with 3.46 SD sitting height is 82.3 cms with 2.85 SD. Mean BMI is 20.3 with 2.02 SD. (Table : 1).

The mean age of schedule caste category is 20.3 years with 2.16 SD mean height is 153.0 cms with 4.87 SD. Mean weight is 46.7 kgs with 6.67 SD mean chest girls is 79.1 cms with 6.42 SD. Mean sitting height is 80.0 cms with SD 2.91. Mean BMI is 19.9 with 2.67 SD. (Table : 1).

In present study classification of Body mass index (BMI) of the subject were done as per the WHO specification. Result of the study shows that 69.1% girls are under normal range, where as category wise analysis shows 64.8% of general class, 74.0% of other backward class (OBC), 57.2% of schedule caste (SC) and 80.4% of schedule tribe (ST) girls are at normal range. Further 26.9% girls found malnourished, category wise analysis shows 28.2% General, 22.0% other backward class (OBC), 36.8% of schedule caste (SC) and 19.6% schedule tribe (ST) girls are found malnourished. On the other hand total 4.0% girls found in grade I over weight class. Category wise specification shows equal percentage, i.e. 6.0% in Gen class, 6.0% in schedule caste are at grade I overweight where as 4.6% girls of other backward class (OBC) found at grade I overweight, no body found over weight in schedule tribe (ST). (Table : 2 & Fig. 1).
II. FAMILY WELFARE

HEALTH AWARENESS

Table 5 shows the health seeking and treatment seeking behaviour of college girls from all categories. Regarding concept of health 7.9% girls knew that no fever, 7.7% knew good appetite 11.1% girls stated no tiredness and 73.3% accepted that being cheerful is basic concept of health. 21.1% girls knew that infection is the cause of illness, 2.5% consider evil spirit and 76.4% girls knew that unhygienic condition is cause of illness. None of them have mentioned that witchcraft can cause illness. Regarding treatment seeking attitude 23.4% girls stated that treatment is required when some one feels weak, while 6.2% girls thought that feeling of tiredness, indicates that treatment is required. 59.0% girls feel one should go for treatment when individual suffers from fever. 5.8% knew unwell and 5.6% knew headache requires treatment. Regarding type of treatment preferred by students, 48.5% girls preferred allopathic treatment for illness. 0.5% girls preferred superstitious remedy, 17.4% girls preferred homeopathy, and 15.5% domestic treatment, 14.1% ayurvedic and 4.0% girls preferred herbal treatment for illness. Regarding consultation for treatment for common cough and cold 40.1% girls accepted that they need consultation from doctors, 33.3% girls consulted family members, and 26.1% took self-treatment for common cough and cold.

Category wise analysis shows that in general category as Table 5 shows 4.8% girls knew that no fever, 20% knew good appetite 11.2% girls stated no tiredness and 64.0% accepted that being cheerful is basic concept of health. 20.0% girls knew that infection is the cause of illness, and 80.0% girls knew that unhygienic condition is cause of illness. None of them have mentioned that evil spirit and witchcraft can cause illness. Regarding treatment seeking attitude 26.4% girls stated that treatment is required when some one feels weak, while 6.4% girls thought that feeling of tiredness, indicates that treatment is required. 56.0% girls feel one should go for treatment when individual suffers from fever. 3.2% girls knew unwell and 8.0% knew headache requires treatment. Regarding type of treatment preferred by students, 44.8% girls preferred allopathic treatment for illness. 12.0% girls preferred...
homeopathy, and 20.8% domestic treatment; 21.6% ayurvedic and 0.8% girls preferred herbal treatment for illness. Regarding consultation for treatment for common cough and cold 32.0% girls accepted that they need consultation from doctors, 48.0% girls consulted family members, and 20.0% took self-treatment for common cough and cold (Table 5).

In other backward class (OBC) category it has been found that 9.6% girls knew that no fever, 6.4% knew good appetite 8.0% girls stated no tiredness and 76.0% accepted that being cheerful is basic concept of health. 18.4% girls knew that infection is the cause of illness, and 81.6% girls knew that unhygienic condition is cause of illness. None of them have mentioned that evil spirit and witchcraft can cause illness. Regarding treatment seeking attitude 21.6% girls stated that treatment is required when some one feels weak, while 4.8% girls thought that feeling of tiredness, indicates that treatment is required. 59.2% girls feel one should go for treatment when individual suffers from fever. 8.8% girls knew unwell and 5.6% knew headache requires treatment. Regarding type of treatment preferred by students, 51.2% girls preferred allopathic treatment for illness. No body preferred superstitious remedy, 16.0% girls preferred homeopathy, and 12.8% domestic treatment, 20.0% ayurvedic and no girls preferred herbal treatment for illness. Regarding consultation for treatment for common cough and cold 45.2% girls accepted that they need consultation from doctors, 27.2% girls consulted family members, and 27.6% took self-treatment for common cough and cold (Table 5).

In schedule tribe (ST) category it is found that 10.0% girls knew that no fever, 2.0% knew good appetite 12.0% girls stated no tiredness and 76.0% accepted that being cheerful is basic concept of health. 18.0% girls knew that infection is the cause of illness, and 72.0% girls knew that unhygienic condition and 10.0% have mentioned that evil spirit is cause of illness. No body accepted that witchcraft can cause illness. Regarding treatment seeking attitude 26.0% girls stated that treatment is required when some one feels weak, while 10.0% girls thought that feeling of tiredness, indicates that treatment is required. 56.0% girls feel one should go for treatment when individual suffers from fever. 4.0% girls knew unwell and 4.0% knew headache
requires treatment. Regarding type of treatment preferred by students, 50.0% girls preferred allopathic treatment for illness, 2.0% girls preferred superstitious remedy, 20.0% girls preferred homeopathy, and 14.0% domestic treatment, 6.0% ayurvedic and 8.0% girls preferred herbal treatment for illness. Regarding consultation for treatment for common cough and cold 52.0% girls accepted that they need consultation from doctors, 18.0% girls consulted family members, and 30.0% took self-treatment for common cough and cold (Table: 5).

In schedule caste (SC) category it has been found that regarding concept of health 7.2% girls knew that no fever, 2.4% knew good appetite 13.2% girls stated no tiredness and 77.2 % accepted that being cheerful is basic concept of health.28.0 % girls knew that infection is the cause of illness, and 72.0% girls knew that unhygienic condition is cause of illness. None of them have mentioned that witchcraft and evil spirit can cause illness. Regarding treatment seeking attitude 19.6% girls stated that treatment is required when some one feels weak, while 3.6% girls thought that feeling of tiredness, indicates that treatment is required.64.8 % girls feel one should go for treatment when individual suffers from fever.7.2 % knew unwell and 4.8 % knew headache requires treatment. Regarding type of treatment preferred by students, 48.0% girls preferred allopathic treatment for illness, 21.6% girls preferred homeopathy, and 14.4% domestic treatment, 8.8% ayurvedic treatment for illness and 7.2% girls preferred herbal treatment. No body preferred superstitious remedy for illness. Regarding consultation for treatment for common cough and cold 31.2% girls accepted that they need consultation from doctors, 40.0% girls consulted family members, and 26.8% took self-treatment for common cough and cold.1.2% girls consults others for treatment of common cough and cold (Table: 5).

Table 6 shows awareness to update knowledge of health through media among college girls from all categories. Regarding watching health show on television 51.7% girls accepted that they watch television health based programme 39.0%do not see while 9.3%students did not give any response. It has been found that 47.0% girls reads health concerned book or magazine.48.3%girls do not read while 6.7%have not given any
response. Regarding name of magazine read by students 8.3% girls mentioned Meri saheli, 2.7% girls mentioned Ayurved, 1.8% Sanjeevni, 5.5% Arogya dham, 1.6% Madhurima, 2.5% Grah shobha, 2.4% Arogya, 3.4% Health 0.6% Kalyani, and 2.5% girls read Swadesi. 2.4% girls read other magazine or book. Thus total response is 33.7% while 66.3% girls have not responded.

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In other backward class (OBC), 48.8% girls accepted that they watch television health based programme 49.6% do not see while 1.6% students did not give any response. It has been found that 43.2% girls reads health concerned book or magazine. 56.8% girls do not read. Regarding name of magazine read by students 4.0% girls mentioned Meri saheli, 2.4% girls mentioned Ayurved, 0.8% Sanjeevni, 4.8% Arogya dham, 0.8% Madhurima, 0.8% Grahshobha, 3.2% Arogya, 2.4% Health and 2.4% girls read Kalyani, 1.2% girls read other magazine or book. Thus total response is 24.8% while 75.2% girls have not responded (Table: 6).

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In schedule caste (SC) category, 56.4% girls accepted that they watch television health based programme 30.4% do not see while 13.2% students did not give any response. It has been found that 48.4% girls reads health concerned book or magazine. 38.4 %girls do not read while 13.2% have not given any response. Regarding name of magazine read by students 7.2% girls mentioned Meri saheli, 2.4%girls mentioned Ayurved, 2.4 %Sanjeevni, 3.2 %Arogya cham, 2.4% Madhurima, 2.4% Grah shobha, 1.2 % Arogya and 1.2% girls read Health.2.4% girls read other magazine or book. Thus total response is 24.8% while 75.0% girls have not responded (Table: 6).

**Table 7** shows awareness of girls towards health officials and health planning officers of their own city ie. Jabalpur, Madhya pradesh and country. It is found that 13.9% girls correctly mentioned the name of state health minister, while 8.4% wrongly stated names. 76.7% girls have not given any response in this regard. Regarding central health minister 13.7% girls have correctly mention the name, 11.1%girls gave incorrect information and 75.2% girls did not respond. About allotment for health in central budget only 5.2%girls gave correct information 7.1%gave incorrect information and 87.7% girls have not responded. 44.1%girls mentioned correct name of district Collector, 3.8%girls gave incorrect information and 52.1%girls have not responded. Regarding Chief Medical officer of Jabalpur city only 16.4% girls correctly mentioned the name, 6.2% girls gave incorrect information and 77.4% girls have not given any response.

Category wise analysis shows that in general category It is found that 9.6% girls correctly mentioned the name of state health minister, while 3.2% wrongly stated the name. 87.2 % girls have not given any response in this regard. Regarding central health minister 16.0% girls have correctly mention the name, 13.6% girls gave incorrect information and 70.4% girls did not respond. About allotment for health in central budget only 8.0%girls gave correct information 16.0%gave incorrect information and 76.0% girls have not responded. 36.0 % girls mentioned correct name of district Collector, 8.0%girls gave incorrect information and 56.0%girls have not responded. Regarding Chief Medical officer of Jabalpur city only 20.8% girls correctly mentioned the
name, 8.0% girls gave incorrect information and 71.2% girls have not given any response (Table: 7).

In other backward class (OBC), 17.6% girls correctly mentioned the name of state health minister, while 1.6% wrongly stated the name. 80.8% girls have not given any response in this regard. Regarding central health minister 7.2% girls have correctly mention the name, 4.8% girls gave incorrect information and 88.0% girls did not respond. About allotment for health in central budget only 1.6% girls gave correct information 8.0% gave incorrect information and 90.4% girls have not responded. 50.4% girls mentioned correct name district Collector, 2.4% girls gave incorrect information and 47.2% girls have not responded. Regarding Chief Medical officer of Jabalpur city only 24.8% girls correctly mentioned the name, 8.0% girls gave incorrect information and 67.2% girls have not given any response (Table: 7).

In schedule tribe (ST) category it is found that 14.0% girls correctly mentioned the name of state health minister, while 24.0% wrongly stated the name. 62.0% girls have not given any response in this regard. Regarding central health minister 16.0% girls have correctly mention the name, 20.0% girls gave incorrect information and 64.0% girls did not respond. About allotment for health in central budget only 4.0% girls gave correct information 2.0% gave incorrect information and 94.0% girls have not responded. 48.0% girls mentioned correct name of district Collector, no body gave incorrect information and 52.0% girls have not responded. Regarding Chief Medical officer of Jabalpur city only 14.0% girls correctly mentioned the name, 4.0% girls gave incorrect information and 82.0% girls have not given any response (Table: 7).

In schedule caste (SC) category 14.4% girls correctly mentioned the name of state health minister, while 4.8% wrongly stated the name. 80.8% girls have not given any response in this regard. Regarding central health minister 15.6% girls have correctly mention the name of, 6.0% girls gave incorrect information and 78.4% girls did not respond. About allotment for health in central budget only 7.2% girls gave correct information 2.4% gave incorrect information and 90.4% girls have not responded. 42.0% girls mentioned correct name of as district Collector, 4.8% girls gave incorrect information and
53.2% girls have not responded. Regarding Chief Medical officer of Jabalpur city only 6.0% girls correctly mentioned the name, 4.8% girls gave incorrect information and 89.2% girls have not given any response (Table: 7).

Table 8 shows the awareness of girls from all categories towards government hospitals. It is revealed that 72.1% girls knew about Government Netaji Subhash Chandra Bose medical college 65.0% girls knew about Victoria hospital 37.9% girls knew Lady Elgin, 2.3% girls knew Ayurvedic hospital 4.9% knew military hospital, 6.2% knew about Railway hospital are Government hospitals in Jabalpur city. 12.6% girls have mentioned names of other hospital which are semi government or run by some trust, 8.2% girls gave incorrect information like name of private nursing home or hospitals.

Analysis of category based data shows in general category 80.8% girls knew about Government Netaji Subhash Chandra Bose medical college 79.2% girls knew about Victoria hospital 39.2% girls knew Lady Elgin, 1.6% girls knew Ayurvedic hospital, 2.4% knew military hospital 6.4% knew about Railway hospital are Government hospitals in Jabalpur city. 1.6% girls gave incorrect information like name of private nursing home or hospitals (Table: 8).

In other backward class (OBC) students 66.0% girls knew about Government Netaji Subhash Chandra Bose medical college 57.2% girls knew about Victoria hospital 34.8% girls knew Lady Elgin, 2.8% girls knew Ayurvedic hospital 4.8% knew military hospital, 4.4% knew about Railway hospital are Government hospitals in Jabalpur city. 8.4% girls have mentioned names of other hospital which are semi government or run by some trust, 4.8% girls gave incorrect information like name of private nursing home or hospitals (Table: 8).

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Table 9 & Fig. 2, shows the knowledge about health programme and policy of government. 35.5% girls are having knowledge about National Health Policy (NHP) 48.9% girls knew about National Health and Family Welfare Programme (NHFWP). 54.6% girls were not having knowledge of NHP and 41.9% girls were not having knowledge of NHFW pogramme. 9.8% girls had not responded about NHP and 9.2% girls have not responded about NHFW programme.

Category wise data analysis shows that in general category 29.6% girls are having knowledge about National Health Policy (NHP) 44.8% girls knew about National Health and Family Welfare Programme (NHFWP). 70.4% girls were not having knowledge of National Health Policy (NHP) and 48.8% girls were not having knowledge of National Health and Family Welfare Programme (NHFW) programme. 6.4% girls have not responded about National Health and Family Welfare Programme (NHFW) programme (Table: 9 & Fig.2).

In other backward class (OBC) 48.0% girls are having knowledge about National Health Policy (NHP), 48.0% girls knew about National Health and Family Welfare Programme (NHFWP) 48.0% girls were not having knowledge of National Health Policy (NHP) and 47.2% girls were not having knowledge of National Health and Family Welfare Programme (NHFW) pogramme. 4.0% girls had not responded about National Health Policy (NHP) and 4.8% girls have not responded about National Health and Family Welfare Programme (NHFW) programme (Table: 9 & Fig.2).

In schedule tribe (SC) category it is found that 26.8% girls are having knowledge about National Health Policy (NHP) 50.0% girls knew about National Health and Family Welfare Programme (NHFW) 56.0% girls were not
having knowledge of National Health Policy (NHP) and 35.2% girls were not having knowledge of National Health and Family Welfare Programme NHFW programme. 17.2% girls had not responded about National Health Policy (NHP) and 14.8% girls have not responded about National Health and Family Welfare Programme NHFW programme (Table: 9 & Fig.2).

In schedule caste (SC) category it is noted that 38.0% girls are having knowledge about National Health Policy (NHP) 52.8% girls knew about National Health and Family Welfare Programme (NHFW). 44.0% girls were not having knowledge of National Health Policy (NHP) and 36.4% girls were not having knowledge of National Health and Family Welfare Programme (NHFW) programme. 18.0% girls had not responded about National Health Policy (NHP) and 10.8% girls have not responded about National Health and Family Welfare Programme (NHFW) programme (Table: 9 & Fig.2).

Table 10 shows the preventive and promotive care regarding Malaria. It has been found that 97.5% girls correctly knew that mosquito bite cause of malaria. While 0.3% reported deficiency of protein and 2.2% girls mentioned impure water causes malaria. 54.1% girls mentioned that use of mosquito net is the best preventive measure of malaria, 44.8% mentioned water should not accumulated around residential space, 1.1% students mentioned nutritious diet is best preventive measure for malaria. Regarding treatment of malaria 56.8% girls knew antibiotic, 34.6% girls knew quinine mixture, 1.6% girls mentioned pain killer are the drugs given for malaria treatment. 6.8% girls have not responded in this regard First source of information regarding the cause of malaria it has been noted that 57.1% girls were informed by electronic media out of which 79.1% girls were informed by television, 20.8% girls from radio. 21.2% girls were informed by print media out of which 50.0% girls from news paper and 50.0% girls were informed by magazine. 21.8% girls were informed by interpersonal communication out of which 11.3% from friend, 59.9% from teacher and 28.7% girls were informed by family member.

Category wise data analysis shows that in general category 98.4% girls correctly knew that mosquito bite cause of malaria. No body reported deficiency of protein and 1.6% girls mentioned impure water causes malaria. 62.0% girls mentioned that use of mosquito net is the best preventive
measure of malaria, 38.0% mentioned water should not accumulated around residential space, no body mentioned nutritious diet is best preventive measure for malaria. Regarding treatment of malaria 47.2% girls knew antibiotic, 49.6% girls knew quinine mixture, and no body mentioned painkiller are the drugs given for malaria treatment. 3.2% girls have not responded in this regard. First source of information regarding the cause of malaria it has been noted that 37.8% girls were informed by electronic media out of which 63.4% girls were informed by television and 13.8% girls from radio. 30.0% girls were informed by print media out of which 48.6% girls were informed by newspaper and 51.3% girls were informed by magazine. 32.1% girls were informed by interpersonal communication out of which 7.5% girls were informed through friends 51.8% girls through teacher and 40.5% girls from family member (Table: 10).

In other backward class (OBC) it has been found that 93.6% girls correctly knew that mosquito bite cause of malaria. While 0.8% reported deficiency of protein and 5.6% girls mentioned impure water causes malaria. 57.6% girls mentioned that use of mosquito net is the best preventive measure of malaria, 40.0% mentioned water should not accumulated around residential space, 0.8% students mentioned nutritious diet is best preventive measure for malaria. Regarding treatment of malaria 66.4% girls knew antibiotic, 26.4% girls knew quinine mixture, 1.6% girls mentioned pain killer are the drugs given for malaria treatment. 5.6% girls have not responded in this regard. First source of information regarding the cause of malaria it has been noted that 69.6% girls were informed by electronic media out of which 80.1% girls were informed by television and 18.4% from radio. 26.2% girls were informed by print media out of which 66.6% girls from newspaper and 33.3% girls from magazine. 10.0% girls were informed by interpersonal communication out of which 8.6% girls were informed through friend, 86.9% by teacher and 4.3% girls were informed from family member (Table: 10).

In schedule tribe (ST) category 99.2% girls correctly knew that mosquito bite is cause of malaria. While 0.4% reported deficiency of protein and 0.4% girls mentioned impure water causes malaria. 27.2% girls mentioned that use of mosquito net is the best preventive measure of malaria, 72.0% mentioned
water should not accumulated around residential space, 0.8% students mentioned nutritious diet is best preventive measure for malaria. Regarding treatment of malaria 58.4%girls knew antibiotic, 28.8%girls knew quinine mixture, 2.4% girls mentioned pain killer are the drugs given for malaria treatment.10.4 %girls have not responded in this regard. First source of information regarding the cause of malaria it has been noted that 65.3% girls were informed by electronic media out of which 94.4% girls were informed by television and 5.5% from radio.10.8 % girls were informed by print media out of which 74.0% girls from news paper and 25.9% girls from magazine. 23.7% girls were informed by interpersonal communication out of which 13.5% girls were informed through friend, 72.8% by teacher and 13.5% girls were informed from family member (Table: 10).

In schedule caste (SC) category 98.8% girls correctly knew that mosquito bite cause of malaria. While no body reported deficiency of protein and 1.2% girls mentioned impure water causes malaria. 69.6 % girls mentioned that use of mosquito net is the best preventive measure of malaria, 29.2% mentioned water should not accumulated around residential space, 1.2% students mentioned nutritious diet is best preventive measure for malaria. Regarding treatment of malaria 55.2%girls knew antibiotic, 33.6% girls knew quinine mixture, 2.4% girls mentioned pain killer are the drugs given for malaria treatment.8.8%girls have not responded in this regard. First source of information regarding the cause of malaria it has been noted that 56.2% girls were informed by electronic media out of which 69.0% girls were informed by television and 30.9% from radio.23.0 % girls were informed by print media out of which 27.3% girls from news paper and 73.6% girls from magazine. 36.6% girls were informed by interpersonal communication out of which 15.6% girls were informed through friend, 45.0% by teacher and 39.2% girls were informed from family member (Table: 10).

Table 11 shows the preventive and promotive care of Tuberculosis. It has been found that 38.7% girls mentioned virus, 31.6% girls mentioned bacteria and 7.1% knew that Tuberculosis is a genetic disease.21.7% girls have no knowledge regarding cause of Tuberculosis. Regarding mode of transmission 40.1% girls knew that Tuberculosis is transmitted through cough
while 25.3% knew through spit and 14.2% knew sharing food can transmit infection. 20.4% girls do not have any idea of transmission of diseases. 79.2% girls knew that disease is preventable, 4.7% girls knew that Tuberculosis is not preventable and 16.1% students have no idea of prevention. Regarding knowledge that Tuberculosis is curable 88.1% girls knew that Tuberculosis is curable, only 2.4% girls knew that Tuberculosis is not curable while 9.5% students have no idea of cure of Tuberculosis. Regarding first source of information of cure of the disease 65.0% girls were informed by electronic media, out of which 87.2% girls were informed by television and 12.7% girls were informed by radio. 15.8% girls were informed by print media out of which 412% girls were informed through newspaper and 58.7% girls through magazine. 19.1% girls were informed by interpersonal communication out of which 9.8% girls were informed through friend, 56.0% girls through teacher and 34.1% girls were informed through family member.

Category wise analysis shows that in general category 40.0% girls mentioned virus, 30.4% girls mentioned bacteria and 2.4% knew that Tuberculosis is a genetic disease. 27.2 % girls have no knowledge regarding cause of Tuberculosis. Regarding mode of transmission 36.0% girls knew that Tuberculosis is transmitted through cough while 30.4% knew through spit and 9.6% knew sharing food can transmit infection. 24.0% girls do not have any idea of transmission of diseases. 82.4 % girls knew that disease is preventable, 3.2% girls knew that Tuberculosis is not preventable and 14.4% students have no idea of prevention. Regarding knowledge that Tuberculosis is curable 86.4% girls knew that Tuberculosis is curable, only 4.0% girls knew that Tuberculosis is not curable while 9.6% students have no idea of cure of Tuberculosis. Regarding first source of information of cure of the disease 50.4% girls were informed by electronic media, out of which 78.9% girls were informed by television and 21.0% girls were informed by radio. 29.6 % girls were informed by print media out of which 17.7% girls were informed through newspaper and 52.2% girls through magazine. 19.9% girls were informed by interpersonal communication out of which 15.5% girls were informed through friend, 64.4% girls through teacher and 20.0% girls were informed through family member (Table: 11).
In other backward class (OBC) it has been noted that 44.8% girls mentioned virus, 32.0% girls mentioned bacteria and 2.4% knew that Tuberculosis is a genetic disease. 20.0% girls have no knowledge regarding cause of Tuberculosis. Regarding mode of transmission 45.6% girls knew that it is transmitted through cough while 25.6% knew through spit and 12.8% knew sharing food can transmit infection. 16.0% girls do not have any idea of transmission of disease. 87.2% girls knew that disease is preventable, 3.2% girls knew that Tuberculosis is not preventable and 9.6% students have no idea of prevention. Regarding knowledge that Tuberculosis is curable 91.8% girls knew that Tuberculosis is curable, only 0.8% girls knew that Tuberculosis is not curable while 8.0% students have no idea of cure of Tuberculosis. Regarding first source of information of cure of the disease 78.2% girls were informed by electronic media, out of which 88.8% girls were informed by television and 11.1% girls were informed by radio. 9.5% girls were informed by print media out of which 54.5% girls were informed through newspaper and 45.4% girls through magazine. 12.1% girls were informed by interpersonal communication out of which 7.1% girls were informed through friend, 64.2% girls through teacher and 28.5% girls were informed through family member (Table: 11).

Among schedule tribe (ST) girls 36.4% girls mentioned virus, 28.0% girls mentioned bacteria and 16.4% knew that Tuberculosis is a genetic disease. 19.2% girls have no knowledge regarding cause of Tuberculosis. Regarding mode of transmission 40.4% girls knew that Tuberculosis is transmitted through cough while 20.8% knew through spit and 16.4% knew sharing food can transmit infection. 22.4% girls do not have any idea of transmission of diseases. 64.0% girls knew that disease is preventable, 11.2% girls knew that Tuberculosis is not preventable and 24.8% students have no idea of prevention. Regarding knowledge that Tuberculosis is curable 92.0% girls knew that Tuberculosis is curable, only 2.4% girls knew that Tuberculosis is not curable while 5.9% students have no idea of cure of Tuberculosis. Regarding first source of information of cure of the disease 70.7% girls were informed by electronic media, out of which 92.2% girls were informed by television and 7.7% girls were informed by radio. 11.4% girls were informed by print media out of which 33.3% girls were informed through newspaper and
66.6% girls through magazine. 17.7% girls were informed by interpersonal communication out of which 9.8% girls were informed through friend, 56.0% girls through teacher and 34.1% girls were informed through family member (Table: 11).

In schedule caste (SC) category analysis shows that 36.0% girls mentioned virus, 33.6% girls mentioned bacteria and 7.2% knew that Tuberculosis is a genetic disease. 20.4% 7% girls have no knowledge regarding cause of Tuberculosis. Regarding mode of transmission 38.4% girls knew that Tuberculosis is transmitted through cough while 24.4% knew through spit and 18.0% knew sharing food can transmit infection. 19.2% girls do not have any idea of transmission of diseases. 83.2 % girls knew that disease is preventable, 1.2% girls knew that Tuberculosis is not preventable and 15.6% students have no idea of prevention. Regarding knowledge that Tuberculosis is curable 82.8% girls knew that Tuberculosis is curable, only 2.4% girls knew that Tuberculosis is not curable while 14.8% students have no idea of cure of Tuberculosis. Regarding first source of information of cure of the disease 60.0% girls were informed by electronic media, out of which 85.9% girls were informed by television and 14.0% girls were informed by radio. 12.6% girls were informed by print media out of which 22.2% girls were informed through newspaper and 77.7% girls through magazine. 27.2% girls were informed by interpersonal communication out of which 10.3% girls were informed through friend, 56.8% girls through teacher and 32.7% girls were informed through family member (Table: 11).

Table 12 shows preventive and promotive care of Leprosy. It has been found that 36.7% girls reported that cause of leprosy is bacteria, 31.6% knew that virus and 0.6% knew evil spirit is the cause of leprosy. 31.1% girls have no idea about cause of the disease. 27.3% girls knew that disease is contagious and transmit through touch also, 18.9% girls knew that it is transmitted through blood, 11.0% knew it is genetic and 42.8% girls have no idea regarding mode of transmission. 78.3% girls knew that leprosy is preventable 3.8% girls knew that it can not be prevented and 17.9% girls have no idea of prevention of disease. 84.2% girls knew that leprosy is curable 1.3% girls knew it is not curable, and 14.5% students have no idea. Regarding first source of information
of cure of disease 75.7% girls were informed by electronic media out of which 89.9% girls were informed by television 10.0% girls by radio.13.9% girls were informed by print media out of which 61.3% girls were informed through newspaper and 38.6% girls through magazine. 10.2% girls were informed by interpersonal communication out of which 18.1% girls were informed through friend, 64.7% girls through teacher and 17.0% girls were informed through family member.

Category wise analysis shows that in general category it has been found that 40.8% girls reported that cause of leprosy is bacteria, 21.6% knew that virus and 0.8% knew evil spirit is the cause of leprosy.36.8% girls have no idea about cause of the disease.23.2% girls knew that disease is contagious and transmit through touch also, 21.6% girls knew that it is transmitted through blood, 12.8% knew it is genetic and 42.4% girls have no idea regarding mode of transmission.72.0% girls knew that leprosy is preventable 5.6% girls knew that it can not be prevented and 22.4% girls have no idea of prevention of disease.87.2% girls knew that leprosy is curable 2.4% girls knew it is not curable, and 10.4%students have no idea. Regarding first source of information of cure of disease 75.4% girls were informed by electronic media out of which 89.3% girls were informed by television and 10.6% girls by radio.16.5% girls were informed by print media out of which 35.1% girls were informed through newspaper and 64.8% girls through magazine. 8.0% girls were informed by interpersonal communication out of which 22.2% girls were informed through friend, 44.4% girls through teacher and 33.3% girls were informed through family member (Table: 12).

In other backward class (OBC) 37.6% girls reported bacteria as cause of leprosy, 29.6% knew that virus and no body knew evil spirit is the cause of leprosy.32.8% girls have no idea about cause of the disease.28.8% girls knew that disease is contagious and transmit through touch also, 16.8% girls knew that it is transmitted through blood, 13.6% knew it is genetic and 40.8% girls have no idea regarding mode of transmission.85.6% girls knew that leprosy is preventable 0.8% girls knew that it can not be prevented and 13.6% girls have no idea of prevention of disease.87.2% girls knew that leprosy is curable no body mentioned that it is not curable, and 12.8% students have no idea.
Regarding first source of information of cure of disease 73.8% girls were informed by electronic media out of which 86.9% girls were informed by television and 13.0% by radio. 18.3% girls were informed by print media out of which 95.0% girls were informed through newspaper and 5.0% girls through magazine. 7.7% girls were informed by interpersonal communication, out of that 100.0% girls mention teacher as their source of information (Table: 12).

In schedule tribe (ST) class it has been found that 25.2% girls mentioned that cause of leprosy is bacteria, 44.0% knew that virus and no body knew evil spirit is the cause of leprosy. 30.8% girls have no idea about cause of the disease. 29.6% girls knew that disease is contagious and transmit through touch also, 17.6% girls knew that it is transmitted through blood, 6.8% knew it is genetic and 46.0% girls have no idea regarding mode of transmission. 86.0% girls knew that leprosy is preventable. 4.8% girls knew that it can not be prevented and 9.2% girls have no idea of prevention of disease. 88.0% girls knew that leprosy is curable. 1.6% girls mentioned that it is not curable, and 10.4% students have no idea. Regarding first source of information of cure of disease 80.3% girls were informed by electronic media 100.0% girls were informed by television. 10.7% girls were informed by print media out of which 54.1% girls were informed through newspaper and 45.8% girls through magazine. 8.9% girls were informed by interpersonal communication, out of that 45.0% girls were informed by friend, 55.0% girls mention teacher as their source of information (Table: 12).

In schedule caste (SC) category it has been found that 43.2% girls reported that cause of leprosy is bacteria, 31.2% knew that virus and 1.6% girls knew evil spirit is the cause of leprosy. 24.0% girls have no idea about cause of the disease. 27.6% girls knew that disease is contagious and transmit through touch also, 19.6% girls knew that it is transmitted through blood, 10.8% knew it is genetic and 42.0% girls have no idea regarding mode of transmission. 69.6% girls knew that leprosy is preventable. 4.0% girls knew that it can not be prevented and 26.4% girls have no idea of prevention of disease. 74.4% girls knew that leprosy is curable. No body mentioned that it is not curable, and 1.2% students have no idea. Regarding first source of information of cure of disease 73.0% girls were informed by electronic media out of which 81.1% girls were informed by television and 18.8% girls by radio. 9.5% girls were informed
by print media out of which 50.0% girls were informed through newspaper and 50.0% girls through magazine. 17.4% girls were informed by interpersonal communication out of which 9.0% girls were informed through friend, 63.6% girls through teacher and 27.2% girls were informed through family member (Table: 12).

Table 13 shows awareness of girls about iodine deficiency. 1.7% girls mentioned night blindness, 4.0% girls reported rickets and 92.8% girls correctly accepted that Goiter is caused by iodine deficiency. 94.7% girls correctly mentioned that salt is source of iodine 2.0% knew oil 1.4% knew sugar 0.5% knew sea food are the source of iodine 1.4% girls have not given any response.

In general category analysis shows that 97.6% girls correctly accepted that goiter is caused by iodine deficiency. Only 2.4% girls mentioned that iodine deficiency causes night blindness. No body mentioned that rickets or fever is caused by iodine deficiency. 100.0% girls correctly mentioned that salt is source of iodine. None of them have mentioned that oil, sugar or sea food is source of iodine (Table: 13).

In other backward class (OBC) it has been found that 82.4% correctly accepted that goiter is caused by iodine deficiency .13.6% girls reported rickets 3.2% reported night blindness and 0.8% girls mentioned fever is caused by iodine deficiency. 85.6% girls correctly mentioned that salt is source of iodine 8.0% knew oil 5.6% knew sugar and nobody knew sea food are the source of iodine 0.8% girls have not given any response (Table: 13).

In schedule tribe (ST) category 96.0% girls correctly accepted that Goiter is caused by iodine deficiency. No body mentioned that rickets, night blindness or fever is caused by iodine deficiency 4.0% girls have not given any response. 98.0% girls correctly mentioned that salt is source of iodine, 2.0% are known that sea food is the source of iodine (Table: 13).

In schedule caste (SC) it has been found that 95.2% girls correctly accepted that goiter is caused by iodine deficiency. Only 1.2% girls mentioned that iodine deficiency causes night blindness. 2.4% knew rickets is caused by iodine deficiency and no body mentioned that fever is caused by iodine deficiency. 95.2% girls correctly mentioned that salt is source of iodine. While 4.8% have not responded on this regard (Table: 13).
REPRODUCTIVE HEALTH

Table 14, Fig.3, shows that 46.3% of total girls from all categories were having no knowledge of menstruation before it started. 53.7% of girls were informed about menstruation before it started. The major sources of pre information of girls were their mother i.e. 51.2%. 8.5% girls were informed by television, 3.1% girls were informed by radio, 8.7% girls were informed by books, 17.5% girls were informed by family member other than mother, 7.6% girls were informed by teacher 3.1% girls were informed by other sources.

Category wise analysis shows that in general category it has been found that 48.0% of girls were informed about menstruation before it started. 52.0% were having no knowledge of menstruation before it started. The major source of pre information of girls was their mother i.e. 51.6%. 16.6% girls were informed by television, none of them were informed by radio, 11.6% girls were informed by books, 15.0% girls were informed by family member other than mother, 5.0% girls were informed by teacher none of them were informed by other sources (Table 14, Fig.3).

In other backward class (OBC) it has been found that 55.2% were having no knowledge of menstruation before it started. 44.8% of girls were informed about menstruation before it started. The major source of pre information of girls was their mother i.e. 60.7%. 5.3% girls were informed by television, 1.7% were informed by radio, 7.1% girls were informed by books, 14.2% girls were informed by family member other than mother, 8.9% girls were informed by teacher and 1.7% were informed by other sources (Table 14, Fig.3).

Among schedule tribe (ST) girls it has been found that 31.2% girls were having no knowledge of menstruation before it started. 68.8% of girls were informed about menstruation before it started. The major source of pre information of girls was their mother i.e. 49.4%. 5.8% girls were informed by television, 6.9% were informed by radio, 8.7% girls were informed by books, 17.4% girls were informed by family member other than mother, 11.6% girls were informed by teacher and no body were informed by other sources (Table 14, Fig.3).
Among schedule caste (SC) girls it has been found that 46.8% were having no knowledge of menstruation before it started. 53.2% of girls were informed about menstruation before it started. The major source of pre information of girls was their mother i.e. 45.1%. 7.5% girls were informed by television, 2.2% were informed by radio, 7.5% girls were informed by books, 22.5% girls were informed by family member other than mother, 3.7% girls were informed by teacher and 112% were informed by other sources (Table 14, Fig.3).

Table 15 shows age of menarche and hygiene practices adopted by girls during menstrual cycle. The age of menarche of 59.2% girls is above 14 years 38.0% girls are at the age of 12 to 14 years and 2.8% girls are at the age 11 years. 84.6% girls have their menses regular and 14.6% only have irregularity in menstrual cycle and 0.8% girls have not responded. As far as cleanliness and hygiene practice is concerned 1.4% girls use gauze, 44.9% girls are using cloths, 1.6% girls use cotton and where as, 52.1% girls use sanitary napkins. 40.1% girls need less than 2 pads per day and 52.5% need 2 to 3 pads per day, 5.2% girls need 4-5 pads per day, 0.5% girls need more than 5 pads per day to change. 1.7% girls have not responded.

Category wise analysis of general category shows that the age of menarche of 64.0% girls is above 14 years, 33.6% girls are 12 to 14 years and 2.4% girls are 11 years. 90.4% girls have their menses regular and 9.6% only have irregularity in menstrual cycle. As far as cleanliness and hygiene practice is concerned 1.6% girls use gauze, 41.6% girls are using cloths, 0.8% girls use cotton and where as, 56.0% girls use sanitary napkins. 45.6% girls need less than 2 pads per day and 47.2% need 2 to 3 pads per day, 7.2% girls need 4-5 pads per day, and no girls need more than 5 pads per day to change (Table: 15).

Among other backward class (OBC) it is noted that the age of menarche of 58.2% girls is above 14 years, 40.2% girls are 12 to 14 years and 1.6% girls are 11 years. 88.0% girls have their menses regular and 12.0% only have irregularity in menstrual cycle. As far as cleanliness and hygiene practice is concerned 1.6% girls use gauze, 50.4% girls are using cloths, 1.6% girls use
cotton and where as, 46.4% girls use sanitary napkins. 42.4% girls need less than 2 pads per day and 51.2% need 2 to 3 pads per day, 4.0 % girls need 4-5 pads per day, and 0.8 girls need more than 5 pads per day to change.1.6% girls of other backward class (OBC) have not responded (Table: 15).

Among Schedule tribe (ST) class it is noted that the age of menarche of 58.0% girls is above14 years 36.0% girls are 12 to 14 years and 6.0% girls are 11 years.76.0% girls have their menses regular and 22.0% only have irregularity in menstrual cycle and 2.0%girls have not responded.. As far as cleanliness and hygiene practice is concerned no girls use gauze, 48.0% girls are using cloths, 4.0% girls use cotton and where as, 48.0% girls use sanitary napkins. 31.2% girls need less than 2 pads per day and 58.8% need 2 to 3 pads per day, 6.0 % girls need 4-5 pads per day, and no girls need more than 5 pads per day to change.4.0 % girls of Schedule tribe (ST) have not responded (Table: 15).

Among Schedule caste (SC) the age of menarche of 56.4% girls is above14 years 42.4% girls are 12 to 14 years and 1.2% girls are 11 years. 84.0 % girls have their menses regular, 14.8% only have irregularity in menstrual cycle, and 1.2% girls have not responded. As far as cleanliness and hygiene practice is concerned 2.4% girls use gauze, 39.6% girls are using cloths, no girls use cotton and where as, 58.0 % girls use sanitary napkins. 41.2% girls need less than 2 pads per day and 52.8% need 2 to 3 pads per day, 3.6% girls need 4-5 pads per day, and 1.2% girls need more than 5 pads per day to change.1.2 % girls of Schedule caste (SC) have not responded (Table: 15).

Table 16 shows the common problems faced by girls. A large no of students i.e. 67.8% girls feel fatigue during menses, 29.3% girls have no fatigue while 2.9% girls have not responded. Pain during menses is the most prominent complication i.e.78.6%. 21.4% girls have no pain during or premenses. Prevalence of pre menstruation pain is 30.0%, 8.0% girls have pain whole time of menses, 52.6% girls have pain on first day 9.2% girls have pain on second day of menstruation. 32.3% students mentioned abdominal pain, 17.8% have pain in legs during menstruation. 44.9% girl's commonplace or sight of pain is waist and 4.9 % girls have pain in other organs of body.
Category wise analysis shows that in general category 66.4% girls feel fatigue during menses, 31.2% girls have no fatigue and 2.4% girls have not responded. Pain during menses is the most prominent complication with 80.0%. 20.0% girls have no pain during or premenses. Prevalence of pre menstruation pain is 29.0%, 7.0% girls have pain whole time of menses, 45.0% girls have pain on first day 19.0% girls have pain on second day of menstruation. 21.0% students mentioned abdominal pain, 33.0% have pain in legs during menstruation. 39.0% girl's commonplace or sight of pain is waist and 7.0% girls have pain in other organs of body (Table: 16).

In other backward class (OBC) it has been found that 66.0% girls feel fatigue during menses, 31.2% girls have no fatigue 2.8% girls have not responded. Pain during menses is the most prominent complication with 77.6%. 22.4% girls have no pain during or premenses. Prevalence of pre menstruation pain is 31.9%, 13.4% girls have pain whole time of menses, 49.4% girls have pain on first day 5.1% girls have pain on second day of menstruation. 36.8% students mentioned abdominal pain, 12.3% have pain in legs during menstruation. 42.0% girl's commonplace or sight of pain is waist and 8.7% girls have pain in other organs of body (Table: 16).

In Schedule tribe (ST) class 62.0% girls feel fatigue during menses, 38.0% girls have no fatigue during menses. Pain during menses is the most prominent complication with 70.0%. 30.0% girls have no pain during or premenses. Prevalence of pre - menstruation pain is 19.4%, 9.7% girls have pain whole time of menses, 58.2% girls have pain on first day 12.5% girls have pain on second day of menstruation. 37.1% students mentioned abdominal pain, 13.2% have pain in legs during menstruation. 45.1% girl's commonplace or sight of pain is waist and 4.5% girls have pain in other organs of body (Table: 16).

In schedule caste (SC) 76.8% girls feel fatigue during menses, 16.8% girls have no fatigue during menses and 6.4% girls have not responded. Pain during menses is the most prominent complication with 86.8%. 13.2% girls have no pain during or premenses. Prevalence of pre - menstruation pain is 37.7%, 2.7% girls have pain whole time of menses, 58.0% girls have pain on
first day 1.3% girls have pain on second day of menstruation. 35.0% students mentioned abdominal pain, 12.4% have pain in legs during menstruation. 52.5% girl's commonplace or sight of pain is waist and 3.2% and no girls have pain in other organs of body (Table: 16).

Table 17 reveals that 62.2% girls go for counseling for common problems of menstruation, while 35.0% did not require it and 2.8% girls have not responded. 50.1% girls took advise from their mothers, 8.0 % from sister, 4.8% discuss their problems with friend Only 30.5% girls took advise from doctors and 6.5% girls have not taken any kind of advise from any body.49.3 % girls required counseling for problem of pain, 16.7% for fatigue, 10.7% for excessive bleeding, 6.4% for less bleeding, and 16.7% girls took advise for irregular periods. For treatment part 70.7% girls were advised to take medicine (drugs) and 2.4%girls were advised herbs, 10.2% were advised exercise, 8.5% girls were advised massage, and 7.3% girls were advised other treatment to alleviate the problem.0.6% girls have not responded.

Category wise analysis shows that in general category 65.0% girls go for counseling for common problems of menstruation, while 31.2% did not require it and 3.2% girls have not responded. 52.4% girls took advise from their mothers, 12.1% from sister, 9.7% discuss their problems with friend Only 25.6% girls took advise from doctors.54.8 % girls required counseling for problem of pain, 17.0% for fatigue, 10.9% for excessive bleeding, 4.8% for less bleeding, and 17.0% girls took advise for irregular periods. For treatment part 84.1% girls were advised to take medicine (drugs) and no girls were advised herbs, 6.0% were advised exercise, 3.6% girls were advised massage, and 6.0% girls were advised other treatment to alleviate the problem (Table: 17).

Among other backward class (OBC) it has been found that 57.6% girls go for counseling for common problems of menstruation, while 39.2% did not require it and 3.2% girls have not responded. 36.1% girls took advise from their mothers, 11.8% from sister, 9.7% discuss their problems with friend Only 13.8 girls took advise from doctors, 28.4% girls have not taken any kind of advise from any body.40.2 % girls required counseling for problem of pain, 13.8% for fatigue, 20.8% for excessive bleeding, 8.3% for less bleeding, and 16.6% girls
took advise for irregular periods. For treatment part 45.1% girls were advised to take medicine (drugs) and 6.2% girls were advised herbs, 16.6% were advised exercise, 15.9% girls were advised massage, and 13.1% girls were advised other treatment to alleviate the problem. 2.7% girls have not responded (Table: 17).

In schedule tribe (ST) class it has been observed that 62.8% girls go for counseling for common problems of menstruation, while 37.2% did not require it. 52.2% girls took advise from their mothers, 4.4% from sister, no body discuss their problems with friend Only 47.3% girls took advise from doctors. 36.3% girls required counseling for problem of pain, 12.7% for fatigue, 8.2% for excessive bleeding, 11.4% for less bleeding, and 31.2% girls took advise for irregular periods. For treatment part 70.0% girls were advised to take medicine (drugs) and no body girls were advised herbs, 11.4% were advised exercise, 7.6% girls were advised massage, and 10.8% girls were advised other treatment to alleviate the problem (Table: 17).

In schedule caste (SC) class it is revealed that 62.8% girls go for counseling for common problems of menstruation, while 32.4% did not require it 4.8% girls have not responded. 57.9% girls took advise from their mothers, 3.8% from sister, no body discuss their problems with friend Only 38.2% girls took advise from doctors. 64.9% girls required counseling for problem of pain, 22.9% for fatigue, 3.8% for excessive bleeding, 1.2% for less bleeding, and 7.0% girls took advise for irregular periods. For treatment part 80.8% girls were advised to take medicine (drugs) and 3.8% girls were advised herbs, 7.6% were advised exercise, 7.6% girls were advised massage, and no girls were advised other treatment to alleviate the problem (Table: 17).

Table 18, Fig. 4 & 5, shows the experience of reproductive health problems in past three months by respondents. It is revealed that 16.8% girls experienced burning sensation or pain in vagina whereas 79.1% have not reported any pain, or burning sensation. 4.1% girls have not responded. 21.0% girls reported problem of vaginal discharge, whereas 73.9% have no vaginal discharge, and 5.1% girls have not responded. Regarding type of discharge it has been found that 63.3% have white dense, 20.4% have thin white dirty foul
smelling discharge, 16.1% have reported odorless mucous discharge. 88.5% girls have associated complication with discharge, out of which 48.9% girls have irritation in vagina, 8.6% girls have ulcer in vagina, 33.3% have pain in lower abdomen, 4.3% have fever, and 4.8% have some other complication. 24.7% girls discussed the problem with friend, 51.0% girls discussed with mother, 5.9% discussed with sister, 18.2% discussed with other. 100.0% girls opt counseling for the treatment of complications. 39.7% girls had opt the counseling for treatment from parents, 11.2% from friend, 15.0% from government doctor and 33.8% girls took treatment from private doctor.

Category wise analysis shows that in general category 15.2% girls experienced burning sensation or pain in vagina. 81.6% have not reported any pain, or burning sensation. 3.2% girls have not responded. 24.8% girls reported problem of vaginal discharge, 70.4% have no vaginal discharge, and 4.8% girls have not responded. Regarding type of discharge it has been found that 87.0% have white dense, 6.4% have thin white dirty foul smelling discharge, 6.4% have reported odorless mucous discharge. 100.0% girls have associated complication with discharge, out of which 70.9% girls have irritation in vagina, 6.4% girls have ulcer in vagina, 12.9% have pain in lower abdomen, no girls have fever, and 9.3% have some other complication. 35.4% girls discussed the problem with friend, 45.1% girls discussed with mother, 3.2% discussed with sister, 16.1% discussed with other. 100.0% girls opt the counseling for treatment of complications. 62.7% girls had opt the counseling for treatment from parents, 16.1% from friend, 6.4% from government doctor and 9.6% girls took treatment from private doctor (Table 18, Fig. 4 & 5).

In other backward class (OBC) 11.2% girls experienced burning sensation or pain in vagina. 80.8% have not reported any pain, or burning sensation. 8.0% girls have not responded. 21.6% girls reported problem of vaginal discharge, 74.4% have no vaginal discharge, and 4.0% girls have not responded. Regarding type of discharge it has been reported that 53.7% have white dense, 24.0% have thin white dirty foul smelling discharge, 22.2% have reported odorless mucous discharge. 55.5% girls have associated complication with discharge, out of which 26.6% girls have irritation in vagina, 10.0% girls...
have ulcer in vagina, 46.6% have pain in lower abdomen, 6.6% have fever, and 10.0% have some other complication. 40.0% girls discussed the problem with friend, 36.6% girls discussed with mother, 3.3% discussed with sister, 20.0% discussed with other. 100.0% girls took counseling for the treatment of complications. 53.3% girls had counsel for the treatment from parents, 26.6% from friend, 10.0% from government doctor and 10.0% girls took treatment from private doctor (Table 18, Fig. 4 & 5).

In schedule tribe (ST) class it is revealed that 20.0% girls experienced burning sensation or pain in vagina. 76.0% have not reported any pain, or burning sensation. 4.0% girls have not responded. 10.0% girls reported problem of vaginal discharge, 86.0% have no vaginal discharge, and 4.0% girls have not responded. Regarding type of discharge it has been found that 60.0% have white dense, 5.0% have thin white dirty foul smelling discharge, 32.0% have reported odorless mucous discharge. 100.0% girls have associated complication with discharge, out of which 48.0% girls have irritation in vagina, no girls have ulcer in vagina, 52.0% have pain in lower abdomen, no body have fever, and nobody have some other complication. 12.0% girls discussed the problem with friend, 80.0% girls discussed with mother, no body discussed with sister, 8.0% discussed with other. 100.0% girls took counseling for the treatment of complications. 8.0% girls had counsel the treatment from parents, 8.0% from friend, 12.0% from government doctor and 72.0% girls took treatment from private doctor (Table 18, Fig. 4 & 5).

In schedule caste (SC) 20.8% girls experienced burning sensation or pain in vagina. 78.0% have not reported any pain, or burning sensation. 1.2% girls have not responded. 27.6% girls reported problem of vaginal discharge, 64.8% have no vaginal discharge, and 7.6% girls have not responded. Regarding type of discharge it has been found that 50.7% have white dense, 34.7% have thin white dirty foul smelling discharge, 14.4% have reported odorless mucous discharge. 100.0% girls have associated complication with discharge, out of which 39.1% girls have irritation in vagina, 13.0% girls have ulcer in vagina, 39.1% have pain in lower abdomen, 8.6% have fever, and no body have some other complication. 13.0% girls discussed the problem with friend, 52.1% girls discussed with mother, 11.5% discussed with sister, 23.1%
discussed with other. 100.0% girls opt counseling for the treatment of complications. 20.2% girls had opt the counseling for treatment from parents, 1.4% from friend, 26.0% from government doctor and 52.1% girls took treatment from private doctor (Table 18, Fig. 4 & 5).

Table 19, Fig.6, shows the scenario of Acquired immuno deficiency syndrome (AIDS) awareness among girls, it has been found that 94.0% girls were having information about Acquired immuno deficiency syndrome (AIDS) 6.0% were not having information. 79.5% girls were having knowledge of symptoms. Out of which 42.1% knew that weakness, 34.3% knew continuous fever, and 19.7% knew tiredness, 19.1% knew black white spots on body is symptom of Acquired immuno deficiency syndrome (AIDS). About 69.4% girls knew that treatment is not possible, 24.5% knew that treatment is possible and 6.1% girls have not responded. Regarding first source of information of symptoms of Acquired immuno deficiency syndrome (AIDS) it has been found that 64.7% girls were informed through electronic media, out of which 18.2% from radio, 81.7% from television. 20.5% girls were informed through print media out of which 58.8% were communicated through newspaper and 41.1% from magazine. 14.7% girls were informed through interpersonal communication, out of that 18.8% girls were informed through friend 70.0% girls were informed through teacher and 11.1% girls were communicated through family member. Regarding first source of information of treatment of Acquired immuno deficiency syndrome (AIDS) it has been revealed that 69.5% girls were informed through electronic media, out of which 8.8% from radio, 91.1% from television. 20.6% girls were informed through print media out of which 42.2% were communicated through newspaper and 52.5% from magazine. 9.8% girls were informed through interpersonal communication, out of that 21.7% girls were informed through friend 30.4% girls were informed through teacher and 47.8% girls were communicated through family member.

Category wise analysis shows that in general category it has been found that 95.0% girls were having information about Acquired immuno deficiency syndrome (AIDS) whereas 4.8% were not having information. 100.0% girls were having knowledge of symptoms. Out of which 440% knew that weakness, 35.2% knew continuous fever, and 20.8% knew tiredness, no body knew black
white spots on body is symptom of Acquired immuno deficiency syndrome (AIDS). About 70.0% girls knew that treatment is not possible, 28.0% knew that treatment is possible and 2.0% girls have not responded. Regarding first source of information of symptoms of Acquired immuno deficiency syndrome (AIDS) it has been found that 61.2% girls were informed through electronic media, out of which 10.4% from radio, 89.5% from television. 21.2% girls were informed through print media out of which 66.0% were communicated through newspaper and 33.9% from magazine. 17.6% girls were informed through interpersonal communication, out of that 9.0% girls were informed through friend 86.3% girls were informed through teacher and 4.5% girls were communicated through family member. Regarding first source of information of treatment of Acquired immuno deficiency syndrome (AIDS) it has been revealed that 65.5% girls were informed through electronic media, out of which 7.5% from radio, 92.5% from television. 22.5% girls were informed through print media out of which 40.0% were communicated through newspaper and 60.0% from magazine. 11.8% girls were informed through interpersonal communication, out of that 20.6% girls were informed through friend 6.8% girls were informed through teacher and 72.4% girls were communicated through family member (Table 19, Fig.6).

Among other backward class (OBC) it has been noted that 94.0% girls were having information about Acquired immuno deficiency syndrome (AIDS) and 6.0% were not having information. 66.4% girls were having knowledge of symptoms. Out of which 43.3% knew that weakness, 28.9% knew continuous fever, and 2.8% knew tiredness, 4.8% knew black white spots on body is symptom of Acquired immuno deficiency syndrome (AIDS). About 74.4% girls knew that treatment is not possible, 22.4% knew that treatment is possible and 3.2% girls have not responded. Regarding first source of information of symptoms of Acquired immuno deficiency syndrome (AIDS) it has been found that 57.8% girls were informed through electronic media, out of which 14.5% from radio, 85.4% from television. 24.0% girls were informed through print media out of which 65.0% were communicated through newspaper and 35.0% from magazine. 18.0% girls were informed through interpersonal communication, out of that 30.0% girls were informed through friend 60.0%
girls were informed through teacher and 10.0% girls were communicated through family member. Regarding first source of information of treatment of Acquired immuno deficiency syndrome (AIDS) it has been revealed that 64.8% girls were informed through electronic media, out of which 13.3% from radio, 86.6% from television. 23.9% girls were informed through print media out of which 56.8% were communicated through newspaper and 43.1% from magazine. 11.1% girls were informed through interpersonal communication, out of that 11.1% girls were informed through friend 66.6% girls were informed through teacher and 22.2% girls were communicated through family member (Table 19, Fig.6).

In schedule tribe (ST) category it has been found that 92.8% girls were having information about Acquired immuno deficiency syndrome (AIDS) whereas 7.2% were not having information. 58.8% girls were having knowledge of symptoms. Out of which 42.8% knew that weakness, 29.9% knew continuous fever, and 22.4% knew tiredness, 4.7% knew black white spots on body is symptom of Acquired immuno deficiency syndrome (AIDS). About 63.6% girls knew that treatment is not possible, 23.2% knew that treatment is possible and 13.2% girls have not responded. Regarding first source of information of symptoms of Acquired immuno deficiency syndrome (AIDS) it has been found that 64.6% girls were informed through electronic media, out of which 8.4% from radio, 91.5% from television. 20.4% girls were informed through print media out of which 23.3% were communicated through newspaper and 76.6% from magazine. 14.9% girls were informed through interpersonal communication, out of that 13.6% girls were informed through friend 50.0% girls were informed through teacher and 36.6% girls were communicated through family member. Regarding first source of information of treatment of Acquired immuno deficiency syndrome (AIDS) it has been revealed that 70.9% girls were informed through electronic media, out of which 10.3% from radio, 89.6% from television. 16.5% girls were informed through print media out of which 36.1% were communicated through newspaper and 63.8% from magazine. 12.4% girls were informed through interpersonal communication, out of that 7.4% girls were informed through friend 29.6% girls
were informed through teacher and 62.9% girls were communicated through family member (Table 19, Fig.6).

In schedule caste (SC) 94.0% girls were having information about Acquired immuno deficiency syndrome (AIDS) and 6.0% were not having information. 92.85% girls were having knowledge of symptoms. Out of which 38.7% knew that weakness, 40.0% knew continuous fever, and 14.6% knew tiredness, 6.4% knew black white spots on body is symptom of Acquired immuno deficiency syndrome (AIDS). About 69.6% girls knew that treatment is not possible, 24.4% knew that treatment is possible and 6.0% girls have not responded. Regarding first source of information of symptoms of Acquired immuno deficiency syndrome (AIDS) it has been found that 73.7% girls were informed through electronic media, out of which 32.7% from radio, 67.2% from television. 17.2% girls were informed through print media out of which 70.0% were communicated through news paper and 30.0% from magazine. 9.0% girls were informed through interpersonal communication, out of that 28.5% girls were informed through friend 71.4% girls were informed through teacher and no girls were communicated through family member. Regarding first source of information of treatment of Acquired immuno deficiency syndrome (AIDS) it has been revealed that 77.0% girls were informed through electronic media, out of which 4.9% from radio, 95.0% from television. 19.1% girls were informed through print media out of which 53.3% were communicated through news paper and 46.6% from magazine. 3.8% girls were informed through interpersonal communication, out of that 100.0% girls were informed through friend and no one has been informed through teacher or family member (Table 19, Fig.6).

Table 20 shows the knowledge about mode of transmission of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). It has been found that 8.1% knew homosexual relations, 10.4% knew heterosexuals relations, 78.7% knew unsafe sexual relations, 65.4% knew infected niddle, 37.5% girls knew infected blade, are mode of transmission of infection and 49.4% girls knew that of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) can be transmitted to fetus from infected mother. It has been noted that first source of information
regarding mode of transmission of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) is 67.6% from electronic media, out of which 9.7% from radio, 90.2% from television. 22.9% girls were informed through print media out of which 41.4% were communicated through newspaper and 58.5% from magazine. 9.5% girls were informed through interpersonal communication, out of that 147% girls were informed through friend 65.2% girls were informed through teacher and 20.0% girls were communicated through family member.

Category wise analysis shows that in general category 13.2% knew homosexual relations, 14.0% knew heterosexual relations, 98.0% knew unsafe sexual relations, 89.2% knew infected middle, 56.0% girls knew infected blade, are mode of transmission of infection and 71.2% girls knew that of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) can be transmitted to fetus from infected mother. It has been noted that first source of information regarding mode of transmission of of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) is 61.2% from electronic media, out of which 13.0% from radio, 86.9% from television. 28.0% girls was informed through print media out of which 42.8% were communicated through newspaper and 57.1% from magazine. 10.8% girls were informed through interpersonal communication, out of that 11.1% girls were informed through friend 81.4% girls were informed through teacher and 7.4% girls were communicated through family member (Table: 20).

Among other backward class (OBC) it is noted that 12.8% knew homosexual relations, 15.2% knew heterosexual relations, 72.0% knew unsafe sexual relations, 60.8% knew infected middle, 36.8% girls knew infected blade, and 51.2% girls knew that Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) can be transmitted to fetus from infected mother. It is also noted that first source of information regarding mode of transmission of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) is 62.8% from electronic media, out of which 15.2% from radio, 84.7% from television. 27.6% girls were informed through print media out of which 53.6% were communicated through newspaper and 46.3% from magazine. 9.6% girls were informed through interpersonal communication, out
of that 16.6% girls were informed through friend 62.5% girls were informed through teacher and 20.8% girls were communicated through family member (Table: 20).

In schedule tribe (ST) category it has been found that 4.0% knew homosexual relations, 2.8% knew heterosexual relations, 71.6% knew unsafe sexual relations, 58.8% knew infected needle, 33.2% girls knew infected blade, and 30.8% girls knew that Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) can be transmitted to fetus from infected mother. It has been noted that first source of information regarding mode of transmission of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) is 87.6% from electronic media, out of which 1.8% from radio, 98.1% from television.6.4% girls were informed through print media out of which 37.5% were communicated through newspaper and 62.5% from magazine. 6.0% girls were informed through interpersonal communication, out of that 6.6% girls were informed through friend 66.6% girls were informed through teacher and 26.6% girls were communicated through family member (Table: 20).

Among schedule caste (SC) girls it has been revealed that 2.4% knew homosexual relations, 9.6% knew heterosexual relations, 73.2% knew unsafe sexual relations, 52.8% knew infected needle, 24.0% girls knew infected blade, and 44.4% girls knew that Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) can be transmitted to fetus from infected mother. The first source of information regarding mode of transmission of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) is 58.8% from electronic media, out of which 12.2% from radio, 87.7% from television.29.6% girls were informed through print media out of which 29.7% were communicated through newspaper and 70.2% from magazine. 11.6% girls were informed through interpersonal communication, out of that 20.6% girls were informed through friend 51.7% girls were informed through teacher and 27.5% girls were communicated through family member (Table: 20).
Table 21, Fig.7, shows the knowledge about role of casual contact in transmission of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). It is revealed that 76.4% girls have mentioned that Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) can be transmitted through casual contact. 11.4% girls accepted that shaking hands, 36.0% girls mentioned hugging, 14.5% girls knew kissing, 3.2% girls knew sharing clothes, 2.6% girls knew sharing food, 5.3% girls knew sharing utensils 2.9% knew breathing close and 0.5% girls knew that mosquito bite can transmit Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). Regarding first source of information of casual contact it is found that 71.8% girls were informed from electronic media, out of which 13.6% from radio, 71.8% from television. 17.0% girls were informed through print media out of which 19.2% were communicated through newspaper and 80.7% from magazine. 11.1% girls were informed through interpersonal communication, out of that 16.4% girls were informed through friend 63.5% girls were informed through teacher and 20.0% girls were communicated through family member.

Category wise analysis shows that in general category 79.2% girls knew that Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) could be transmitted through casual contact. 43.2% girls have mentioned that Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) can be transmitted through shaking hands. 36.0% girls accepted that hugging could also transmit the infection. No girl from general class has mentioned that hugging, kissing, sharing food, sharing clothes, sharing utensils, breathing too close or mosquito bite can transmit Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). Regarding first source of information of casual contact it is found that 76.2% girls were informed from electronic media, out of which 23.1% from radio, 93.3% from television. 26.6% girls were informed through print media out of which 11.5% were communicated through newspaper and 88.4% girls were informed from magazine. 12.6% girls were informed through interpersonal communication, out of that 16.0% girls were informed through friend 76.0%
girls were informed through teacher and 8.0% girls were communicated through family member (Table 21, Fig.7).

Among other backward class (OBC) it has been found that 66.0% girls have mentioned that Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) can be transmitted through casual contact. 2.4% girls accepted that shaking hands, 19.6% girls mentioned hugging, 27.6% girls knew kissing, 0.8% girls knew sharing clothes, 0.8% girls knew sharing food, 7.2% girls knew sharing utensils 5.6% knew breathing close and 2.0% girls knew that mosquito bite can transmit Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). Regarding first source of information of casual contact it is found that 67.8 % girls were informed from electronic media, out of which 16.0% from radio and 83.9% from television. 18.7% girls were informed through print media out of which 35.4% were communicated through newspaper and 64.5% from magazine. 13.3% girls were informed through interpersonal communication, out of that 4.5% girls were informed through friend 63.6% girls were informed through teacher and 31.8% girls were communicated through family members (Table 21, Fig.7).

Among schedule tribe (ST) class it has been found that 77.6% girls have mentioned that Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) can be transmitted through casual contact. No girls accepted that shaking hands, 46.4% girls mentioned hugging, 17.2% girls knew kissing, 4.8% girls knew sharing clothes, 1.2% girls knew sharing food, 4.4% girls knew sharing utensils 3.6% knew breathing close can transmit Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). No girls mentioned that mosquito bite can transmit the infection. Regarding first source of information of casual contact it is found that 82.4% girls were informed from electronic media, out of which 10.6% from radio, 89.3% from television. 11.8% girls were informed through print media out of which 21.7% were communicated through newspaper and 78.2% from magazine. 5.6% girls were informed through interpersonal communication, out of that 27.2 % girls were informed through friend 72.7% girls were informed through teacher and no girls from schedule tribe was communicated through family member (Table 21, Fig.7).
Among schedule caste (SC) it has been found that 82.8% girls have mentioned that Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) can be transmitted through casual contact. No girls has accepted that shaking hands, 42.0% girls mentioned hugging, 13.2% girls knew kissing, 7.2% girls knew sharing clothes, 8.4% girls knew sharing food, 9.6% girls knew sharing utensils 2.4% knew breathing close can transmit Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). No girl has mentioned that mosquito bite could transmit the infection. Regarding first source of information of casual contact it is found that 75.3% girls were informed from electronic media, out of which 7.6 % from radio, 92.3% from television. 11.5% girls were informed through print media out of which 12.5% were communicated through newspaper and 87.5% from magazine. 13.0% girls were informed through interpersonal communication, out of that 22.2% girls were informed through friend 48.1% girls were informed through teacher and 29.6% girls were communicated through family member (Table 21, Fig.7).

Table 22, Fig.8, shows the knowledge about high-risk group of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). It is revealed that 71.3% girls accepted that sexually promiscuous, 78.6% girls knew that prostitutes, 46.4% girls knew that intravenous drug abuser 48.0% girls knew that professional blood donors, and 16.1% knew that medical professionals treating infected patients are at high risk of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). 9.6% girls mentioned that sexually promiscuous, 4.8% mentioned prostitutes, 17.5% girls knew that intravenous drug abuser, 13.7% girls knew that professional blood donors, and 27.8% knew that medical professionals treating infected patients are not at high risk of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). Rests of them have not responded.

Category wise analysis shows that in general category 69.2% girls accepted that sexually promiscuous, 84.4% girls knew that prostitutes, 55.2 % girls knew that intravenous drug abuser 58.8% girls knew that professional blood donors, and 27.6% knew that medical professionals treating infected patients are at high risk of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). 8.8% girls mentioned that sexually
promiscuous, 2.8% mentioned prostitutes, 14.8% girls knew that intravenous
drug abuser 10.4% girls knew that professional blood donors, and 19.2% knew
that medical professionals treating infected patients are not at high risk of
Human immuno deficiency virus/Acquired immuno deficiency syndrome
(HIV/AIDS). Rests of them have not responded (Table 22, Fig.8).

Among other backward class (OBC) it is revealed that 75.2% girls
accepted that sexually promiscuous, 72.4% girls knew that prostitutes, 48.4 %
girls knew that intravenous drug abuser, 53.2% girls knew that professional
blood donors, and 13.6% knew that medical professionals treating infected
patients are at high risk of Human immuno deficiency virus/Acquired immuno
deficiency syndrome (HIV/AIDS). 12.8% girls mentioned that sexually
promiscuous, no body mentioned prostitutes, 8.8 % girls knew that intravenous
drug abuser 14.0% girls knew that professional blood donors, and 41.2% knew
that medical professionals treating infected patients are not at high risk of
Human immuno deficiency virus/Acquired immuno deficiency syndrome
(HIV/AIDS). Rests of them have not responded (Table 22, Fig.8).

In schedule tribe (ST) category it is revealed that 56.8% girls accepted
that sexually promiscuous, 74.8% girls knew that prostitutes, 38.4% girls knew
that intravenous drug abuser, 41.2% girls knew that professional blood donors,
and 14.8% knew that medical professionals treating infected patients are at
high risk of Human immuno deficiency virus/Acquired immuno deficiency
syndrome (HIV/AIDS). 14.4% girls mentioned that sexually promiscuous,
16.4% mentioned prostitutes, 21.2% girls knew that intravenous drug abuser,
22.8% girls knew that professional blood donors, and 27.6% knew that medical
professionals treating infected patients are not at high risk of Human immuno
deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). Rests of
them have not responded (Table 22, Fig.8).

Among the girls of schedule caste (SC) it is revealed that 84.0% girls
accepted that sexually promiscuous, 82.8% girls knew that prostitutes, 43.6%
girls knew that intravenous drug abuser 38.8% girls knew that professional
blood donors, and 8.4% knew that medical professionals treating infected
patients are at high risk of Human immuno deficiency virus/Acquired immuno
deficiency syndrome (HIV/AIDS). 2.4% girls mentioned that sexually promiscuous, no body mentioned prostitutes, 25.2% girls knew that intravenous drug abuser 7.6% girls knew that professional blood donors, and 23.2% knew that medical professionals treating infected patients are not at high risk of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS). Rests of them have not responded (Table 22, Fig.8).

Table 23 shows the knowledge of prevention of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) it reveals that 55.1% girls were in favor of using condoms to prevent infection whereas 38.4% girls mentioned that infection can not be prevented by condoms and 6.5% girls have not responded. 37.7% girls correctly mentioned that one faithful partner would certainly prevent the infection whereas 5.5% mentioned that relation with only one faithful partner cannot prevent infection and 56.8% girls have not responded. 20.9% had knowledge that blood test before transfusion can prevent infection. 4.0% girls mentioned that it cannot prevent infection and 75.1% girls have not responded. 24.9% students knew that infected mother should avoid pregnancy to prevent infection to her fetus while; 5.9% girls mentioned that this cannot prevent infection and 69.8% girls have not responded. Regarding first source of information of prevention of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) it is found that 78.8% girls were informed from electronic media, out of which 12.4% from radio, 88.9% from television. 14.0% girls were informed through print media out of which 40.0% were communicated through newspaper and 60.0% from magazine. 7.0% girls were informed through interpersonal communication, out of that 2.4% girls were informed through friend 58.8% girls were informed through teacher and 14.7% girls were communicated through family member.

Category wise analysis of knowledge of prevention of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) in general class 68.0% girls were in favor of using condoms to prevent infection whereas 32.0% girls mentioned that condoms cannot prevent infection. 47.2% girls correctly mentioned that one faithful partner would certainly prevent the infection whereas 6.8% mentioned that relation with only one faithful partner cannot prevent infection and 46.0% girls have not responded. 20.0% had
knowledge that blood test before transfusion can prevent infection. 4.4% girls mentioned that it cannot prevent infection and 75.6% girls have not responded. 37.6% students knew that infected mother should avoid pregnancy to prevent infection to her fetus while; 2.4% girls mentioned that this cannot prevent infection and 60.0% girls have not responded. Regarding first source of information of prevention of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) it is found that 74.8% girls were informed from electronic media, out of which 11.2% from radio, 88.7% from television. 17.2% girls were informed through print media out of which 34.8% were communicated through newspaper and 65.1% from magazine. 8.0% girls were informed through interpersonal communication, out of that 35.0% girls were informed through friend 60.0% girls were informed through teacher and 5.0% girls were communicated through family member (Table: 23).

Among other backward class (OBC) analysis shows knowledge of prevention of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) 33.6% girls were in favor of using condoms to prevent infection whereas 65.2% girls mentioned that condoms cannot prevent infection and 1.2% girls have not responded. 27.2% girls correctly mentioned that one faithful partner would certainly prevent the infection whereas 2.8% mentioned that relation with only one faithful partner cannot prevent infection and 70.0% girls have not responded. 8.4% girls had knowledge that blood test before transfusion can prevent infection. 1.2% girls mentioned that it cannot prevent infection and 90.4% girls have not responded. 14.4% students knew that infected mother should avoid pregnancy to prevent infection to her fetus while; 3.6% girls mentioned that this cannot prevent infection and 82.0% girls have not responded. It is found that Regarding first source of information of prevention of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) it is found that 64.3% girls were informed from electronic media, out of which 21.9% from radio, 78.0% from television. 25.1% girls were informed through print media out of which 43.8% were communicated through newspaper and 56.1% from magazine. 10.5% girls were informed through interpersonal communication, out of that 12.5% girls were informed through
friend, 66.6% girls were informed through teacher and 20.8% girls were communicated through family member (Table: 23).

Among schedule tribe (ST) class knowledge of prevention of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) 61.2% girls were in favor of using condoms to prevent infection whereas 38.0% girls mentioned that condoms cannot prevent infection and 0.8% girls have not responded. 45.2% girls correctly mentioned that one faithful partner would certainly prevent the infection whereas 9.2% mentioned that relation with only one faithful partner cannot prevent infection and 45.6% girls have not responded. 24.0% girls had knowledge that blood test before transfusion can prevent infection.5.6% girls mentioned that it cannot prevent infection and 70.4% girls have not responded.20.8% students knew that infected mother should avoid pregnancy to prevent infection to her fetus while; 6.0% girls mentioned that this cannot prevent infection and 73.2% girls have not responded. Regarding first source of information of prevention of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) it is found that 80.4% girls were informed from electronic media, out of which 7.5% from radio, 92.4 % from television.9.2 % girls were informed through print media out of which 34.7% were communicated through newspaper and 65.2% from magazine. 6.4% girls were informed through interpersonal communication, out of that 12.5% girls were informed through friend, 62.5 % girls were informed through teacher and 25.0% girls were communicated through family member (Table: 23).

In schedule caste (SC) on knowledge of prevention of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) 57.6% girls were in favor of using condoms to prevent infection whereas 18.4% girls mentioned that condoms cannot prevent infection and 24.0% girls have not responded. 31.2% girls correctly mentioned that one faithful partner would certainly prevent the infection whereas 3.2% mentioned that relation with only one faithful partner cannot prevent infection and 65.6% girls have not responded. 31.2% girls had knowledge that blood test before transfusion can prevent infection.4.8% girls mentioned that it cannot prevent infection and 64.0% girls have not responded.29.8% students knew that infected mother
should avoid pregnancy to prevent infection to her fetus while; 9.2% girls mentioned that this cannot prevent infection and 64.0% girls have not responded. It is found that Regarding first source of information of prevention of Human immuno deficiency virus/Acquired immuno deficiency syndrome (HIV/AIDS) it is found that 91.4% girls were informed from electronic media, out of which 7.0% from radio, 92.9% from television. 5.1% girls were informed through print media out of which 50.0% were communicated through newspaper and 50.0% from magazine. 3.4% girls were informed through interpersonal communication, out of that 75.0% girls were informed through friend, 25.0% girls were informed through teacher and no girls were communicated through family member (Table: 23).

Table 24, Fig.9, shows the attitude of girls towards premarital counseling. It has been revealed that 42.6% girls were having information regarding premarital counseling, 54.4% have no idea, and 3.0% girls have not responded. 74.7% girls accepted that guidance & counseling before marriage is necessary. 18.3% girls feel that there is no necessity of premarital counseling and 70.0% girls have not responded. 56.8% girls feel free to discuss the sexual queries 39.9% girls don’t feel so and 3.3% girls have not responded.

Category wise analysis shows that in general category it has been revealed 51.2% girls were having information regarding premarital counseling whereas 48.8% have no idea. 78.4% girls accepted that guidance & counseling before marriage is necessary 18.8% girls feel that there is no necessity of premarital counseling and 2.8% girls have not responded. 47.2% girls feel free to discuss the sexual queries and 51.6% girls do not feel so and 1.2% girls have not responded (Table: 24, Fig.9).

Among other backward class (OBC) 38.4% girls were having information regarding premarital counseling whereas 61.6% have no idea. 65.6% girls accepted that guidance & counseling before marriage is necessary 32.0% girls feel that there is no necessity of premarital counseling and 2.4% girls have not responded, 46.4% girls feel free to discuss the sexual queries 48.8% girls do not feel so and 4.8% girls have not responded (Table: 24, Fig.9).
In schedule tribe (ST) category it has been revealed that 34.0% girls were having information regarding premarital counseling, and 58.8% have no idea. 7.2% girls have not responded. 78.0% girls accepted that guidance & counseling before marriage is necessary 10.0% girls feel that there is no necessity of premarital counseling and 12.0% girls have not responded. 70.8% girls feel free to discuss the sexual queries and 23.2% girls do not feel so and 6.0% girls have not responded (Table : 24, Fig.9).

In schedule caste (SC) 46.8% girls were having information regarding premarital counseling 48.4% have no idea, and 4.8% girls have not responded. 76.8% girls accepted that guidance & counseling before marriage is necessary 12.4% girls feel that there is no necessity of premarital counseling and 10.8% girls have not responded. 62.8% girls feel free to discuss the sexual queries and 36.0% girls do not feel so and 1.2% girls have not responded (Table : 24, Fig.9).

Table 25, Fig.10 reveals the advocacy of girls towards sex education. Regarding this 95.4% girls are in favour of provision of sex education 3.5% girls are not in favour of provision of sex education and 1.1% girls have not responded. 32.7% girls mentioned that sex education should be provided at the age of above 16 years. While 19.8% girls mentioned 16 years, 13.2% girls accepted 15 years, 20.4% girls knew 14 years, and 3.3% girls mentioned 13 years and 10.4% knew 12 years is suitable age for providing sex education. Regarding query that who should provide sex education 316% girls advocated that teacher, 30.5% girls mentioned mothers, 2.5% girls mentioned media, and 30.6% feel that doctors should provide sex education.

Category wise analysis shows that in general category 96.4% girls are in favour of provision of sex education 2.8% girls are not in favour of provision of sex education, and 0.8% girls have not responded. 39.8% girls mentioned that sex education should be provided at the age of above 16 years. While 19.0% girls mentioned 16 years, 12.3% girls accepted 15 years, 17.8% girls knew 14 years, no girls mentioned 13 years and 10.6% knew 12 years is right age for providing sex education. Regarding query that who should provide sex education 37.3% girls advocated that teacher, 29.8% girls mentioned mothers,
1.6% girls mentioned media, and 31.1% feel that Doctors should provide sex education (Table: 25, Fig.10).

Among other backward class (OBC) students 94.4% girls are in favour of provision of sex education, 5.6% girls are not in favour of provision of sex education and 29.6% girls mentioned that sex education should be provided at the age of above 16 years. While 25.4% girls mentioned 16 years, 16.1% girls accepted 15 years, 15.2% girls knew 14 years, 6.7% girls mentioned 13 years and 6.7% knew 12 years is right age for providing sex education. Regarding query that who should provide sex education 26.6% girls advocated that teacher, 32.6% girls mentioned mothers, 2.1% girls mentioned media, and 38.5% feel that doctors should provide sex education (Table: 25, Fig.10).

In schedule tribe (ST) girls 96.0% girls are in favour of provision of sex education, 2.0% girls are not in favour of provision of sex education and 2.0% girls have not responded. 27.0% girls mentioned that sex education should be provided at the age of above 16 years. While 12.5% girls mentioned 16 years, 16.6% girls accepted 15 years, 28.3% girls knew 14 years, 2.9% girls mentioned 13 years and 12.5% knew 12 years is right age for providing sex education. Regarding query that who should provide sex education 30.0% girls advocated that teacher, 35.0% girls mentioned mothers, 129% girls mentioned media, and 22.0% feel that doctors should provide sex education (Table: 25, Fig.10).

In schedule caste girls (SC) it is revealed that 94.8% girls are in favour of provision of sex education 3.6% girls are not in favour of provision of sex education and 1.6% girls have not responded. 34.1% girls mentioned that sex education should be provided at the age of above 16 years. While 22.3% girls mentioned 16 years, 7.5% girls accepted 15 years, 20.2% girls knew 14 years, 3.7% girls mentioned 13 years and 11.8% knew 12 years is right age for providing sex education. Regarding query that who should provide sex education 32.4% girls advocated that teacher, 24.4% girls mentioned mothers, 6.3% girls mentioned media, and 36.7% feel that Doctors should provide sex education (Table: 25, Fig.10).
Table 26 shows the knowledge-seeking attitude towards reproductive health. It is revealed that 34.5% girls were inclined to perceive knowledge about reproductive organs. Out of them 80.5% girls were inclined to gain knowledge of female reproductive organs and 19.4% were interested to have knowledge of male reproductive organs. 77.1% girls were inclined to have knowledge of female reproduction, out of them 36.5% girls were inclined to gain the information of menstrual cycle, 29.5% wish to have knowledge of conception, 33.8% girls wanted information of contraceptives. 31.9% girls were interested to gain the knowledge of Sexually transmitted disease (STD) and 41.6% girls were inclined to perceive knowledge about Acquired immuno deficiency syndrome (AIDS).

Category wise analysis shows that in general category it is revealed that 16.0% girls were inclined to perceive knowledge about reproductive organs. Out of them 100.0% girls were having desire to gain knowledge of female reproductive organs and no one was interested to have knowledge of male reproductive organs. 55.6% girls were inclined to have knowledge of female reproduction, 48.2% girls were inclined to gain the information of menstrual cycle, 38.8% wish to have knowledge of conception, 12.9% girls wanted information of contraceptives. 12.0% girls were interested to gain the knowledge of Sexually transmitted disease (STD) and 45.6% girls were inclined to perceive knowledge about Acquired immuno deficiency syndrome (Table:26).

Among other backward class (OBC) 45.6% girls were inclined to perceive knowledge about reproductive organs. Out of them 71.9% girls were having desire to gain knowledge of female reproductive organs and 28.0% were interested to have knowledge of male reproductive organs. 98.4% girls were inclined to have knowledge of female reproduction, 34.1% girls were inclined to gain the information of menstrual cycle, 19.5% wish to have knowledge of conception, 46.3% girls wanted information of contraceptives. 56.8% girls were interested to gain the knowledge of Sexually transmitted disease (STD) and 57.6% girls were inclined to perceive knowledge about Acquired immuno deficiency syndrome (Table:26).
In schedule tribe (ST) girls 28.4% girls were inclined to perceive knowledge about reproductive organs out of them 84.5% girls were having desire to gain knowledge of female reproductive organs and 15.4% were interested to have knowledge of male reproductive organs.58.4% girls were inclined to have knowledge of female reproduction, 50.0% girls were inclined to gain the information of menstrual cycle, 27.3% wish to have knowledge of conception, 22.6% girls wanted information of contraceptives.13.2% girls were interested to gain the knowledge of Sexually transmitted disease (STD) and 33.2% girls were inclined to perceive knowledge about Acquired immuno deficiency syndrome (Table:26).

In schedule caste (SC) girls that 48.0% girls were inclined to perceive knowledge about reproductive organs out of them 80.0% girls were having desire to gain knowledge of female reproductive organs and 20.0% were interested to have knowledge of male reproductive organs.96.0% girls were inclined to have knowledge of female reproduction, 24.1% girls were inclined to gain the information of menstrual cycle, 35.8% wish to have knowledge of conception, 40.0% girls wanted information of contraceptives.45.6% girls were interested to gain the knowledge of Sexually transmitted disease (STD) and 30.0% were inclined to perceive knowledge about Acquired immuno deficiency syndrome (Table:26).

Table 27 shows the means preferred by girls to update their knowledge of reproductive health. 78.2% girls accepted that there is need for adolescent clinic, 14.3% mentioned that there is no requirement of such clinics and 7.5% did not respond. Regarding means to enhance the knowledge and to combat the misconception and ignorance regarding reproductive health, 54.1% girls accepted that sex education at school or college level can easily enhance the knowledge, while 20.8% advocates for special adolescent clinic and hospital, 18.5% mentioned that health guidance provided by health workers would prove to be useful in this regard. 3.8% girls mentioned that there is no need for such arrangements and 2.8% did not respond.

Category wise classification and analysis revealed that in general category 78.4% girls accepted that there is a need for adolescent clinic, 15.2%
mentioned that there is no requirement of such clinics and 6.4% did not respond. Regarding means to enhance the knowledge and to combat the misconception and ignorance regarding reproductive health, 51.2% girls accepted that sex education at school or college level can easily enhance the knowledge, while 32.0% advocates for special clinic and hospital, 10.4% mentioned health workers would prove to be useful in this regard. 6.4% girls mentioned that there is no need for such arrangements (Table: 27).

In other backward class (OBC) it has been found that 82.4 % girls accepted that there is a need for adolescent clinic, 12.8% mentioned that there is no requirement of such clinics and 4.8% did not respond. Regarding means to enhance the knowledge and to combat the misconception and ignorance regarding reproductive health, 51.2% girls accepted that sex education at school or college level can easily enhance the knowledge, while 22.4% advocates for special clinic and hospital, 16.0% mentioned health workers would prove to be useful in this regard. 5.6% girls mentioned that there is no need for such arrangements and 4.8 % did not respond (Table: 27).

In schedule tribe (ST) category 71.6% girls accepted that there is a need for adolescent clinic, 22.8% mentioned that there is no requirement of such clinics and 5.6% did not respond. Regarding means to enhance the knowledge and to combat the misconception and ignorance regarding reproductive health, 61.2% girls accepted that sex education at school or college level can easily enhance the knowledge, while 12.8% advocates for special clinic and hospital, 20.0% mentioned health workers would prove to be useful in this regard. 0.8% girls mentioned that there is no need for such arrangements and 5.2% did not respond (Table: 27).

Among schedule caste (SC) 80.4% girls accepted that there is a need for adolescent clinic, 6.4% mentioned that there is no requirement of such clinics and 13.2% did not respond. Regarding means to enhance the knowledge and to combat the misconception and ignorance regarding reproductive health, 52.8% girls accepted that sex education at school or college level can easily enhance the knowledge, while 16.0% advocates for special clinic and hospital, 27.6% mentioned health workers would prove to be
useful in this regard. 2.4% girls mentioned that there is no need for such arrangements and 1.2% did not respond (Table: 27).

Table 28, Fig.11 shows the knowledge of reproductive health especially concerned with girls i.e. conception and parturition. 51.7% girls are having information regarding expulsion of ovum is on 10th 16th day of menstruation, 44.7% did not have any information in this regard and 3.6% girls did not respond. Regarding unsafe period for pregnancy 51.1% girls were having knowledge whereas 41.7% have no information and 7.2 % girls did not respond. Regarding knowledge of parturition only 14.7% girls had good idea of parturition, 60.0% girls had rough idea, 21.9% girls have no idea 3.4% girls did not respond. Regarding First source of information regarding unsafe period for pregnancy it is revealed that 50.4% girls responded out of them 33.1% girls were informed from electronic media, out of which 5.3% from radio, 94.6% from television. 31.5% girls were informed through print media out of which 89.9% were communicated through magazine and 10.0% from newspaper. 35.3% girls were informed through interpersonal communication, out of that 28.6% girls were informed through friend 43.8 % girls were informed through teacher and 27.5% girls were communicated through family member. Regarding first source of information for knowledge of parturition it is revealed that 74.7% girls responded out of them 38.5% girls were informed from electronic media, out of which 4.5% from radio, 95.4% girls were informed from television. 20.7% girls were informed through print media out of which 94.1% were communicated through magazine and 5.8% from newspaper. 40.6% girls were informed through interpersonal communication, out of that 20.7% girls were informed through friend, 38.1% girls were informed through teacher and 41.1%girls were communicated through family member.

Category wise analysis shows that in general category 60.0% girls are having information regarding expulsion of ovum is on 10th 16th day of menstruation. 34.8% did not have any information in this regard and 5.2% girls did not respond. Regarding unsafe period for pregnancy 59.6% girls were having knowledge while 32.0% have no information and 8.4% girls did not respond. Regarding knowledge of parturition only18.4 % girls had good idea of parturition, 52.8% girls had rough idea, 21.6% girls have no idea 7.2% girls did
not respond. Regarding first source of information regarding unsafe period for pregnancy it is revealed that 56.8% girls responded out of them 21.1% girls were informed from electronic media, out of which 6.6% from radio, 93.3% from television. 35.9% girls were informed through print media out of which 96.0% were communicated through magazine and 3.9% from newspaper. 42.9% girls were informed through interpersonal communication, out of that 29.5% girls were informed through friend 63.9% girls were informed through teacher and 6.5% girls were communicated through family member. Regarding first source of information for knowledge of parturition it is revealed that 71.2% girls responded out of them 35.9% girls were informed from electronic media, out of which no girl was informed from radio, 100.0% girls were informed from television. 16.8% girls were informed through print media out of which 100.0% were communicated through magazine and none from newspaper. 47.1% girls were informed through interpersonal communication, out of that 30.9% girls were informed through friend, 28.5% girls were informed through teacher and 40.4% girls were communicated through family member (Table: 28, Fig. 11).

Among Other backward class (OBC) 44.0% girls are having information regarding expulsion of ovum is on 10th 16th day of menstruation, while 48.8% did not have any information in this regard and 7.2% girls did not respond. Regarding unsafe period for pregnancy, 39.2% girls were having knowledge whereas 48.8% have no information and 12.0% girls did not respond. Regarding knowledge of parturition only 12.8% girls had good idea of parturition, 64.0% girls had rough idea and 21.6% girls have no idea whereas 4.8% girls did not respond. Regarding first source of information regarding unsafe period for pregnancy it is revealed that 39.2% girls responded out of them 29.5% girls were informed from electronic media, out of which no one was informed from radio, 100.0% from television. 30.6% girls were informed through print media out of which 93.3% were communicated through magazine and 7.1% from newspaper. 39.7% girls were informed through interpersonal communication, out of that 28.2% girls were informed through friend, 41.0% girls were informed through teacher, and 30.7% girls were communicated through family member. Regarding first source of information for knowledge of parturition it is revealed that 76.8% girls responded out of them 40.6% girls
were informed from electronic media, out of which 7.6% from radio, 92.3% girls were informed from television. 29.1% girls were informed through print media out of which 89.2% were communicated through magazine and 10.7% from newspaper. 30.2% girls were informed through interpersonal communication, out of that none of them was informed through friend, 51.7 % girls were informed through teacher and 48.2% girls were communicated through family member (Table: 28, Fig.11).

Among schedule tribe (ST) girls 50.0% girls are having information regarding expulsion of ovum is on 10th 16th day of menstruation, 48.0% did not have any information in this regard and 2.0% girls did not respond. Regarding unsafe period for pregnancy 51.6% girls were having knowledge, 44.4% have no information and 4.0% girls did not respond. Regarding knowledge of parturition only 12.0% girls had good idea of parturition, 68.0% girls had rough idea and 16.8% girls have no idea 3.2% girls did not respond. Regarding first source of information regarding unsafe period for pregnancy it is revealed that 51.6% girls responded out of them 44.1% girls were informed from electronic media, out of which 12.2% from radio, 38.7%girls were informed from television. 31.0% girls were informed through print media out of which 85.0% were communicated through magazine and 15.0% from newspaper. 24.8% girls were informed through interpersonal communication, out of that 31.2% girls were informed through friend, 28.1% girls were informed through teacher and 40.6% girls were communicated through family member. Regarding first source of information for knowledge of parturition 80.0% girls responded out of them 46.0% girls were informed from electronic media, out of which 2.4% from radio, 96.7% girls were informed from television.22.0% girls were informed through print media out of which 93.1% were communicated through magazine and 6.8% from newspaper. 32.0% girls were informed through interpersonal communication, out of that 18.7% girls were informed through friend, 43.7% girls were informed through teacher and 31.5% girls were communicated through family member (Table: 28, Fig.11).

Among schedule caste (SC) students, 52.8% girls are having information regarding expulsion of ovum is on 10th 16th day of menstruation, 47.2% did not have any information in this regard. Regarding unsafe period for pregnancy
54.0% girls were having knowledge, 41.6% have no information and 4.4% girls did not respond. Regarding knowledge of parturition only 15.6% girls had good idea of parturition, 55.2% girls had rough idea 27.6% girls have no idea and 1.6% girls did not respond. Regarding first source of information regarding unsafe period for pregnancy it is revealed that 54.0% girls responded out of them 37.7% girls were informed from electronic media, out of which no girl was informed from radio, 100.0% girls were informed from television. 28.1% girls were informed through print media out of which 84.2% were communicated through magazine and 15.7% from newspaper. 34.0% girls were informed through interpersonal communication, out of that 26.0% girls were informed through friend 30.0% girls were informed through teacher and 43.4% girls were communicated through family member. Regarding first source of information for knowledge of parturition in schedule caste girls it is revealed that 70.8% girls responded out of them 30.5% girls were informed from electronic media, out of which 7.4% from radio, 92.5% girls were informed from television. 14.1% girls were informed through print media out of which 100.0% were communicated through magazine and none from newspaper. 55.3% girls were informed through interpersonal communication, out of that 25.5% girls were informed through friend, 34.6% girls were informed through teacher and 39.7% girls were communicated through family member (Table: 28, Fig.11).

Table 29, Fig.12 shows the knowledge about male reproductive organs and sexually transmitted disease. Only 32.1% girls are having knowledge about male reproductive organs, 63.4% girls having no idea, while 4.5% did not respond in this regard. 18.8% girls ever heard about sexually transmitted disease, 78.3% have not heard and 2.9% did not respond. Regarding source of information of male reproductive organs 39.8% girls gleaned the related information from electronic media, Out of them 4.6% girls mentioned radio, 95.3% girls were informed through television. 44.8% girls were informed through print media, 90.2% girls mentioned magazine as source of information, and 9.7% girls were informed through newspaper. Only 15.2% girls are getting information through interpersonal communication. Out of them 42.8% girls were informed through friend, 36.7% girls were informed through teacher and 20.4% girls were informed through family member. Regarding first source of
information of Sexually transmitted disease (STD), 52.6 % girls perceived the knowledge through electronic media, out of them 12.1% girls were informed through radio, 87.8% girls were informed through television.29.7% girls got the information through print media, out of them 91.0% girls were informed through magazine, 8.9% girls were informed through news paper. 17.5% girls were informed through interpersonal communication, out of them 27.2% girls were informed through friends, 51.5% girls were informed through teacher, 21.2% girls were informed through family members.

Category wise analysis shows that in general category only 32.0% girls are having knowledge about male reproductive organs, 64.8% girls having no idea, while 3.2% did not respond in this regard. 15.2% girls ever heard about sexually transmitted disease, 84.8 % have not heard. Regarding source of information of male reproductive organs 36.2% girls gleaned the related information from electronic media, Out of them no girls mentioned radio, 100.0% girls were informed through television. 42.5% girls were informed through print media, out of them 82.3% girls mentioned magazine as source of information, and 17.6% girls were informed through newspaper. Only 21.2% girls are getting information through interpersonal communication. Out of them 35.2% girls were informed through friend, 58.8% girls were informed through teacher and 5.8% girls were informed through family member. Regarding first source of information of Sexually transmitted disease (STD), 63.1% girls perceived the knowledge through electronic media, out of them 8.3%girls were informed through radio, 91.6% girls were informed through television.26.3% girls got the information through print media, out of them100.0 % girls were informed through magazine, no girl was informed through news paper. 10.5% girls were informed through interpersonal communication, out of them 50.0% girls were informed through friends, no girl was informed through teacher, 50.0% girls were informed through family members (Table: 29, Fig.12).

Among other backward class (OBC) only 19.2% girls are having knowledge about male reproductive organs, 75.2% girls having no idea, while 5.6% did not respond in this regard. 15.2% girls ever heard about sexually transmitted disease, 80.0% have not heard and 4.8% did not respond. Regarding source of information of male reproductive organs 20.8% girls
gleaned the related information from electronic media. Out of them no girls mentioned radio, 100.0% girls were informed through television. 70.8% girls were informed through print media, 100.0% girls mentioned magazine as source of information, and no girls were informed through newspaper. Only 8.3% girls are getting information through interpersonal communication out of them 25.0% girls were informed through friend, 50.0% girls were informed through teacher and 25.0% girls were informed through family member. Regarding first source of information of Sexually transmitted disease (STD), 34.2% girls perceived the knowledge through electronic media, out of them 7.6% girls were informed through radio, 92.3% girls were informed through television. 47.3% girls got the information through print media, out of them 100.0% girls were informed through magazine, no girl was informed through newspaper. 18.4% girls were informed through interpersonal communication, out of them 28.5% girls were informed through teacher and 14.2% girls were informed through family members (Table: 29, Fig.12).

Among Schedule tribe (ST) only 42.0% girls are having knowledge about male reproductive organs, 56.0% girls having no idea, while 2.0% did not respond in this regard. 20.4% girls ever heard about sexually transmitted disease, 77.6% have not heard and 2.0% did not respond. Regarding source of information of male reproductive organs 57.1% girls gleaned the related information from electronic media, out of them 10.0% girls mentioned radio, 90.0% girls were informed through television. 29.5% girls were informed through print media, out of that 100.0% girls mentioned magazine as source of information, and no girl was informed through newspaper. Only 13.3% girls are getting information through interpersonal communication out of them 42.8% girls were informed through friend, 21.4% girls were informed through teacher and 35.7% girls were informed through family member. Regarding first source of information of Sexually transmitted disease (STD), 54.9% girls perceived the knowledge through electronic media, out of them 17.8% girls were informed through radio, 82.1% girls were informed through television. 39.2% girls got the information through print media, out of them 75.0% girls were informed through magazine, 25.0% girls were informed through newspaper. 5.8% girls were
informed through interpersonal communication, out of them 33.3% girls were informed through friends, 33.3% girls were informed through teacher, 33.3% girls were informed through family members (Table: 29, Fig.12).

Among schedule caste (SC) girls only 35.2% girls are having knowledge about male reproductive organs, 57.6% girls having no idea, while 7.2% did not respond in this regard. 24.4% girls ever heard about sexually transmitted disease, 70.8% have not heard and 4.8% did not respond. Regarding source of information of male reproductive organs 32.9% girls gleaned the related information from electronic media, Out of them no girls mentioned radio, 100.0% girls were informed through television. 51.1% girls were informed through print media, 82.2% girls mentioned magazine as source of information and 17.7 % girls were informed through newspaper. Only 15.9% girls are getting information through interpersonal communication out of them 57.1% girls were informed through friend, 21.4% girls were informed through teacher and 21.4% girls were informed through family member. Regarding first source of information of Sexually transmitted disease (STD), 55.7% girls perceived the knowledge through electronic media, out of them 11.7% girls were informed through radio, 88.2% girls were informed through television.13.1% girls got the information through print media, out of them 100.0% girls were informed through magazine, no girl was informed through newspaper. 31.1% girls were informed through interpersonal communication, out of them 21.0% girls were informed through friends, 63.1% girls were informed through teacher, 15.7% girls were informed through family members (Table: 29, Fig.12).

**Table 30, Fig.13** shows the opinion regarding premarital relation and knowledge regarding unwanted and termination of pregnancy. It has been found that opinion regarding premarital sex, 10.8% agreed and 84.1% girls disagreed while 5.1% did not respond. Regarding knowledge and awareness towards unwanted pregnancy, 77.6% girls accepted that unwanted pregnancy can be avoided while only 8.4 % girls mentioned it can not be avoided and 14.0 % girls did not respond.56.9% girls mentioned that pregnancy could be terminated in government hospital also with maintenance of confidentiality 31.5% had no idea, 11.6% did not respond. Awareness regarding abortion,
study shows that 64.1% girls accepted that abortion by a trained person is safe while 24.4% girls have no idea and 11.5% girls did not respond.

Category wise analysis shows that in general category regarding opinion regarding premarital relation it has been found that 9.2% agreed and 88.8% girls disagreed while 2.0% did not respond. Regarding knowledge and awareness towards unwanted pregnancy, 80.8% girls accepted that unwanted pregnancy can be avoided while only 8.8% girls mentioned it can not be avoided and 10.4% girls did not respond. 54.8% girls mentioned that pregnancy could be terminated in government hospital also with maintenance of confidentiality, 37.6% had no idea, 7.6% did not respond. Awareness regarding abortion, study shows that 68.0% girls accepted that abortion by a trained person is safe while 23.2% girls have no idea and 8.8% girls did not respond (Table: 30, Fig.13).

Among other backward class (OBC) opinion regarding premarital relation it has been found that 13.6% girls agreed and 82.4% girls disagreed while 4.0% did not respond. Regarding knowledge and awareness towards unwanted pregnancy, 70.4% girls accepted that unwanted pregnancy can be avoided while only 8.8% girls mentioned it can not be avoided and 20.8% girls did not respond. 54.4% girls mentioned that pregnancy could be terminated in government hospital also with maintenance of confidentiality 31.2% had no idea, 14.4% did not respond. Awareness regarding abortion, study shows that 52.0% girls accepted that abortion by a trained person is safe while 31.2% girls have no idea and 16.8% girls did not respond (Table: 30, Fig.13).

In schedule tribe (ST) opinion regarding premarital relation it has been found that 12.0% agreed and 80.8% girls disagreed while 7.2% did not respond. Regarding knowledge and awareness towards unwanted pregnancy, 81.2% girls accepted that unwanted pregnancy can be avoided while only 8.8% girls mentioned it can not be avoided and 10.0% girls did not respond. 68.0% girls mentioned that pregnancy could be terminated in government hospital also with maintenance of confidentiality 20.8% had no idea, 11.2% did not respond. Awareness regarding abortion, study shows that 72.8% girls accepted that
abortion by a trained person is safe while 17.6% girls have no knowledge and 9.6% girls did not respond (Table: 30, Fig.13).

Among schedule caste (SC) girls it has been found that opinion regarding premarital sex, 8.4% agreed and 84.4% girls disagreed while 7.2% did not respond. Regarding knowledge and awareness towards unwanted pregnancy, 78.0% girls accepted that unwanted pregnancy can be avoided while only 7.2% girls mentioned it can not be avoided and 14.8% girls did not respond. 50.4% girls mentioned that pregnancy could be terminated in government hospital also with maintenance of confidentiality 36.4% had no idea, 13.2% did not respond. Awareness regarding abortion, study shows that 25.6% girls accepted that abortion by a trained person is safe while 63.6% girls have no idea and 10.8% girls did not respond (Table: 30, Fig.13).
FIGURE: 12
KNOWLEDGE ABOUT MALE REPRODUCTIVE ORGANS AND SEXUALLY TRANSMITTED DISEASE

PERCENTAGE

Male reproductive organs

TOTAL GIRLS

- Gen
- OBC
- ST
- SC

Ever heard about sexually transmitted disease

168
FIGURE: 13
OPINION REGARDING PREMARITAL RELATION, UNWANTED AND TERMINATION OF PREGNANCY

PERCENTAGE

Opinion regarding premarital relationship

Unwanted pregnancy can be avoided

Pregnancy can be terminated in Govt. hospital with due secrecy

Having knowledge that abortion by a trained person is safe

TOTAL GIRLS

□ Gen □ OBC □ ST □ SC

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AWARENESS TOWARDS FAMILY WELFARE PROGRAMME

Table 31 shows that 70.4% girls knew about legal age of marriage and 29.6% girls have incorrect information. Regarding the preferred marriage age by girls for their own marriage, it is found that the most preferred age is 25 years by 33.5% girls whereas 21.4% girls have mentioned more than 25 years. 17.7% girls preferred 24 years followed by 23 years by 11.2%, 22 years by 7.9%, 21 years by 4.9% 20 years by 1.9%, 19 years by 0.2% and only 1.3% girls have mentioned that marriage age should be 16-18 years.

Category wise analysis shows that in general category 70.4% girls knew about legal age of marriage and 26.4% girls have incorrect information. Regarding the preferred marriage age by girls for their own marriage, it is found that the most preferred age is 25 years by 36.0% girls, 22.4% girls have mentioned more than 25 years. 15.2% girls preferred 24 years followed by 23 years by 11.2%, 22 years by 7.2%, 21 years by 4.0% 20 years by 3.2%, 19 years by no body and only 0.8% girls have mentioned that marriage age should be 16-18 years (Table: 31).

Among girls of other backward class (OBC) it has been noted that 71.6% girls knew about legal age of marriage and 28.4% girls have incorrect information. Regarding the preferred marriage age by girls for their own marriage, it is found that the most preferred age is 25 years mentioned by 40.0% girls. 14.8% girls preferred 24 years, above 25 years by 12.0% of girls, followed by 23 years by 7.2%, 22 years by 15.2%, 21 years by 7.2% 20 years by 2.0%, 19 years by 0.8% and only 0.8% girls have mentioned that marriage age should be 16-18 years (Table: 31).

In schedule tribe (ST) category it has been noted that 66.8% girls knew about legal age of marriage and 33.2% girls have incorrect information. Regarding the preferred marriage age by girls for their own marriage, it is found that the most preferred age is 25 years mentioned by 34.0% girls and 28.0% girls have mentioned above 25 years age is perfect for marriage. none of them has preferred the marriage age at 16-18 years, 19 years or 20 years. 6.0% girls have mentioned 21 years as marriage age, 2.0% girls preferred 22 years
12.0% girls have mentioned 23 years 18.0% girls mentioned 24 years (Table: 31).

Among schedule caste (SC) girls it has been noted that 69.6% girls knew about legal age of marriage and 30.4% girls have incorrect information. Regarding the preferred marriage age by girls for their own marriage, it is found that the most preferred age is 25 years as mentioned by 24.0% girls. Above 25 years age preferred by 23.2% of girls, 22.8% girls preferred 24 years, followed by 23 years by 14.4%, 22 years by 7.2%, 21 years by 2.4, % 20 years by 2.4%, 19 years by no body and only 3.6% girls have mentioned that marriage age should be 16-18 years (Table: 31).

Table 32, Fig.14, shows the attitude of girls towards family size and right age of child bearing in view of students. It has been revealed that 92.0% girls accepted that there should be two children in a family, 7.1% mentioned only one child, and 0.7% has mentioned three children and 0.2% accepted that a family should have four children. Regarding sex wise choice of children 96.0% girls mentioned one male and one female child, 2.3% mentioned one male and none female while 0.9% girl's accepted two males and two females children should be in the family.0.8% girls have mentioned that two male and one female child is ideal for a family. Regarding age at first conception 0.6% girls have mentioned 18 years, 1.4% girls mentioned 19 years 6.9% girls mentioned 20 years 11.3% girls mentioned 21 years. 15.4 % girls accept 22 years age, 23 years accepted by 17.1%, 24 years by 21.6% and 25 by 25.7% of students. 9.0% girls have mentioned that the ideal difference between marriage and first conception should be one year, 31.1% girls mentioned two years, and 38.2% accepted three years. 13.1% girls have mentioned four years, 7.1% mentioned five years while only 1.5% girls have mentioned that there should be more than five years difference between marriage and first conception.

Category wise analysis shows that in general category 94.4% girls accepted that there should be two children in a family, 5.6% mentioned only one child, and no body has accepted that a family should have three or four children. Regarding sex wise choice of children 98.4% girls mentioned one male and one female child, 0.8% mentioned one male and none female while accepted two males and two females children should be in the family. 0.8%
girls have mentioned that two male and one female child is ideal for a family. Regarding age at first conception, 6.4% girls mentioned 20 years 13.6% girls mentioned 21 years. 15.2% girls accept 22 years age, 23 years accepted by 12.0%, 24 years by 18.4% and 25 by 34.4% of students. No body mentioned that 18 years or 19 years is right age for first conception. 14.4% girls have mentioned that the ideal gap between marriage and first conception should be one year, 43.2% girls mentioned two years, and 26.4% accepted three years. 4.0% girls have mentioned four years, 12.0% mentioned five years while none of the girls have mentioned that there should be more than five years gap between marriage and first conception (Table: 32, Fig.14).

Among other backward class (OBC) it is revealed that 90.4% girls accepted that there should be two children in a family, 8.8% mentioned only one child, and no body has mentioned three children and 0.8 % accepted that a family should have four children. Regarding sex wise choice of children 96.0% girls mentioned one male and one female child, 2.4% mentioned one male and none female while 1.6% girl's accepted two males and two females children should be in the family. None of the girls from other backward class have mentioned that two male and one female child is ideal for a family. Regarding age at first conception 2.4% girls have mentioned 18 years, 0.8% girls mentioned 19 years 4.8% girls mentioned 20 years and 9.6% girls mentioned 21 years. 15.2% girls accept 22 years age, 23 years accepted by 19.2%, 24 years by 28.0% and 25 by 20.0% of students. 7.2% girls have mentioned that the ideal gap between marriage and first conception should be one year, 40.0% girls mentioned two years, and 40.0% accepted three years. 7.2% girls have mentioned four years, 5.6% mentioned five years while no girls have mentioned that there should be more than five years gap between marriage and first conception (Table: 32, Fig.14).

Among schedule tribe (ST) category it has been found that 92.0 % girls accepted that there should be two children in a family, 8.0% mentioned only one child, and no body has mentioned that a family should have three or four children. Regarding Sex wise choice of children 96.0% girls mentioned one male and one female child, 2.0% mentioned one male and none female while 2.0% girl's accepted two males and two females children should be in the
family. No girls have mentioned that two male and one female child is ideal for a family. Regarding age at first conception no girls have mentioned 18 years and 19 years, 6.8% girls mentioned 20 years 8.8% girls mentioned 21 years, 21.6% girls accept 22 years age, 23 years accepted by 24.8%, 24 years by 22.0% and 16.0% of students mentioned that 25 years age is ideal for first conception. 1.2% girls have mentioned that the ideal difference between marriage and first conception should be one year, 31.6% girls mentioned two years, and 46.4% accepted three years. 4.0% girls have mentioned four years, 6.0% mentioned five years while only no girls have mentioned that there should be more than five years difference between marriage and first conception (Table: 32, Fig.14).

Among schedule caste (SC) girls it has been observed that 91.2% girls accepted that there should be two children in a family, 6.0% mentioned only one child, 2.8% girls mentioned three children, and no body has mentioned that a family should have four children. Regarding sex wise choice of children 93.6% girls mentioned one male and one female child, 4.0% mentioned one male and none female while none of them accepted two males and two females children should be in the family. 2.4% have mentioned that two male and one female child is ideal for a family. Regarding age at first conception none of the girls have mentioned 18 years, 4.8% girls mentioned 19 years 9.6% girls mentioned 20 years 13.2% girls mentioned 21 years. 9.6% girls accept 22 years age, 23 years accepted by 12.4%, 24 years by 18.0% and 32.4% of students mentioned that 25 years age is ideal for first conception. 2.4% girls have mentioned that the ideal gap between marriage and first conception should be one year, 9.6% girls mentioned two years, and 40.0% accepted three years. 37.2% girls have mentioned four years, 4.8% mentioned five years while only 6.0% girls have mentioned that there should be more than five years difference between marriage and first conception (Table: 32, Fig.14).

Table 33, revealed the first source of information regarding ideal number of children in a family. It is found that 61.6% girls were informed through electronic media, out of which 15.2% from radio, 84.7% from television. 17.7% girls were informed through print media out of which 39.5% were communicated through newspaper and 60.4% from magazine. 20.7% girls
were informed through interpersonal communication, out of that 19.8% girls were informed through friend, 35.2% girls were informed through teacher and 43.9% girls were communicated through family member.

Category wise analysis of general category revealed the first source of information regarding ideal number of children in a family. It is found that 47.2% girls were informed through electronic media, out of which 22.0% from radio, 77.9% from television. 26.0% girls were informed through print media out of which 40.0% were communicated through newspaper and 60.0% from magazine. 26.8% girls were informed through interpersonal communication, out of that 13.4% girls were informed through friend, 38.8% girls were informed through teacher and 47.7% girls were communicated through family member (Table: 33).

Among other backward class (OBC) it is revealed that 51.6% girls were informed through electronic media, out of which 20.9% from radio, 79.0% from television. 26.0% girls were informed through print media out of which 35.3% were communicated through newspaper and 64.6% from magazine. 22.4% girls were informed through interpersonal communication, out of that 26.7% girls were informed through friend, 26.7% girls were informed through teacher and 46.4% girls were communicated through family member (Table: 33).

In schedule tribe (ST) It is found that 79.2% girls were informed through electronic media, out of which 10.1% from radio, 89.8% from television. 10.4% girls were informed through print media out of which 46.1% were communicated through newspaper and 53.8% from magazine. 10.4% girls were informed through interpersonal communication, out of that 26.9% girls were informed through friend, 42.3% girls were informed through teacher and 30.7% girls were communicated through family member (Table: 33).

Among schedule caste (SC) It is found that 68.4% girls were informed through electronic media, out of which 12.2% from radio, 87.7% from television. 8.4% girls were informed through print media out of which 42.8% were communicated through newspaper and 57.1% from magazine. 23.2% girls were informed through interpersonal communication, out of that 20.6% girls
were informed through friend 36.2% girls were informed through teacher and 43.1% girls were communicated through family member (Table: 33).

Table 34 revealed the first source of information regarding age of first conception. It is found that 56.5% girls were informed through electronic media, out of which 14.6% from radio, 85.3 % from television. 21.6% girls were informed through print media out of which 21.7% were communicated through newspaper and 78.2% from magazine. 21.9% girls were informed through interpersonal communication, out of that 20.5% girls were informed through friend, 30.1% girls were informed through teacher and 49.3% girls were communicated through family member.

Category wise analysis shows that in general category it is found that 57.6% girls were informed through electronic media, out of which 15.2% from radio, 84.7% from television. 25.4% girls were informed through print media out of which 25.8% were communicated through newspaper and 74.1% from magazine. 18.0% girls were informed through interpersonal communication, out of that 6.8% girls were informed through friend, 31.8% girls were informed through teacher and 61.3% girls were communicated through family member (Table: 34).

Among other backward class (OBC) it is found that 53.2% girls were informed through electronic media, out of which 20.3% from radio, 79.6% from television. 19.2% girls were informed through print media out of which 22.9% were communicated through newspaper and 77.0% from magazine. 27.6% girls were informed through interpersonal communication, out of that 18.8% girls were informed through friend 34.7% girls were informed through teacher and 46.3% girls were communicated through family member (Table: 34).

Among schedule tribe (ST) category it is exhibited that 54.0% girls were informed through electronic media, out of which 11.8% from radio, 88.1% from television. 23.6% girls were informed through print media out of which 15.2% were communicated through newspaper and 84.7% from magazine. 22.4% girls were informed through interpersonal communication, out of that 28.5% girls were informed through friend 33.9% girls were informed through teacher and 37.5% girls were communicated through family member (Table: 34).
Among schedule caste (SC) category it is reflected that 61.2% girls were informed through electronic media, out of which 11.7% from radio, 88.2% from television. 18.8% girls were informed through print media out of which 23.4% were communicated through newspaper and 76.5% from magazine. 20.0% girls were informed through interpersonal communication, out of that 26.0% girls were informed through friend, 18.0% girls were informed through teacher and 56.0% girls were communicated through family member (Table: 34).

Table 35, Fig.15, reveals the knowledge and attitude of college girls towards family planning. It has been noted that 99.0% girls have knowledge that limitation to child birth is possible. 1.0% girls did not have knowledge regarding this. 97.8% girls have knowledge that space between two children is possible, 1.3% girls have no idea of this, while 0.6% girls did not gave any response. Regarding ideal difference between two children, it is revealed that 2.4% girls were in favour of difference of one and half year, 25.2% girls were in favour of two years, 41.4% girls knew three years, 15.2% girls knew four years, 13.1% girls knew five years and 2.7% girls knew that above five years difference is ideal between birth of two children. Regarding source of first information of awareness towards limitation to child it is found that 62.0% girls were informed through electronic media, out of which 16.2% from radio, 83.7% from television. 21.8% girls were informed through print media out of which 57.3% from magazine and 42.6% were communicated through newspaper. 16.2% girls were informed through interpersonal communication, out of that 14.1% girls were informed through friend 46.2% girls were informed through teacher and 39.5% girls were communicated through family member. Regarding first source of information of awareness that spacing is possible it is found that 60.1% girls were informed through electronic media, out of which 17.7% from radio, 82.2% from television. 21.0% girls were informed through print media out of which 73.2% from magazine and 26.7% were communicated through newspaper. 31.2% girls were informed through interpersonal communication, out of that 29.5% girls were informed through friend 34.4% girls were informed through teacher and 41.3% girls were communicated through family member. Regarding first source of information of awareness of spacing interval it is revealed that 59.5% girls were informed through electronic
media, out of which 16.4% from radio, 83.5% from television. 21.0% girls were informed through print media out of which 71.9% from magazine and 28.0% were communicated through newspaper. 19.5% girls were informed through interpersonal communication, out of that 20.0% girls were informed through friend 32.8% girls were informed through teacher and 47.1% girls were communicated through family member.

Category wise analysis shows that in general category it has been noted that 98.8% girls have knowledge that limitation to childbirth is possible. 1.2% girls did not have knowledge regarding this. 99.2% girls have knowledge that space between two children is possible, 0.8% girls have no idea of this. Regarding ideal gap between two children, it is revealed that 4.0% girls were in favour of difference of one and half year, 10.4% girls were in favour of two years, 42.4% girls knew three years, 20.0% girls knew four years, 22.4% girls knew five years and 0.8% girls knew that above five years difference is ideal between birth of two children. Regarding source of first information of awareness towards limitation to childbirth it is found that 59.6% girls were informed through electronic media, out of which 34.2% from radio, 65.7% from television. 27.2% girls were informed through print media out of which 36.7% were communicated through newspaper and 63.2% from magazine. 13.2% girls were informed through interpersonal communication, out of that 11.4% girls were informed through friend, 51.5% girls were informed through teacher and 34.2% girls were communicated through family member. Regarding first source of information of awareness of spacing it is found that 56.4% girls were informed through electronic media, out of which 33.3% from radio, 66.6% from television. 24.4% girls were informed through print media out of which 19.6% were communicated through newspaper and 80.3% from magazine. 19.2% girls were informed through interpersonal communication, out of that 18.7% girls were informed through friend 35.4% girls were informed through teacher and 45.8% girls were communicated through family member. Regarding first source of information of awareness of spacing interval it is revealed that 59.6% girls were informed through electronic media, out of which 26.8% from radio, 73.1% from television. 36.9% girls were informed through print media out of which 36.3% were communicated through newspaper and 63.6% from
magazine. 18.4% girls were informed through interpersonal communication, out of that 13.0% girls were informed through friend, 26.0% girls were informed through teacher and 60.8% girls were communicated through family member (Table: 35, Fig.15).

Among other backward class (OBC) it has been noted that 98.4% girls have knowledge that limitation to childbirth is possible. 1.6% girls did not have knowledge regarding this. 99.2% girls have knowledge that space between two children is possible, 0.8% girls have no idea of this. Regarding ideal difference between two children, it is revealed that 4.0% girls were in favour of difference of one and half year, 12.0% girls were in favour of two years, 44.8% girls knew three years, 14.4% girls knew four years, 21.6% girls knew five years and 3.2% girls knew that above five years difference is ideal between birth of two children. Regarding source of first information of awareness towards limitation to child it is found that 51.6% girls were informed through electronic media, out of which 17.0% from radio, 82.9% from television. 24.8% girls were informed through print media out of which 38.7% were communicated through newspaper and 61.2% from magazine. 23.6% girls were informed through interpersonal communication, out of that 6.7% girls were informed through friend, 47.4% girls were informed through teacher and 45.7% girls were communicated through family member. Regarding first source of information of awareness of spacing it is found that 57.6% girls were informed through electronic media, out of which 22.2% from radio, 77.7% from television. 20.8% girls were informed through print media out of which 26.9% were communicated through newspaper and 73.0% from magazine. 21.6% girls were informed through interpersonal communication, out of that 44.4% girls were informed through friend, 37.0% girls were informed through teacher and 18.5% girls were communicated through family member. Regarding first source of information of awareness of spacing interval it is revealed that 54.4% girls were informed through electronic media, out of which 19.1% from radio, 80.8% from television. 21.2% girls were informed through print media out of which 28.3% were communicated through newspaper and 71.6% from magazine. 24.4% girls were informed through interpersonal communication, out of that 26.2% girls were informed through friend, 39.3% girls were informed through
teacher and 34.4% girls were communicated through family member (Table: 35, Fig.15).

In schedule tribe (ST) category it has been noted that 100.0% girls have knowledge that limitation to childbirth is possible. 98.0% girls have knowledge that space between two children is possible, 2.0% girls have no idea of this. Regarding ideal difference between two children, it is revealed that 1.6% girls were in favour of difference of one and half year, 62.8% girls were in favour of two years, 20.8% girls knew three years, 10.8% girls knew four years, 1.2% girls knew five years and 2.8% girls knew that above five years difference is ideal between birth of two children. Regarding source of first information of awareness towards limitation to child it is found that 66.4% girls were informed through electronic media, out of which 10.8% from radio, 89.1% from television. 15.2% girls were informed through print media out of which 47.3% were communicated through newspaper and 52.6% from magazine. 18.4% girls were informed through interpersonal communication, out of that 32.6% girls were informed through friend, 39.1% girls were informed through teacher and 28.2% girls were communicated through family member. Regarding first source of information of awareness of spacing it is found that 65.2% girls were informed through electronic media, out of which 10.4% from radio, 89.5% from television. 19.2% girls were informed through print media out of which 25.0% were communicated through newspaper and 75.0% from magazine. 15.6% girls were informed through interpersonal communication, out of that 15.3% girls were informed through friend, 30.7% girls were informed through teacher and 53.8% girls were communicated through family member. Regarding first source of information of awareness of spacing interval it is revealed that 65.2% girls were informed through electronic media, out of which 10.4% from radio, 85.5% from television. 19.2% girls were informed through print media out of which 25.0% were communicated through newspaper and 75.0% from magazine. 15.6% girls were informed through interpersonal communication, out of that 20.5% girls were informed through friend, 30.7% girls were informed through teacher and 48.7% girls were communicated through family member. (Table: 35, Fig.15).
In schedule caste (SC) it has been noted that 98.8% girls have knowledge that limitation to childbirth is possible. 1.2% girls did not have knowledge regarding this. 94.8% girls have knowledge that space between two children is possible, 1.6% girls have no idea of this, while 3.6% girls did not gave any response. Regarding ideal difference between two children, it is revealed that one of the girls were in favour of difference of one and half year, 15.6% girls were in favour of two years, 57.6% girls knew three years, 15.6% girls knew four years, 7.2% girls knew five years and 4.0% girls knew that above five years difference is ideal between birth of two children. Regarding source of first information of awareness towards limitation to child it is found that 70.4% girls were informed through electronic media, out of which 5.6% from radio, 94.3% from television. 20.0% girls were informed through print media out of which 52.0% were communicated through newspaper and 48.0% from magazine. 9.6% girls were informed through interpersonal communication, out of that none of the girls were informed through friend, 50.0% girls were informed through teacher and 50.0% girls were communicated through family member. Regarding first source of information of awareness of spacing it is found that 61.4% girls were informed through electronic media, out of which 6.7% from radio, 93.2% from television. 19.9% girls were informed through print media out of which 37.5% were communicated through newspaper and 62.5% from magazine. 18.6% girls were informed through interpersonal communication, out of that 13.3% girls were informed through friend, 33.3% girls were informed through teacher and 53.3% girls were communicated through family member. Regarding first source of information of awareness of spacing interval it is revealed that 58.8% girls were informed through electronic media, out of which 10.2% from radio, 89.7% from television. 21.6% girls were informed through print media out of which 22.2% were communicated through newspaper and 77.7% from magazine. 19.6% girls were informed through interpersonal communication, out of that 18.3% girls were informed through friend, 32.6% girls were informed through teacher and 48.9% girls were communicated through family member. (Table: 35, Fig.15).

Table 36, Fig.16, shows the awareness of college girls towards contraceptive methods 96.0% girls had heard about contraceptives, 4.0% girls
had not heard about contraceptives. Regarding different contraceptive method 40.6% girls knew about permanent contraceptive method, out of that 47.4% girls knew about female sterilization and 52.5% girls had knowledge about male sterilization. 97.9% girls were aware about temporary female contraceptives out of that 2.8% girls knew about intrauterine device (IUD), 41.7% girls knew about copper T, and 55.4% girls knew about oral tablets. 39.0% girls knew about male contraceptive method, and all of them knew only about condoms. 4.5% girls knew about other contraceptive method. Out of that 68.1% girls knew about interval and 31.8% girls knew about traditional method.

Category wise analysis shows that in general category, 95.2% girls have heard about contraceptives, 4.8% have not heard about contraceptives. Regarding different contraceptive method 48.3% girls knew about permanent contraceptive method, out of that 41.7% girls knew about female sterilization and 58.2% girls had knowledge about male sterilization. 99.5% girls were aware about temporary female contraceptives out of that 0.8% girls knew about intrauterine device (IUD), 44.7% girls knew about copper T, and 54.4% girls knew about oral tablets. 49.5% girls knew about male contraceptive method, and all of them knew only about condoms. None girls from general class knew about other contraceptive method (Table: 36, Fig.16).

Among other backward class (OBC) 97.6% girls have heard about contraceptives, 2.4% have not heard about contraceptives. Regarding different contraceptive method 48.3% girls knew about permanent contraceptive method out of that 37.2% girls knew about female sterilization and 62.7% girls had knowledge about male sterilization. 94.2% girls were aware about temporary female contraceptives out of that 8.6% girls knew about intrauterine device (IUD) 36.5% girls knew about copper T, and 54.7% girls knew about oral tablets. 27.8% girls knew about male contraceptive method, and all of them knew only about condoms. 6.5% girls knew about other contraceptive method. Out of that 75.0% girls knew about interval, and 25.0% girls knew about traditional method (Table: 36, Fig.16).

In schedule tribe (ST) it is found that 96.0% girls have heard about contraceptives, 4.0% have not heard about contraceptives. Regarding different contraceptive method 31.2% girls knew about permanent contraceptive method
out of that 66.6% girls knew about female sterilization and 33.3% girls had knowledge about male sterilization. 97.9% girls were aware about temporary female contraceptives out of that 2.1% girls knew about intrauterine device (IUD) 42.5% girls knew about copper T, and 55.3 % girls knew about oral tablets. 37.5% girls knew about male contraceptive method, and all of them knew only about condoms. 4.1% girls knew about other contraceptive method. Out of that none of the girls knew about interval, and 100.0% girls knew about traditional method (Table: 36, Fig.16).

In schedule caste class it is revealed that 95.2% girls have heard about contraceptives, 4.8% have not heard about contraceptives. Regarding different contraceptive method 34.4% girls knew about permanent contraceptive method out of that 52.4% girls knew about female sterilization and 47.5% girls had knowledge about male sterilization. 100.0% girls were aware about temporary female contraceptives out of that none of the girls knew about intrauterine device (IUD), 42.8% girls knew about copper T, and 57.1 % girls knew about oral tablets. 41.5% girls knew about male contraceptive method, and all of them knew only about condoms. 7.5% girls knew about other contraceptive method. Out of that 100.0% girls knew about interval, and none of the girls knew about traditional method (Table: 36, Fig.16).

Table 37 revealed the first source of information regarding contraceptives. 96.0% girls have heard about contraceptives (Table 36) out of that 61.6% girls were informed through electronic media, 13.4% girls were informed through radio and 85.0% girls were informed through television.26.8% girls got the information through print media, out of that 78.2% girls were informed through magazines and 21.7% were informed through newspaper.11.4% girls were informed through interpersonal communication, out of that 20.9% girls were informed through friends, 33.6% informed through teacher and 45.4% girls were informed through family member.

Category wise analysis shows that in general category 50.8% girls were informed through electronic media, out of which 14.8% from radio, 85.1% from television. 31.5% girls were informed through print media out of which 66.6% were communicated through magazine and 33.3% girls from newspaper. 17.6% girls were informed through interpersonal communication, out of that
23.8% girls were informed through friend, 28.5% girls were informed through teacher and 47.6% girls were communicated through family member (Table: 37).

Among other backward class (OBC) it is revealed that 59.4% girls were informed through electronic media, out of which 20.6% from radio, 79.3% from television. 26.2% girls were informed through print media out of which 67.1% were communicated through magazine and 32.8% girls from newspaper. 14.3% girls were informed through interpersonal communication, out of that 22.8% girls were informed through friend 42.8% girls were informed through teacher and 34.2% girls were communicated through family member (Table: 37).

In schedule tribe (ST) it is found that 72.4% girls were informed through electronic media, out of which 6.6% from radio, 93.3% from television. 20.0% girls were informed through print media out of which 92.0% were communicated through magazine and 8.0% girls from newspaper. 3.6% girls were informed through interpersonal communication, out of that 22.2% girls were informed through friend, 44.4% girls were informed through teacher and 33.3% girls were communicated through family member (Table: 37).

In schedule caste (SC) girls it is found that 60.9% girls were informed through electronic media, out of which 14.4% from radio, 85.5% from television. 28.9% girls were informed through print media out of which 91.3% were communicated through magazine and 8.6% girls from newspaper. 10.0% girls were informed through interpersonal communication, out of that 12.5% girls were informed through friend, 25.0% girls were informed through teacher and 62.5% girls were communicated through family member (Table: 37).

Table 38, Fig.17, revealed the opinion of students regarding purpose and precaution of contraceptive use. 58.1% girls agreed that purpose of contraceptive use is to postpone first conception, 41.1% girls disagree to this and 0.7% girls did not give any response. Majority of girls i.e. (93.3%) agreed on contraceptive use to space children. Only 6.4% girls did not agree and 0.2% did not give any response. 64.2% girls agreed that only female partner is responsible for taking precaution that contraceptives must be used, 35.6% girls
did not agree to this and 0.1% did not give response. 66.8% girls were agree that male partner is responsible to use contraceptives, 31.3% did not agree to this and 1.7% girls did not give any response.

Category wise analysis shows that in general category 56.7% girls agreed that purpose of contraceptive use is to postpone first conception, 42.8% girls disagree to this and 0.4% girls did not give any response. 92.8% girls agreed on contraceptive use to space children. Only 7.1% girls did not agree. 57.1% girls agreed that only female partner is responsible for taking precaution that contraceptives must be used, 42.4% girls did not agree to this and 0.4% did not give response. 65.9% girls were agree that male partner is responsible to use contraceptives, 32.3% did not agree to this and 1.6% girls did not give any response (Table: 38, Fig.17).

Among other backward class (OBC) 57.3% girls agreed that purpose of contraceptive use is to postpone first conception, 40.1% girls disagree to this and 2.4% did not give any response. 93.4% girls agreed on contraceptive use to space children. Only 5.7% girls did not agree and 0.8% did not give any response. 63.9% girls agreed that only female partner is responsible for taking precaution that contraceptive must be used, 36.0% girls did not agree to this. 68.8% girls were agree that male partner is responsible to use contraceptives, 27.0% did not agree to this and 4.0% girls did not give any response (Table: 38, Fig.17).

In schedule tribe (ST) class 60.4% girls agreed that purpose of contraceptive use is to postpone first conception, 39.5% girls disagree to this. 89.5% girls agreed on contraceptive use to space children. Only 10.4% girls did not agree. 66.6% girls agreed that only female partner is responsible for taking precaution those contraceptives must be used, 33.3% girls did not agree to this. 62.0% girls were agree that male partner is responsible to use contraceptives, 36.6% did not agree to this and 1.2% girls did not give any response (Table: 38, Fig.17).

In schedule caste (SC) category 57.9% girls agreed that purpose of contraceptive use is to postpone first conception, 42.0% girls disagree to this. 97.4% girls agreed that contraceptive should be used to space children. Only
2.5% girls did not agree. 69.3% girls agreed that only female partner is responsible for taking precaution that contraceptive must be used, 30.6% girls did not agree to this. 70.5% girls were agreeing that male partner is responsible to use contraceptives, 29.4% did not agree to this (Table: 38, Fig.17).

Table 39 shows the common belief among girls regarding use of contraceptives. 34.1% girls knew that contraceptives can be used during lactation, 45.1% girls mentioned that contraceptives can not be used during period of lactation. 20.7% girls have not responded. 18.9% girls knew that contraceptives use may cause undesirable effect on physical beauty of women, 65.2% knew that contraceptives use have no such undesirable effect and 15.8% did not give any response. Regarding first source of information that contraceptives can be use during breast-feeding 67.8% girls have been informed through electronic media, out of which 12.0% from radio, 87.9% from television. 16.1% girls were informed through print media out of which 88.6% were communicated through magazine and 11.3% girls from newspaper. 16.0% girls were informed through interpersonal communication, out of that 18.8% girls were informed through friend 26.2% girls were informed through teacher and 54.9% girls were communicated through family member. Regarding first source of information for use of contraceptive may cause ill effect on physical beauty it is revealed that 51.7% girls have been informed through electronic media, out of which 10.2% from radio, 89.7% from television. 33.5% girls were informed through print media out of which 92.9% were communicated through magazine and 7.0% girls from newspaper. 14.7% girls were informed through interpersonal communication, out of that 26.0% girls were informed through friend, 15.9% girls were informed through teacher and 57.9% girls were communicated through family member.

Category wise analysis shows that in general category 23.5% girls knew that contraceptives can be used during lactation, 47.8% girls mentioned that contraceptives can not be used during period of lactation. 28.5% girls have not responded. 12.1% girls knew that contraceptives use may cause undesirable effect on physical beauty of women, 60.5% knew that contraceptives use have no such undesirable effect and 27.3% did not give any response. Regarding first source of information that contraceptives can be use during breast-feeding
65.8% girls have been informed through electronic media, out of which 17.8% from radio, 82.1% from television. 18.2% girls were informed through print media out of which 93.5% were communicated through magazine and 6.4% girls from newspaper. 15.8% girls were informed through interpersonal communication, out of that 22.2% girls were informed through friend 14.8% girls were informed through teacher and 62.9% girls were communicated through family member. Regarding first source of information for use of contraceptive may cause ill effect on physical beauty it is revealed that 42.7% girls have been informed through electronic media, out of which 9.4% from radio, 90.5% from television. 34.1% girls were informed through print media out of which 81.3% were communicated through magazine and 18.6% girls from newspaper. 23.1% girls were informed through interpersonal communication, out of that 37.5% girls were informed through friend, 7.5% girls were informed through teacher and 55.0% girls were communicated through family member. (Table: 39).

Among other backward class (OBC) it is found that 38.5% girls knew that contraceptives can be used during lactation, 42.6% girls mentioned that contraceptives can not be used during period of lactation. 18.8% girls have not responded. 17.2% girls knew that contraceptives use may cause undesirable effect on physical beauty of women, 70.4% knew that contraceptives use have no such undesirable effect and 12.2% did not give any response. Regarding first source of information that contraceptives can be use during breast-feeding 59.0% girls have been informed through electronic media, out of which 12.8% from radio, 87.1% from television. 21.1% girls were informed through print media out of which 78.5% were communicated through magazine and 21.4% girls from newspaper. 19.6% girls were informed through interpersonal communication, out of that 5.1% girls were informed through friend 43.5% girls were informed through teacher and 51.2% girls were communicated through family member. Regarding first source of information for use of contraceptive may cause ill effect on physical beauty. It is revealed that 59.3% girls have been informed through electronic media, out of which 11.8% from radio, 88.1% from television. 20.0% girls were informed through print media out of which 90.6% were communicated through magazine and 9.3% girls from newspaper.
20.5% girls were informed through interpersonal communication, out of that 25.0% girls were informed through friend, 34.0% girls were informed through teacher and 40.9% girls were communicated through family member (Table: 39).

In schedule tribe (ST) class it is revealed that 32.5% girls knew that contraceptives can be used during lactation, 50.8% girls mentioned that contraceptives can not be used during period of lactation. 16.6% girls have not responded. 17.0% girls knew that contraceptives use may cause undesirable effect on physical beauty of women, 67.9% knew that contraceptives use have no such undesirable effect and 15.0% did not give any response. Regarding first source of information that contraceptives can be use during breast-feeding 78.5% girls have been informed through electronic media, out of which 11.4% from radio, 88.5% from television. 11.5% girls were informed through print media out of which 100.0% were communicated through magazine. 10.0% girls were informed through interpersonal communication, out of that 15.0% girls were informed through friend 25.0% girls were informed through teacher and 60.0% girls were communicated through family member. Regarding first source of information for use of contraceptive may cause ill effect on physical beauty. It is revealed that 41.1% girls have been informed through electronic media, out of which 2.3% from radio, 97.6% from television. 52.9% girls were informed through print media out of which 99.0% were communicated through magazine and 1.0% girls from newspaper. 5.8% girls were informed through interpersonal communication, out of that 41.6% girls were informed through friend 8.3% girls were informed through teacher and 50.0% girls were communicated through family member (Table: 39).

In schedule caste girls it is found that 42.0% girls knew that contraceptives can be used during lactation, 39.0% girls mentioned that contraceptives can not be used during period of lactation. 18.9% girls have not responded. 29.4% girls knew that contraceptives use may cause undesirable effect on physical beauty of women, 61.7% knew that contraceptives use have no such undesirable effect and 8.8% did not give any response. Regarding first source of information that contraceptives can be use during breast-feeding 67.3% girls have been informed through electronic media, out of which 6.9%
from radio, 93.0% from television. 13.9% girls were informed through print media out of which 88.8% were communicated through magazine and 11.1% girls from newspaper. 18.6% girls were informed through interpersonal communication, out of that 33.3% girls were informed through friend 16.6% girls were informed through teacher and 50.0% girls were communicated through family member. Regarding first source of information that use of contraceptive may cause ill effect on physical beauty. It is revealed that 61.2% girls have been informed through electronic media, out of which 14.2% from radio, 85.7% from television. 28.1% girls were informed through print media out of which 95.0% were communicated through magazine and 4.9% girls from newspaper. 10.5% girls were informed through interpersonal communication; out of that 100% girls were communicated through family member and none of them were informed through friend teacher (Table: 39).
FIGURE : 14
ATTITUDE TO WARDS FIRST CONCEPTION

[Graph showing percentage distribution of ideal difference between marriage and first conception (in years) for different categories of girls: Gen, CBC, ST, SC]
FIGURE: 15
KNOWLEDGE AND ATTITUDE TOWARDS FAMILY PLANNING

TOTAL GIRLS

[Diagram showing percentages for different groups regarding limitation of child birth and space between two children]
FIGURE 17
OPINION REGARDING PURPOSE AND PRECAUTION OF CONTRACEPTIVE USE

Awake Girls
Agreed
Disagreed
No response
To postpone first conception
16.70%
42.80%
30.50%
0.40%
4.20%
0.20%
0.00%
0.00%
0.00%
0.00%

Total Girls
Agreed
Disagreed
No response
To space children
98.30%
67.90%
67.90%
0.00%
4.30%
0.40%
0.00%
0.00%
0.00%
0.00%

Gen OBC ST SC
AWARENESS TOWARDS ANTENATAL AND POSTNATAL CARE

Table 40, Fig.18, shows the perspective of girls towards pregnancy. It has been noted that 99.3% girls accepted that pregnant women need special care and 0.7% girls understand that there is no need of special care to pregnant women. 65.4% girls consider pregnancy as normal process and 22.6% girls feel that pregnancy is special condition. 4.8% girls consider pregnancy as illness, and 7.2% girls have not responded. 83.1% girls have mentioned that pregnant lady can do the routine work, 11.8% girls understands that pregnant lady can not do the routine work and 5.1% girls have not responded.

Category wise analysis shows that in general category it has been noted that 100.0% girls accepted that pregnant women need special care. 68.8% girls consider pregnancy as normal process and 25.6% girls feel that pregnancy is a special condition. No girl considers pregnancy as illness, and 5.6% girls have not responded. 88.8% girls have mentioned that pregnant lady can do the routine work, 7.2% girls understands that pregnant lady can not do the routine work and 4.0% girls have not responded (Table: 40, Fig.18).

Among other backward class (OBC) students it has been found that 100.0% girls accepted that pregnant women need special care. 60.8% girls consider pregnancy as normal process and 20.0% girls feel that pregnancy is special condition. 7.2% girls consider pregnancy as illness, and 12.0% girls have not responded. 74.8% girls have mentioned that pregnant lady can do the routine work, 16.8% girls understands that pregnant lady can not do the routine work and 8.4% girls have not responded (Table: 40, Fig.18).

Among schedule tribe (ST) students 98.4% girls accepted that pregnant women need special care and 1.6% girls understand that there is no need of special care to pregnant women. 66.0% girls consider pregnancy as normal process and 19.2% girls feel that pregnancy is a special condition. 10.8% girls consider pregnancy as disease, and 4.0% girls have not responded. 83.6% girls have mentioned that pregnant lady can do the routine work, 11.6% girls understands that pregnant lady can not do the routine work and 4.8% girls have not responded (Table: 40, Fig.18).
Among schedule caste (SC) students it has been noted that 98.8% girls accepted that pregnant women need special care and 1.2% girls understand that there is no need of special care to pregnant women. 66.0% girls consider pregnancy as normal process and 25.6% girls feel that pregnancy is a special condition. 1.2% girls consider pregnancy as disease, and 7.2% girls have not responded. 85.2% girls have mentioned that pregnant lady can do the routine work, 11.6% girls understands that pregnant lady can not do the routine work and 3.2% girls have not responded (Table: 40, Fig.18).

Table 41 shows the first source of information regarding need of special care to pregnant woman. It is revealed that electronic media informed 55.9% girls, print media informed 17.5% and 26.6% girls were informed by interpersonal communication. Further analysis shows that in electronic media 15.7% girls were informed through radio and 84.4% girls were informed by television. In print media 77.1% girls were communicated through magazines and 22.8% girls were informed through newspaper. In interpersonal communication it is noted that 6.7% girls were communicated through friend, 30.4% by teacher and 62.7% girls were communicated through family members.

Category wise analysis shows that in general category it is revealed that electronic media informed 41.2% girls, print media informed 21.2% and 37.6% girls were informed by interpersonal communication. Further analysis shows that in electronic media 24.2% girls were informed through radio and 75.7% girls were informed by television. In print media 79.2% girls were communicated through magazines and 20.7% girls were informed through newspaper. In interpersonal communication it is noted that 2.1% girls were communicated through friend, 29.7% by teacher and 68.0% girls were communicated through family members (Table: 41).

Among other backward class (OBC) it is revealed that electronic media informed 51.2% girls, print media informed 22.8% and 26.0% girls were informed by interpersonal communication. Further analysis shows that in electronic media 6.2% girls were informed through radio and 93.7% girls were informed by television. In print media 70.1% girls were communicated through magazines and 29.8% girls were informed through newspaper. In interpersonal
communication it is noted that 7.6% girls were communicated through friend, 26.1% by teacher and 66.1% girls were communicated through family members (Table: 41).

Among schedule tribe (ST) class students it is revealed that electronic media informed 59.2% girls, print media informed 17.6% and 23.2% girls were informed by interpersonal communication. Further analysis shows that in electronic media 28.3% girls were informed through radio and 71.6% girls were informed by television. In print media 86.3% girls were communicated through magazines and 15.7% girls were informed through newspaper. In interpersonal communication it is noted that 13.7% girls were communicated through friend, 36.2% by teacher and 50.0% girls were communicated through family members (Table: 41).

Among schedule caste (SC) girls it is revealed that electronic media informed 72.0% girls, print media informed 8.4% and 19.6% girls were informed by interpersonal communication. Further analysis shows that in electronic media 6.6% girls were informed through radio and 93.3% girls were informed by television. In print media 71.4% girls were communicated through magazines and 28.5% girls were informed through newspaper. In interpersonal communication it is noted that 6.1% girls were communicated through friend, 30.6% by teacher and 63.2% girls were communicated through family members (Table: 41).

Table 42 shows the general awareness of girls towards antenatal care. It is revealed that 3.0% girls knew that one visit to doctor for consultation during pregnancy period is required, 3.4% girls knew twice 5.1% girls knew more than twice and 88.5% girls knew that every month visit to doctor for consultation is necessary.68.3% girls understands that tetanus toxoid injection should be given to pregnant, 1.5% girls knew it should not be given and 30.2% girls have no idea.72.6% girls knew that folic acid tablets given to pregnant is for anemia prevention, 15.8% knew for strong bones,1.2% girls knew for healthy eyes and 10.4% girls did not give any response. Regarding first source of information about necessity of tetanus toxoid injection it is revealed that electronic media informed 62.9% girls, print media informed 22.8% and 14.2% girls were informed by interpersonal communication. Further analysis shows that in
electronic media 16.9% girls were informed through radio and 83.0% girls were informed by television. In print media 58.9% girls were communicated through magazines and 41.0% girls were informed through newspaper. In interpersonal communication it is noted that 16.4% girls were communicated through friend, 39.1% by teacher and 44.3% girls were communicated through family members.

Category wise analysis shows that in general category it is revealed that 4.0% girls knew that one visit to doctor for consultation during pregnancy period is required, 5.6 % girls knew more than twice and 90.4% girls knew that every month visit to doctor for consultation is necessary. 74.4% girls understands that tetanus toxoid injection should be given to pregnant, 0.8% girls knew it should not be given and 24.8% girls have no idea. 74.4% girls knew that folic acid tablets given to pregnant is for anemia prevention, 16.8% knew for strong bones, 0.8% girls knew for healthy eyes and 8.0% girls did not give any response. Regarding first source of information about necessity of tetanus toxoid injection it is revealed that electronic media informed 74.4% girls, print media informed 24.7% and 24.1% girls were informed by interpersonal communication. Further analysis shows that in electronic media 18.9% girls were informed through radio and 81.0% girls were informed by television. In print media 52.1% girls were communicated through magazines and 47.8% girls were informed through newspaper. In interpersonal communication it is noted that 6.6% girls were communicated through friend, 28.8% by teacher and 64.4% girls were communicated through family members (Table: 42).

Among other backward class (OBC) it is revealed that no girls have mentioned that one visit to doctor for consultation during pregnancy period is enough, 4.0% girls knew twice, 6.4% girls knew more than twice and 89.6% girls knew that every month visit to doctor for consultation is necessary.66.6% girls understands that tetanus toxoid injection should be given to pregnant, 1.6% girls knew it should not be given and 32.0% girls have no idea.70.4% girls knew that folic acid tablets given to pregnant is for anemia prevention,20.8% knew for strong bones,0.8% girls knew for healthy eyes and 8.0% girls did not give any response. Regarding first source of information about necessity of tetanus toxoid injection it is revealed that electronic media informed 65.2%
girls, print media informed 23.4% and 9.6% girls were informed by interpersonal communication. Further analysis shows that in electronic media 16.2% girls were informed through radio and 83.7% girls were informed by television. In print media 53.8% girls were communicated through magazines and 46.1% girls were informed through newspaper. In interpersonal communication it is noted that 25.0% girls were communicated through friend, 50.0% by teacher and 25.0% girls were communicated through family members (Table: 42).

Among schedule tribe (ST) girls it is revealed that 5.2% girls knew that one visit to doctor for consultation during pregnancy period is required, 7.2% girls knew twice, 2.4% girls knew more than twice and 85.2% girls knew that every month visit to doctor for consultation is necessary.64.8% girls understands that tetanus toxoid injection should be given to pregnant, 2.4% girls knew it should not be given and 32.8% girls have no idea.77.2% girls knew that folic acid tablets given to pregnant is for anemia prevention, 4.8% knew for strong bones, 3.2% girls knew for healthy eyes and 14.8% girls did not give any response Regarding first source of information about necessity of tetanus toxoid injection it is revealed that electronic media informed 63.5% girls, print media informed 25.3% and 11.1% girls were informed by interpersonal communication. Further analysis shows that in electronic media 30.0% girls were informed through radio and 69.9% girls were informed by television. In print media 63.4% girls were communicated through magazines and 36.5% girls were informed through newspaper. In interpersonal communication it is noted that 33.3% girls were communicated through friend, 44.4% by teacher and 22.2% girls were communicated through family members (Table: 42).

In schedule caste (SC) girls it is revealed that 2.8% girls knew that one visit to doctor for consultation during pregnancy period is required, 2.4% girls knew twice, 6.0% girls knew more than twice and 88.8% girls knew that every month visit to doctor for consultation is necessary.67.6% girls understands that tetanus toxoid injection should be given to pregnant, 1.2% girls knew it should not be given and 31.2% girls have no idea.68.4% girls knew that folic acid tablets given to pregnant is for anemia prevention, 20.8% knew for strong bones and 10.8% girls did not give any response Regarding first source of information
about necessity of tetanus toxoid injection it is revealed that electronic media informed 71.5% girls, print media informed 17.7% and 10.6% girls were informed by interpersonal communication. Further analysis shows that in electronic media 4.9% girls were informed through radio and 95.0% girls were informed by television. In print media 70.0% girls were communicated through magazines and 30.0% girls were informed through newspaper. In interpersonal communication it is noted that 16.6% girls were communicated through friend, 50.0% by teacher and 33.3% girls were communicated through family members (Table: 42).

Table 43 shows the attitude and awareness of girls, towards nutritional care during pregnancy. It is revealed that 96.2% girls accepted need of extra nutrient during pregnancy and 3.8% stated that there is no need of extra nutrient. 64.8% girls consider that all the nutrients should be given in extra amount, where as need of protein is mentioned by 14.2% girls, Iron by 14.0% girls, calcium by 5.5% of girls and vitamin A is indicated by 1.5% girls. 79.2% girls accept that after delivery mothers should be given special foodstuff, 8.5% are not in favor and 12.3% girls did not respond. Regarding specific foodstuff given to mothers for better health of child and her self are, Dalila (Porridge) mentioned by 16.0% girls, Poshtik Laddoo (made up of desi ghee, dry fruits, turmeric powder, herbs etc.) mentioned by 12.2% girls,, Milk mentioned by 9.8% girls, Harira (comprising of Desi Ghee, dry fruits Jaggery and herbs) mentioned by 19.2% girls, Black tea mentioned by 6.2% girls, fruits mentioned by 2.1% girls, pulse mentioned by 1.5% girls, egg mentioned by 2.4% girls, khichdi mentioned by 0.5% girls, green vegetable mentioned by 3.8% girls, nutritious diet mentioned by 5.5% girls. Regarding first Source of information about knowledge of provision of extra nutrient to pregnant, it has been found that electronic media informed 58.0% girls, print media informed 16.3 % and 25.6% girls were informed by interpersonal communication. Further analysis shows that in electronic media 14.8% girls were informed through radio and 85.1% girls were informed by television. In print media 78.3% girls were communicated through magazines and 21.6% girls were informed through newspaper. In interpersonal communication it is noted that 7.2% girls were
communicated through friend, 40.4% by teacher and 52.2% girls were communicated through family members.

Category wise analysis shows that in general category it is revealed that 98.8% girls accepted need of extra nutrient in pregnancy and 1.2% stated that there is no need of extra nutrient, 85.0% girls consider that all the nutrients should be given in extra amount, where as need of protein is mentioned by 7.6% girls, Iron by 11.3% girls, calcium and vitamin A is indicated by no body. 84.0% girls accept that after delivery mothers should be given special foodstuff, 8.8% are not in favor and 7.2% girls did not respond. Regarding specific foodstuff given to mothers for better health of child and her self are, Daliya mentioned by 17.6% girls, Poshtik Laddoo mentioned by 14.2% girls, Milk mentioned by 10.4% girls, Harira (comprising of Desi Ghee, dry fruits Jaggery and herbs) mentioned by 27.6% girls, Black tea mentioned by 6.1% girls, fruits mentioned by 1.4% girls, pulse mentioned by 5.7% girls, egg mentioned by 5.7% girls, khichdi mentioned by 1.4% girls, green vegetable mentioned by 0.9% girls, nutritious diet mentioned by 8.5% girls. Regarding first source of information about knowledge of provision of extra nutrient to pregnant, it has been found that electronic media informed 38.4% girls, print media informed 23.6% and 37.2% girls were informed by interpersonal communication. Further analysis shows that in electronic media 20.0% girls were informed through radio and 80.0% girls were informed by television. In print media 64.4% girls were communicated through magazines and 35.5% girls were informed through newspaper. In interpersonal communication, it is noted that 6.4% girls were communicated through friend, 41.9% by teacher and 51.6% girls were communicated through family members (Table: 43).

Among other backward class (OBC) it is revealed that 96.0% girls correctly accepted need of extra nutrient in pregnancy and 4.0% stated that there is no need of extra nutrient, 56.6% girls consider that all the nutrients should be given in extra amount, where as need of protein is mentioned by 15.8% girls, Iron by 12.0% girls, calcium by 12.0% of girls and vitamin A is indicated by 3.3% girls. 71.2% girls accept that after delivery mothers should be given special foodstuff, 8.0% are not in favor and 20.8% girls did not respond. Regarding specific foodstuff given to mothers for better health of child and her
self are, Daliya mentioned by 22.4% girls, Poshtik Laddoo mentioned by 21.3% girls, Milk mentioned by 15.7% girls, Harira (comprising of Desi Ghee, dry fruits Jaggery and herbs) mentioned by 29.2% girls, Black tea mentioned by 11.2% girls. Whereas fruits, pulse, egg, khicdi, green vegetable and any body did not mention nutritious diet. Regarding first source of information about knowledge of provision of extra nutrient to pregnant, it has been found that electronic media informed 55.0% girls, print media informed 18.7% and 25.2% girls were informed by interpersonal communication. Further analysis shows that in electronic media 17.4% girls were informed through radio and 82.5% girls were informed by television. In print media 71.1% girls were communicated through magazines and 28.8% girls were informed through newspaper. In interpersonal communication it is noted that 19.0% girls were communicated through friend, 20.6% by teacher and 60.3% girls were communicated through family members. (Table: 43).

Among schedule tribe (ST) girls 96.4% girls correctly accepted need of extra nutrient in pregnancy and 3.6% stated that there is no need of extra nutrient, 53.4% girls consider that all the nutrients should be given in extra amount, where as need of protein is mentioned by 22.3% girls, Iron by 21.3% girls, calcium by 2.7% of girls and vitamin A is indicated by no girl. 87.2% girls accept that after delivery mothers should be given special foodstuff, 6.0% are not in favor and 6.8% girls did not respond. Regarding first source of information about knowledge of provision of extra nutrient to pregnant, it has been found that electronic media informed 68.0% girls, print media informed 12.0% and 19.9% girls were informed by interpersonal communication. Further analysis shows that in electronic media 19.5% girls were informed through radio and 80.4% girls were informed by television. In print media 100.0% girls were communicated through magazines and no girl was informed through newspaper. In interpersonal communication it is noted that no girls were communicated through friend, 56.2% by teacher and 43.7% girls were communicated through family members. Regarding specific foodstuff given to mothers for better health of child and her self are, Daliya mentioned by 14.6% girls, Poshtik Laddoo mentioned by 13.7% girls, Milk mentioned by 15.1% girls, Harira (comprising of Desi Ghee, dry fruits Jaggery and herbs) mentioned
by 19.7% girls, Black tea mentioned by 7.3% girls, fruits mentioned by 5.5% girls, pulse mentioned by 0.9% girls, egg mentioned by 5.5% girls, khichdi mentioned by no girls, green vegetable mentioned by 11.4% girls, nutritious diet mentioned by 5.9% girls (Table: 43).

Among schedule caste (SC) girls 93.6% girls correctly accepted need of extra nutrient in pregnancy and 6.4% stated that there is no need of extra nutrient, 66.5% girls consider that all the nutrients should be given in extra amount, where as need of protein is mentioned by 12.1% girls, Iron by 12.1% girls, calcium by 6.5% of girls and vitamin A is indicated by 2.6% girls. 74.4% girls accept that after delivery mothers should be given special foodstuff, 11.2% are not in favor and 14.4% girls did not respond. Regarding first Source of information about knowledge of provision of extra nutrient to pregnant, it has been found that electronic media informed 71.3% girls, print media informed 9.6% and 17.2% girls were informed by interpersonal communication. Further analysis shows that in electronic media 5.3% girls were informed through radio and 94.6% girls were informed by television. In print media 100.0% girls were communicated through magazines and no girls were informed through newspaper. In interpersonal communication it is noted that no girls were communicated through friend, 48.8% by teacher and 51.1% girls were communicated through family members. Regarding specific foodstuff given to mothers for better health of child and her self are, Daliya mentioned by 27.4% girls, Poshtik Laddoo mentioned by 12.9% girls, Milk mentioned by 8.0% girls, Harira (comprising of Desi Ghee, dry fruits Jaggery and herbs) mentioned by 20.8% girls, Black tea mentioned by 6.9% girls, fruits mentioned by 3.2% girls, pulse mentioned by 0.5% girls, egg mentioned by no girls, khichdi mentioned by 1.0% girls, green vegetable mentioned by 5.9% girls, nutritious diet mentioned by 12.9% girls (Table: 43).

Table 44, Fig.19, shows the scenario of awareness towards neonatal care. It is revealed that normal weight of a neonate is 1 kg is accepted by 1.5%, 2 kg by 8.7%, while 2.5 kg by 25.2%, 3 kg by 25.0% girls 3.5 kg, 4 kg by 12.4%, and > 4 kg by 8.9% girls. 18.3% girls did not give any response regarding normal weight of neonate. Mother milk should be first feed given to neonate is accepted by 97.9% girls 0.5% girls mentioned cow milk, no girls mentioned
buffalo milk should be the first feed of neonates. 1.6% girls have not responded. 38.9% of girls having knowledge about importance of colostrum and 46.9% did not have any knowledge of importance of colostrum. 14.2% girls did not give any response. Regarding source of information of knowledge about normal weight of neonate study reveals that electronic media informed 44.4% girls, print media informed 21.1% and 34.4% girls were informed by interpersonal communication. Further analysis shows that in electronic media 8.0% girls were informed through radio and 91.9% girls were informed by television. In print media 77.4% girls were communicated through magazines and 22.5% girls were informed through newspaper. In interpersonal communication it is noted that 17.7% girls were communicated through friend, 31.9% by teacher and 50.3% girls were communicated through family members. Regarding first source of information of first feed of neonate it is found that electronic media informed 60.5% girls, print media informed 12.7% and 26.6% girls were informed by interpersonal communication. Further analysis shows that in electronic media 10.6% girls were informed through radio and 89.3% girls were informed by television. In print media 60.0% girls were communicated through magazines and 40.0% girls were informed through newspaper. In interpersonal communication it is noted that 8.4% girls were communicated through friend, 43.2% by teacher and 48.2% girls were communicated through family members. Regarding source of information about colostrum study reveals that electronic media informed 57.3% girls, print media informed 15.1% and 27.5% girls were informed by interpersonal communication. Further analysis shows that in electronic media 21.9% girls were informed through radio and 78.0% girls were informed by television. In print media 57.6% girls were communicated through magazines and 42.3% girls were informed through newspaper. In interpersonal communication it is noted that 15.8% girls were communicated through friend, 45.7% by teacher and 38.3% girls were communicated through family members.

Category wise analysis shows in general category regarding awareness towards neonatal care it is revealed that normal weight of a neonate is 1 kg is accepted by none of girls, 2 kg by 10.4%, while 2.5 kg by 28.8%, 3 kg by 23.2% girls 3.5 kg by 12.0%, 4 and > 4 kg by 8.0% girls. 17.6% girls did not give any
response regarding weight of neonate. Mother milk should be first feed given to neonate is accepted by 97.6%, 0.8% girls mentioned cow milk, no girls mentioned buffalo milk should be the first feed of neonates. 1.6% girls have not responded. 46.4% of girls having knowledge about importance of colostrum and 37.6% did not have any knowledge of importance of colostrum. 16.0% girls did not give any response. Regarding source of information of knowledge about normal weight of neonate study reveals that electronic media informed 38.4% girls, print media informed 24.7% and 36.7% girls were informed by interpersonal communication. Further analysis shows that in electronic media 9.1% girls were informed through radio and 90.8% girls were informed by television. In print media 7.5% girls were communicated through magazines and 25.0% girls were informed through newspaper. In interpersonal communication it is noted that 15.6% girls were communicated through friend, 21.6% by teacher and 62.6% girls were communicated through family members. Regarding first source of information of first feed of neonate it is found that electronic media informed 45.9% girls, print media informed 19.2% and 34.8% girls were informed by interpersonal communication. Further analysis shows that in electronic media 16.9% girls were informed through radio and 83.0% girls were informed by television. In print media 51.0% girls were communicated through magazines and 48.9% girls were informed through newspaper. In interpersonal communication it is noted that 1.1% girls were communicated through friend, 27.0% by teacher and 71.7% girls were communicated through family members. Regarding source of information of knowledge about colostrums study reveals that electronic media informed 36.2% girls, print media informed 29.3% and 34.4% girls were informed by interpersonal communication. Further analysis shows that in electronic media 42.8% girls were informed through radio and 57.1% girls were informed by television. In print media 52.9% girls were communicated through magazines and 47.0% girls were informed through newspaper. In interpersonal communication it is noted that 25.0% girls were communicated through friend, 40.0% by teacher and 35.0% girls were communicated through family members (Table: 44, Fig.19).
Among other backward class (OBC) girls regarding awareness towards neonatal care it is revealed that normal weight of a neonate is 1 kg is mentioned by 2.4% of students, 2 kg by 12.8%, while 2.5 kg by 20.0%, 3 kg by 24.0% girls, 3.5 kg by 12.0%, 4 and > 4 kg by 16.0% girls. 12.8% girls did not give any response regarding weight of neonate. Mother milk should be first feed given to neonate is accepted by 100.0% girls none of the girls mentioned cow milk or buffalo milk should be the first feed of neonates. 38.4% of girls having knowledge about importance of colostrum and 51.2% did not have any knowledge regarding importance of colostrum. 10.4% girls did not give any response. Regarding source of information of knowledge about normal weight of neonate study reveals that electronic media informed 44.0% girls, print media informed 22.9% and 33.0% girls were informed by interpersonal communication. Further analysis shows that in electronic media 12.5% girls were informed through radio and 97.5% girls were informed by television. In print media 76.0% girls were communicated through magazines and 24.0% girls were informed through newspaper. In interpersonal communication it is noted that 8.3% girls were communicated through friend, 47.2% by teacher and 44.4% girls were communicated through family members. Regarding first source of information for first feed of neonate it is found that electronic media informed 57.6% girls, print media informed 14.4% and 28.0% girls were informed by interpersonal communication. Further analysis shows that in electronic media 9.7% girls were informed through radio and 90.2% girls were informed by television. In print media 61.1% girls were communicated through magazines and 38.8% girls were informed through newspaper. In interpersonal communication it is noted that 17.1% girls were communicated through friend, 25.7% by teacher and 57.1% girls were communicated through family members. Regarding source of information of knowledge about colostrum study reveals that electronic media informed 50.0% girls, print media informed 9.3% and 40.6% girls were informed by interpersonal communication. Further analysis shows that in electronic media 22.9% girls were informed through radio and 77.0 % girls were informed by television. In print media 77.7% girls were communicated through magazines and 22.2% girls were informed through newspaper. In interpersonal communication it is noted that none of the girls
were communicated through friend, 46.1% by teacher and 53.8% girls were communicated through family members (Table: 44, Fig.19).

In schedule tribe (ST) college girls regarding awareness towards neonatal care it is revealed that normal weight of a neonate is 1 kg is mentioned by none of the girls, 2 kg by 4.4%, while 2.5 kg by 29.2%, 3 kg by 27.6% girls 3.5 kg by 10.0%, 4 and > 4 kg by 5.6% girls. 23.2% girls did not give any response regarding weight of neonate. Mother milk should be first feed given to neonate is accepted by 95.2% girls and none of the girls mentioned cow milk, or buffalo milk should be the first feed of neonates. 4.8% girls have not responded. 38.0% of girls having knowledge about importance of colostrums and 52.0% did not have any knowledge of importance of colostrum. 10.0% girls did not give any response. Regarding source of information of knowledge about normal weight of neonate study reveals that electronic media informed 52.0% girls, print media informed 21.8% and 26.0% girls were informed by interpersonal communication. Further analysis shows that in electronic media 4.0% girls were informed through radio and 96.0% girls were informed by television. In print media 92.8% girls were communicated through magazines and 7.1% girls were informed through newspaper. In interpersonal communication it is noted that 36.0% girls were communicated through friend, 44.0% by teacher and 20.0% girls were communicated through family members. Regarding first source of information of first feed of neonate it is found that electronic media informed 72.2% girls, print media informed 9.6% and 18.0% girls were informed by interpersonal communication. Further analysis shows that in electronic media 10.4% girls were informed through radio and 89.5% girls were informed by television. In print media 100.0% girls were communicated through magazines and none of the girls were informed through newspaper. In interpersonal communication it is noted that none of the girls were communicated through friend, 48.8% by teacher and 51.1% girls were communicated through family members. Regarding source of information of knowledge about colostrum study reveals that electronic media informed 84.2% girls, print media informed 2.1% and 13.6% girls were informed by interpersonal communication. Further analysis shows that in electronic media 10.0% girls were informed through radio and 90.0% girls were informed by
television. In print media 100.0% girls were communicated through magazines and none of the girls were informed through newspaper. In interpersonal communication it is noted that none of the girls were communicated through friend, 69.2% by teacher and 30.7% girls were communicated through family members (Table: 44, Fig.19).

In schedule caste (SC) girls regarding awareness towards neonatal care it is revealed that normal weight of a neonate is 1 kg is as mentioned by 3.6% of students, 2 kg by 7.2%, while 2.5 kg by 22.8%, 3 kg by 25.2% girls 3.5 kg by 15.6%, 4 and > 4 kg by 6.0% girls. 19.6% girls did not give any response regarding weight of neonate. Mother milk should be first feed given to neonate is accepted by 98.8% and 1.2% girls mentioned cow milk, none of the girls mentioned buffalo milk should be the first feed of neonates. 32.8% of girls having knowledge about importance of colostrum and 46.8% did not have any knowledge of importance of colostrum. 20.4% girls did not give any response. Regarding source of information of knowledge about normal weight of neonate study reveals that electronic media informed 44.2% girls, print media informed 14.4% and 41.2% girls were informed by interpersonal communication. Further analysis shows that in electronic media 6.7% girls were informed through radio and 93.2% girls were informed by television. In print media 62.0% girls were communicated through magazines and 37.9% girls were informed through newspaper. In interpersonal communication it is noted that 16.8% girls were communicated through friend, 21.6% by teacher and 61.4% girls were communicated through family members. Regarding first source of information of first feed of neonate it is found that electronic media informed 66.8% girls, print media informed 7.6% and 25.5% girls were informed by interpersonal communication. Further analysis shows that in electronic media 7.2% girls were informed through radio and 92.7% girls were informed by television. In print media 31.5% girls were communicated through magazines and 68.4% girls were informed through newspaper. In interpersonal communication it is noted that 14.2% girls were communicated through friend, 80.9% by teacher and 4.7% girls were communicated through family members. Regarding source of information of knowledge about colostrums study reveals that electronic media informed 64.6% girls, print media informed 17.0% and 18.2% girls were
informed by interpersonal communication. Further analysis shows that in electronic media 22.6% girls were informed through radio and 77.3% girls were informed by television. In print media 50.0% girls were communicated through magazines and 50.0% girls were informed through newspaper. In interpersonal communication it is noted that 46.6% girls were communicated through friend, 40.0% by teacher and 13.3% girls were communicated through family members (Table: 44, Fig.19).

Table 45 shows the knowledge of introduction of semisolid food to infant and management of diarrhea at home. 29.3% girls are aware that six months and 29.7% girls knew above six months is correct age for introduction of semi solid supplementary food to infant. While 6.7% knew 5 months and 15.3% accepted 4 months, 8.8% girls knew that 3 months is correct age, 3.8% mentioned 2 months is suitable age to introduce first semisolid food to child. 6.4% girls have not responded. 87.9% girls accepted salt sugar solution should be given to child to correct dehydration at home while 5.7% preferred medicine and another 2.8% knew sago water (made up of sago boiled in water with sugar and salt) can be given to infants for treating diarrhea. 3.6% girls have not responded. 89.0% girls are aware of oral rehydration solution and only 11.0% students did not have any knowledge of oral rehydration solution. Regarding first source of information of oral rehydration solution it is revealed that electronic media informed 76.5% girls, print media informed 10.0% and 13.4 girls were informed by interpersonal communication. Further analysis shows that in electronic media 9.5% girls were informed through radio and 90.4% girls were informed by television. In print media 60.6% girls were communicated through magazines and 39.3% girls were informed through newspaper. In interpersonal communication it is noted that 19.1% girls were communicated through friend, 35.0% by teacher and 45.8% girls were communicated through family members.

Category wise analysis shows that in general category knowledge of introduction of semisolid food to infant and management of diarrhea at home it is observed that 33.6% girls are aware that six months and 27.2% girls knew above six months is suitable age for introduction of semi-solid supplementary food to infant. While 9.6% knew 5 months, and 12.8% accepted 4 months,
8.0% girls knew that 3 months is suitable age, 4.8% mentioned 2 months is right age to introduce first semisolid food to child. 4.0% girls have not responded. 92.8% girls accepted salt sugar solution should be given to child to correct dehydration at home while 4.0% preferred medicine and another 3.2% knew sago water (made up of sago boiled in water with sugar and salt) can be given to infants for treating diarrhea. 95.6% girls are aware of oral rehydration solution and only 4.4% does not have any knowledge of oral rehydration solution. Regarding first source of information of oral rehydration solution it is revealed that electronic media informed 70.2% girls, print media informed 12.5% and 17.1% girls were informed by interpersonal communication. Further analysis shows that in electronic media 12.5% girls were informed through radio and 87.5% girls were informed by television. In print media 76.6% girls were communicated through magazines and 23.3% girls were informed through newspaper. In interpersonal communication it is noted that none of the girls was communicated through friend, 51.2% by teacher and 48.7% girls were communicated through family members (Table: 45).

Among other backward class (OBC) it has been found that 28.8% girls are aware that six months and 28.8% girls knew above six months is correct age for introduction of semi solid supplementary food to infant. While 9.6% knew 5 months, and 17.6% accepted 4 months, 11.2% girls knew that 3 months is suitable age, 1.6% mentioned 2 months is right age to introduce first semisolid food to child. 3.2% girls have not responded. 91.2% girls accepted salt sugar solution should be given to child to correct dehydration at home while 4.0% preferred medicine and another 4.0% knew sago water (made up of sago boiled in water with sugar and salt) can be given to infants for treating diarrhea. 0.8% girls have not responded. 97.6% girls are aware of oral rehydration solution and only 2.4% does not have any knowledge of oral rehydration solution. Regarding first source of information of oral rehydration solution it is revealed that electronic media informed 71.7% girls, print media informed 11.0% and 17.2% girls were informed by interpersonal communication. Further analysis shows that in electronic media 15.4% girls were informed through radio and 84.5% girls were informed by television. In print media 40.7% girls were communicated through magazines and 59.2%
girls were informed through newspaper. In interpersonal communication it is noted that 54.7% girls were communicated through friend, 26.1% by teacher and 19.0% girls were communicated through family members (Table: 45).

Among schedule tribe girls it is revealed that 27.2% girls are aware that six months and 38.8% girls knew above six months is suitable age for introduction of semi solid supplementary food to infant. While 1.6% knew 5 months, and 9.2% accepted 4 months, 8.4% girls knew that 3 months is suitable age, 3.6% mentioned 2 months is right age to introduce first semisolid food to child.11.2% girls have not responded. 83.2% girls accepted salt sugar solution should be given to child to correct dehydration at home while 6.4% preferred medicine and another 1.6% knew sago water (made up of sago boiled in water with sugar and salt) can be given to infants for treating diarrhea.8.8% girls have not responded. 70.0% girls are aware of oral rehydration solution and only 30.0% does not have any knowledge of oral rehydration solution. Regarding first source of information of oral rehydration solution it is revealed that electronic media informed 69.1% girls, print media informed 13.1% and 17.7% girls were informed by interpersonal communication. Further analysis shows that in electronic media 14.0% girls were informed through radio and 85.9% girls were informed by television. In print media 73.9% girls were communicated through magazines and 26.0% girls were informed through newspaper. In interpersonal communication it is noted that none of the girls were communicated through friend, 22.5% by teacher and 77.4% girls were communicated through family members (Table: 45).

In schedule caste (SC) girls 27.6% girls are aware that six months and 24.0% girls knew above six months is suitable age for introduction of semi solid supplementary food to infant. While 6.0% knew 5 months, and 21.6% accepted 4 months, 7.6% girls knew that 3 months is correct age, 6.0% mentioned 2 months is suitable age to introduce first semisolid food to child.7.2% girls have not responded. 84.4% girls accepted salt sugar solution should be given to child to correct dehydration at home while 8.4% preferred medicine and another 2.4% knew sago water (made up of sago boiled in water with sugar and salt) can be given to infants for treating diarrhea.4.8% girls have not
responded. 92.8% girls are aware of oral rehydration solution and only 7.2% does not have any knowledge of oral rehydration solution. Regarding first source of information of oral rehydration solution it is revealed that electronic media informed 93.5% girls, print media informed 3.8% and 2.5% girls were informed by interpersonal communication. Further analysis shows that in electronic media none of the girls were informed through radio and 100.0% girls were informed by television. In print media 33.3% girls were communicated through magazines and 66.6% girls were informed through newspaper. In interpersonal communication it is noted that none of the girls were communicated through friend, 50.0% by teacher and 50.0% girls were communicated through family members (Table: 45).

Table 46, Fig.20, shows the awareness of girls towards immunization It is revealed that regarding immunization 86.5% are aware that children should be vaccinated while 11.1% have no idea and 2.4% have denied the need of vaccination for children. 73.4% girls accepted there is no bad effect of vaccination, 17.8% girls have no idea and 8.0% knew that vaccination may cause bad effect on health of child while 0.8% girls have not responded. 52.8% girls agreed that vaccination could be given during illness, while 23.5% have no idea and 23.4% advocates that vaccination cannot be given when child is a sick. 0.3% girls have not responded.

Category wise analysis shows that in general category it is revealed that regarding immunization 95.2% are aware that children should be vaccinated while 3.6% have no idea and 1.2% have denied the need of vaccination for children. 77.2% girls accepted there is no ill effect of vaccination, 16.8% girls have no idea and 5.2% knew that vaccination may cause bad effect on health of child while 0.85% girls have not responded. 36.8% girls agreed that vaccination could be given during illness, while 30.0% have no idea and 33.2% advocates that vaccination cannot be given when child is sick (Table: 46, Fig.20).

Among other backward class (OBC) it has been found that regarding immunization 87.2% are aware that children should be vaccinated while 11.2% girls have no idea and 1.6% have denied the need of vaccination for children. 73.6% girls accepted there is no ill effect of vaccination, 15.2% girls
have any idea and 8.8% knew that vaccination may cause bad effect on health of child. 56.0% girls agreed that vaccination could be given during illness, while 23.2% have no idea and 20.8% advocates that vaccination cannot be given when child is sick (Table: 46, Fig.20).

In schedule tribe (ST) students regarding immunization it is found that 84.4% are aware that children should be vaccinated while 14.4% have no idea and 2.0% have denied the need of vaccination for children. 74.0% girls accepted there is no ill effect of vaccination, 20.0% girls does not have any idea and 6.0% knew that vaccination might cause bad effect on health of child. 62.8% girls agreed that vaccination could be given during illness, while 19.2% have no idea and 18.0% advocates that vaccination cannot be given when child is sick (Table: 46, Fig.20).

Among schedule caste (SC) girls it has been noted that regarding immunization 79.2% are aware that children should be vaccinated while 16.0% have no idea and 4.8% have denied the need of vaccination for children. 68.8% girls accepted there is no ill effect of vaccination, 19.2% girls have no idea and 12.0% knew that vaccination might cause bad effect on health of child. 55.6% girls agreed that vaccination could be given during illness, while 21.6% have no idea and 55.6% advocates that vaccination cannot be given when child is sick. 1.2% girls have not responded (Table: 46, Fig.20).
FIGURE: 19
AWARENESS TOWARDS NEONATAL CARE

<table>
<thead>
<tr>
<th>Category</th>
<th>Gen</th>
<th>OBC</th>
<th>ST</th>
<th>SC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother milk</td>
<td>97.80%</td>
<td>100.00%</td>
<td>98.80%</td>
<td></td>
</tr>
<tr>
<td>First feed to neonate should be</td>
<td>48.40%</td>
<td>38.40%</td>
<td>38.00%</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>33.00%</td>
<td>32.80%</td>
<td>37.60%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>51.20%</td>
<td>52.00%</td>
<td>46.80%</td>
<td></td>
</tr>
<tr>
<td>Having Information about Importance of colostrum</td>
<td>16.60%</td>
<td>16.40%</td>
<td>10.00%</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GIRLS
FIGURE: 20
IMMUNIZATION AWARENESS

[Diagram showing the percentage of responses for various questions related to immunization awareness for different categories of girls (Gen, OBC, ST, SC).]

TOTAL GIRLS

[Legend indicating the categories of girls: Gen, OBC, ST, SC.]

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AWARENESS AND FIRST SOURCE OF INFORMATION

Table 47 shows the comprehensive analysis regarding source of first information of health awareness, reproductive health, awareness towards Family Welfare programme and awareness towards antenatal and postnatal care. It has been found that in health awareness for which three observations were recorded (i.e. source of first information for mosquito bite can cause malaria, source of first information that tuberculosis is curable and source of information for that leprosy is curable) among 250 girls of each category thus total 3000 observations were recorded. For awareness towards reproductive health nine observations were recorded (i.e. first source of information for symptoms of AIDS, first source of information for treatment of AIDS, first source of information for transmission of AIDS, first source of information for casual contact and AIDS, first source of information for Prevention of AIDS, first source of information for unsafe period of pregnancy, first source of information for male reproductive organs, first source of information for sexually transmitted disease and first source of information for parturition) among 250 girls of each category thus total 9000 observations were recorded. For awareness towards family welfare programme eight observations were recorded (i.e. source of first information for age of conception, source of first information for ideal number of children, source of first information for limitation to child birth, source of first information for ideal spacing, source of first information for spacing is possible, source of first information for contraceptives, source of first information for contraceptive use and lactation, source of first information for contraceptive use and physical beauty) among 250 girls of each category thus total 8000 observations were recorded. For awareness towards antenatal and postnatal care seven observations were recorded (i.e. source of first information for special care to pregnant, source of first information for tetanus toxoid, source of first information for need of extra nutrient for pregnant, source of first information for mother milk as first feed to new born, source of first information for importance of colostrums, oral rehydration solution) among 250 girls of each category thus total 7000 observations were recorded (Table: 47).

Regarding health awareness it is revealed that among total girls (comprising general category, other backward class, schedule tribe and
schedule caste) out of total 3000 observations 2735 (91.1%) responded. 67.5% girls mentioned electronic media as their first source of information (9.3% from radio, 56.2% from television). 17.1% girls mentioned print media as first source of information (8.8% from magazine, 8.5% from newspaper). 17.2% mentioned interpersonal communication as first source of information comprising 2.0% from friend, 10.2% from teacher and 4.9% from family member (Table: 47).

Regarding reproductive health awareness it is revealed that among total girls (comprising general category, other backward class, schedule tribe and schedule caste) out of total 9000 observations 6218 (69.0%) responded. 61.6% girls mentioned electronic media as their first source of information (6.7% from radio, 54.9% from television). 13.2% girls mentioned print media as first source of information (13.2% from magazine, 8.7% from newspaper). 16.4% mentioned interpersonal communication as first source of information comprising 3.7% from friend, 8.1% from teacher and 4.7% from family member (Table: 47).

Regarding awareness towards family welfare programme it is revealed that among total girls (comprising general category, other backward class, schedule tribe and schedule caste) out of total 8000 observations 7520 (94.0%) responded. 60.0% girls mentioned electronic media as their first source of information (8.8% from radio, 51.1% from television). 22.3% girls mentioned print media as first source of information (16.8% from magazine, 5.5% from newspaper). 17.5% mentioned interpersonal communication as first source of information comprising 3.6% from friend, 5.7% from teacher and 8.2% from family member (Table: 47).

Regarding awareness towards antenatal care and postnatal care it is revealed that among total girls (comprising general category, other backward class, schedule tribe and schedule caste) out of total 3000 observations 2735 (82.0%) responded. 65.5% girls mentioned electronic media as their first source of information (9.3% from radio, 56.2% from television) 17.1% girls mentioned print media as first source of information (8.5% from magazine, 8.5 from newspaper). 17.2% mentioned interpersonal communication as first source of information comprising 2.0% from friend, 10.2% from teacher and 4.9% from family member (Table: 47).
Category wise analysis shows that regarding health awareness for which three observations were recorded (i.e. source of first information for mosquito bite can cause malaria, source of first information that tuberculosis is curable and source of information for that leprosy is curable) among 250 girls of each category thus 750 observations were recorded in each category (for general, other backward class, schedule tribe and schedule caste) it is revealed that among general category out of total 750 observations 696 (92.8%) responded.54.0% girls mentioned electronic media as their first source of information (10.9% from radio, 43.1% from television) .25.5% girls mentioned print media as first source of information (13.9% from magazine, 11.6% from newspaper). 20.4% mentioned interpersonal communication as first source of information comprising 2.4% from friend, 11.2% from teacher and 6.7% from family member (Table: 47 & Fig. 21A).

Regarding reproductive health awareness among girls of general category it is revealed out of 2250 observations 1630 (72.4%) responded.56.5% girls mentioned electronic media as their first source of information (6.1% from radio, 503% from television) .24.4% girls mentioned print media as first source of information (13.1% from magazine, 11.2% from newspaper). 19.0% mentioned interpersonal communication as first source of information comprising 4.6% from friend, 10.1% from teacher and 4.2% from family member (Table: 47 & Fig. 21B).

Regarding awareness towards family welfare programme among girls of general category it is revealed out of 2000 observations 1831(91.5%) responded.55.0% girls mentioned electronic media as their first source of information (12.6% from radio, 42.4% from television) .25.9% girls mentioned print media as first source of information (18.5% from magazine, 7.4% from newspaper). 18.9% mentioned interpersonal communication as first source of information comprising 3.3% from friend, 5.5% from teacher and 9.8% from family member (Table: 47 & Fig. 21C).

Regarding awareness towards antenatal and postnatal care among girls of general category it is revealed out of 1750 observations 1508 (86.1%) responded.46.5% girls mentioned electronic media as their first source of information (8.4% from radio, 38.0% from television). 21.5% girls mentioned
print media as first source of information (13.9% from magazine, 7.5% from newspaper). 31.8% mentioned interpersonal communication as first source of information comprising 2.3% from friend, 10.4% from teacher and 19.0% from family member (Table: 47 & Fig. 21D).

Regarding health awareness among girls of other backward class it is revealed out of 750 observations 682 (90.9%) responded. 73.9% girls mentioned electronic media as their first source of information (10.4% from radio, 63.4% from television). 16.1% girls mentioned print media as first source of information (4.1% from magazine, 12.0% from newspaper). 9.9% mentioned interpersonal communication as first source of information comprising 0.5% from friend, 8.0% from teacher and 1.3% from family member (Table: 47 & Fig. 21A).

Regarding reproductive health awareness among girls of other backward class it is revealed out of 2250 observations 1426 (63.3%) responded. 55.9% girls mentioned electronic media as their first source of information (8.1% from radio, 47.8% from television). 27.5% girls mentioned print media as first source of information (18.3% from magazine, 9.1% from newspaper). 16.4% mentioned interpersonal communication as first source of information comprising 2.3% from friend, 9.3% from teacher and 4.7% from family member (Table: 47 & Fig. 21B).

Regarding awareness towards family welfare programme among girls of other backward class it is revealed out of 2000 observations 1906 (95.3%) responded. 55.6% girls mentioned electronic media as their first source of information (10.1% from radio, 45.4% from television). 22.5% girls mentioned print media as first source of information (16.1% from magazine, 6.3% from newspaper). 21.8% mentioned interpersonal communication as first source of information comprising 4.8% from friend, 8.2% from teacher and 8.7% from family member (Table: 47 & Fig. 21C).

Regarding awareness towards antenatal and postnatal care among girls of other backward class it is revealed out of 1750 observations 1464 (83.6%) responded. 56.9% girls mentioned electronic media as their first source of information (7.7% from radio, 49.2% from television). 17.9% girls mentioned
print media as first source of information (11.6% from magazine, 6.2% from newspaper). 25.0% mentioned interpersonal communication as first source of information (4.2% from friend, 8.1% from teacher and 12.7% from family member) (Table: 47 & Fig. 21D).

Regarding health awareness among girls of schedule tribe it is revealed out of 750 observations 708 (94.4%) responded. 71.8% girls mentioned electronic media as their first source of information (3.1% from radio, 68.7% from television). 11.0% girls mentioned print media as first source of information (5.0% from magazine, 5.9% from newspaper). 17.0% mentioned interpersonal communication as first source of information (2.6% from friend, 10.0% from teacher and 4.3% from family member) (Table: 47 & Fig. 21A).

Regarding reproductive health awareness among girls of schedule tribe it is revealed out of 2250 observations 1543 (68.5%) responded. 47.8% girls mentioned electronic media as their first source of information (5.3% from radio, 64.4% from television). 17.0% girls mentioned print media as first source of information (10.3% from magazine, 6.6% from newspaper). 13.2% mentioned interpersonal communication as first source of information (2.5% from friend, 5.7% from teacher and 4.9% from family member) (Table: 47 & Fig. 21B).

Regarding awareness towards family welfare programme among girls of schedule tribe it is revealed that out of 2000 observations 1894 (94.9) responded. 65.6% girls mentioned electronic media as their first source of information (6.3% from radio, 59.5% from television). 21.0% girls mentioned print media as first source of information (17.5% from magazine, 3.5% from newspaper). 13.0% mentioned interpersonal communication as first source of information (3.2% from friend, 4.3% from teacher and 5.4% from family member) (Table: 47 & Fig. 21C).

Regarding awareness towards antenatal and postnatal care among girls of schedule tribe it is revealed that out of 1750 observations 1353 (77.3%) responded. 65.6% girls mentioned electronic media as their first source of information (11.2% from radio, 54.3% from television). 15.0% girls mentioned print media as first source of information (12.8% from magazine, 2.2% from newspaper). 19.2% mentioned interpersonal communication as first source of information (77.3% from friend, 9.2% from family member and 5.4% from teacher).
information (2.3% from friend, 8.4% from teacher and 8.4% from family member) (Table: 47 & Fig. 21D).

Regarding health awareness among girls of schedule caste it is revealed out of 750 observations 649 (86.5%) responded. 62.4% girls mentioned electronic media as their first source of information (13.4% from radio, 48.9% from television). 15.7% girls mentioned print media as first source of information (11.0% from magazine, 4.6% from newspaper). 21.8% mentioned interpersonal communication as first source of information (2.6% from friend, 11.8% from teacher and 7.3% from family member) (Table: 47 & Fig. 21A).

Regarding reproductive health awareness among girls of schedule caste it is revealed out of 2250 observations 1619 (71.9%) responded. 64.0% girls mentioned electronic media as their first source of information (7.2% from radio, 56.7% from television). 19.2% girls mentioned print media as first source of information (11.4% from magazine, 7.7% from newspaper). 16.7% mentioned interpersonal communication as first source of information (5.0% from friend, 6.6% from teacher and 5.0% from family member) (Table: 47 & Fig. 21B).

Regarding awareness towards family welfare programme among girls of schedule caste it is revealed out of 2000 observations 1889 (94.4%) responded. 63.6% girls mentioned electronic media as their first source of information (6.5% from radio, 57.1% from television). 19.9% girls mentioned print media as first source of information (15.2% from magazine, 4.6% from newspaper). 16.3% mentioned interpersonal communication as first source of information (2.9% from friend, 4.4% from teacher and 8.9% from family member) (Table: 47 & Fig. 21C).

Regarding awareness towards antenatal and postnatal care among girls of schedule caste it is revealed out of 1750 observations 1415 (80.8%) responded. 70.1% girls mentioned electronic media as their first source of information (4.0% from radio, 66.0% from television). 10.3% girls mentioned print media as first source of information (6.6% from magazine, 3.6% from newspaper). 19.5% mentioned interpersonal communication as first source of information (2.5% from friend, 8.6% from teacher and 8.3% from family member) (Table: 47 & Fig. 21D).
FIGURE NO. 21(B)
COMPREHENSIVE CATEGORY WISE ANALYSIS REGARDING SOURCE OF FIRST INFORMATION OF REPRODUCTIVE HEALTH

PERCENTAGE

Electronic media 66.50% OBC 55.80% ST 64.00% SC
Radio 7.00% 5.30% 7.30% 5.80%
Television 90.30% 54.80% 64.70% 40.00%
Print media 24.40% 27.80% 16.00% 27.60%
Magazine 7.00% 16.30% 11.40% 9.10%
Newspaper 8.80% 7.10% 6.60% 5.00%
Inter personal communication 16.00% 16.70% 16.00% 16.70%
Friend 4.80% 2.10% 5.00% 5.00%
Teacher 10.10% 9.30% 6.70% 6.60%
Family Member 22.10% 5.00% 5.00% 5.00%

REPRODUCTIVE HEALTH

□ Gen □ OBC □ ST □ SC
FIGURE NO. 21(C)
COMPREHENSIVE CATEGORY WISE ANALYSIS REGARDING SOURCE OF FIRST INFORMATION OF FAMILY WELFARE PROGRAMME

FAMILY WELFARE PROGRAMME
FIGURE NO. 21(D)
COMPREHENSIVE CATEGORY WISE ANALYSIS REGARDING SOURCE OF FIRST INFORMATION OF ANTENATAL POSTNATAL CARE

Electronic media
Radio
Television
Print media
Magazine
Newspaper
Interpersonal communication
Friend
Teacher
Family Member

PERCENTAGE

ANTENATAL POSTNATAL CARE

□ Gen □ OBC □ ST □ SC
DISCUSSION

Nutritional Profile

The finding exhibits mean age of the girls from general category is 19.8 years (SD 1.63), mean height is 154.8 cms (SD 5.31). Mean weight is 48.5 kg (SD 6.47). Mean chest girth is 81.2 cms (SD 5.06). Sitting height mean is 78.3 cms (SD 3.12). Body mass index (BMI) is 20.2 (SD 2.47). The mean age of girls from Other Backward Class (OBC) is 20.0 years (SD 1.46), Mean height is 154.6 cms (SD 4.89). Mean weight is found 49.4 kg (SD 6.17) Mean chest girth is found 82.9 cms (SD 6.12) sitting height mean is 79.0 (SD 2.70) and Body mass index (BMI) is 20.6 (SD 2.36). The mean age of schedule caste (SC) girls is 20.3 years (SD 2.16) mean height is 153.0 cms (SD 4.87). Mean weight is 46.7 kgs (SD 6.67) mean chest girls is 79.1 cms (SD 6.42). Mean sitting height is 80.0 cms (2.91 SD). Mean Body mass index (BMI) is 19.9 (SD 2.67). The mean age of Schedule Tribe (ST) girls is 20.1 years (SD 1.83). Mean Height is 152.8 cms (SD 4.67). Mean weight is 47.5 kgs (SD 5.30). Mean chest girth is 80.8 cms (SD 3.46) sitting height is 82.3 cms (SD 2.85). Mean Body mass index (BMI) is 20.3 (SD 2.02).

In present study classification of Body mass index (BMI) of the subject were done as per the WHO specification. Result of the study shows that 69.1% girls are under normal range, where as category wise analysis shows 64.8% of general class, 74.0% of other backward class (OBC), 57.2% of schedule caste (SC) and 80.4% of schedule tribe (ST) girls are at normal range. Further 26.9% girls found malnourished, category wise analysis shows 26.2% General, 22.0% other backward class (OBC), 36.8% of schedule caste (SC) and 19.6% schedule tribe (ST) girls are found malnourished. On the other hand total 4.0% girls found in grade I over weight class. Category wise specification shows equal percentage, i.e. 6.0% in Gen class, 6.0% in schedule caste are at grade I overweight where as 4.6% girls of other backward class (OBC) found at grade I overweight, no body found over weight in schedule tribe (ST).

Frequency distribution of Body Mass Index (BMI) for all four categories shown in Table 2. Comparison of Body Mass Index (BMI) distribution showed that the highest value in normal weight category (80.4%) together with nil
obesity rates is among schedule tribe (ST) girls. Highest value of severely malnourished (4.8%) is seen in schedule caste girls with lowest frequency in normal range (57.2%). It is also interpreted that mean age of girls is approximately same and so the BMI. The mean weight and chest girth is found different in all categories. Other Backward Class (OBC) girls have higher values for weight as well as chest girth. The lowest values for weight and chest girth is found in schedule caste girls.

The mean value of Body mass index (BMI) among total 1000 girls of present study is found 20.3 (SD 2.43). The mean value of Body mass index (BMI) of general class girls and schedule tribe (ST) are quite close to each other i.e. 20.2 and 20.3 respectively. But the mean value of height and weight of general class were significantly higher.

Correlation between measurements shows that Chest girth shows high positive correlation with weight in all the four groups. It ranged 0.66 to 0.76. Body Mass Index (BMI) shows high positive correlation with body weight. The value 'r' of weight and Body Mass Index (BMI) ranges 0.81 to 0.92 this finding supports the study of Rao et al. (1990) weight is positively correlated with all measurements. Weight and height are moderately positively correlated ranged 0.32 to 0.44. Height and sitting height are also positively correlated with 0.52 to 0.81.

The study reveals that weight is single simple measurement can be used to assess the nutritional status which supports the study of Rao (1998) that weight is the most suitable indices and stature have low correlation with other indices.

Indian Council of Medical Research (ICMR) study 1972 reported All India data of height and weight and other measurements of Indian Children and adolescents (up to age of 21 years) in different variables of urban/rural, religion wise, and socio economic status. In present study the mean age of total 1000 girls is 20.1 years. Therefore we have compared with the age 20.0 years age of Indian Council of Medical Research (ICMR) All India data.

Mean height for 20 years of age according to Indian Council of Medical Research (ICMR) is 151.7 cms (SD 5.90), present study shows mean height is
153.8 cms (SD 5.02) Weight according to Indian Council of Medical Research (ICMR) is 43.5 kg (SD 7.28), present study shows mean weight is 48.1 kg with (SD 6.29). Chest circumference mean is 74.6 cms (SD 6.26) as per Indian Council of Medical Research (ICMR) study, present study shows 82.4 cms (SD 5.50). Sitting height is 79.2 cms (SD 3.51) as per Indian Council of Medical Research ICMR study; our study shows mean sitting height 79.2 cms (SD 2.96). (Table 3). The differences between to studies for height, weight and chest circumference are statistically significant (p<0.05). These findings clearly indicate a positive secular trend towards increase in the mean height, weight and circumference of college girls at Jabalpur of this study. This positive secular trend could be due to environmental factors, heredity, race, climates, socioeconomic status, health and medical facilities, food habituate and demographic variables. This finding supports the finding of Bharti et.al. (1990) Who have studied pattern of growth in height and weight of Bengali girls and found that the 50th percentile value of their sample for height and weight is higher compared to ICMR (1972). Singh (2005) who have studied the time trend study of different body measurements on boys at Chenni and Ooty found similar results.

All measurements and indices of other backward class (OBC), schedule tribe (ST) and schedule caste (SC) girls are compared with general category. It is exhibited that mean weight and height of schedule tribe (ST) and schedule caste (SC) girls are statistically significant (p<0.05) and Body Mass Index (BMI) for both categories are insignificant. Whereas mean weight and height of other backward class (OBC) compared with general category the difference is insignificant and Body Mass Index (BMI) is statistically significant (p<0.05). This finding support the finding of Singh (2005) that Body mass index (BMI) is not a very sensitive index and it should be used carefully and cautiously. Body mass index (BMI) should not be presented alone measurements of height and weight should also be presented wherever the results of Body mass index (BMI) are to be reported and interpreted.

Health Awareness

73.3% girl’s concept of health is being cheerful. 76.4% girls have mentioned that unhygienic condition is cause of illness. In general class
among, all the four categories maximum number of girls (20.0%) mentioned that good appetite is basic concept of health. 10.0% girls of ST class believe that evil spirit is cause of illness In view of 23.4% of total girls weakness and in view of 59.0% of total girls fever is symptom when treatment is required.

48.5% of total girls prefer allopathic treatment, 17.4% girls prefer homeopathy treatment and 14.1% girls prefer ayurvedic treatment. 2.0% schedule tribe (ST) girls only among all the categories prefer superstitious remedy for treatment of illness. 20.8% girls from general class prefer domestic treatment for illness. 40.1% girls from total girls consult doctors, 33.3% girls from total girls consult family member for common cough and cold. 48.0% girls from general class with maximum frequency consult their family member for common cough and cold, and 52.0% of schedule tribe (ST) girls consult doctor for common cough and cold.

51.7% of total girls watch health show on television. 39.0% of total girls do not see any health programme on television. 47.0% of total girls read health related books or magazine. 46.3% of total girls do not read health books or magazines. 56.8% girls from general class with maximum frequency watch health programme and with maximum frequency of 50.4% girls from general class read health book and magazine. Meri saheli is the magazine read by 8.3% of total girls with maximum frequency.

Majority of students do not respond (76.7%) and gave incorrect information (8.4%) regarding query of the name of state health minister and most if them(75.2%) do not respond and 11.1% girls gave incorrect information of name of central health minister, very large number of girls (87.7%) girls do not respond and 7.1% girls gave incorrect information about allotment for health in central budget. Girls who have given correct information with maximum frequency although are very few; they belong to general class and other backward class (OBC). Only 44.1% of total girls gave correct information of name of district collector. Category wise analysis revealed that 36.0% girls from general class 50.4% girls from other backward class (OBC) class and 48.0% class girls from schedule tribe (ST), 42.0% of schedule caste (SC) class girls gave correct information about the name of district collector. It is assumed that because distribution of scholarship is through district collector at different
level of school and college, girls are more familiar to the name of district collector. 16.4% of total girls knew the correct name of chief medical officer 70.8% girls have not responded. 0.8% girls from general class with maximum frequency mentioned the correct name of chief medical officer.

72.1% of total girls knew Medical College and 65.0% of total girls knew Victoria Hospital is government hospital. Only 37.9% girls knew that Lady Elgin is a government hospital. 2.3% girls are aware about Ayurvedic hospital.

Nearly half of the total students do not know about National Health Policy (54.6%) and National health and family welfare programme (41.9%). 48.0% girls of other backward class (OBC) class with maximum frequency knew about National Health Policy, and 52.8% girls from schedule tribe (ST) class with maximum frequency knew about National Health and Family Welfare programme.

Most of the total girls (97.5%) knew correctly that mosquito bite could cause malaria. 45.9% of total girls mentioned mosquito net as best preventive measure of malaria. 56.8% of total girls mentioned antibiotic and 34.6% of total girls knew quinine is the drug given for treatment of malaria. 59.4% of total girls were informed about cause of malaria by electronic media and 21.2% girls were informed by print media and 59.9% girls were informed by interpersonal communication. In interpersonal communication 59.9% of total girls were informed through teacher.

21.7% of total girls do not know the cause of Tuberculosis. 22.4% of total girls do not know the mode of transmission, 16.1% of total girls do not know that disease is preventable. 40.1% of total girls correctly mentioned that Tuberculosis infection can be transmitted through cough. 16.1% of girls do not know that disease is preventable. General class appears to be most unaware about the disease as 27.2% of them with highest frequency do not know the cause of Tuberculosis and 24.0% girls do not know the mode of transmission. 88.1% of total girls knew that Tuberculosis is curable 2.4% girls mentioned that disease is incurable and 9.5% girls do not know about cure of disease. 4.0% of general class girls with maximum frequency mentioned that Tuberculosis is incurable. 65.0% of total girls were informed through electronic media and
15.8% of total girls were informed through print media and 19.1% girls were informed through interpersonal communication, about the cure of disease. Further analysis shows that television, magazine and teacher are most informative. Tuberculosis kills more women in reproductive age group than all causes of maternal mortality combined, and it may create more orphans than any other infectious disease. Nearly one third of female infertility in India, is caused by Tuberculosis, Indian women, who suffer from Tuberculosis face constraints they tend to neglect their illness, till they are too sick and they depend on others to get necessary medical attention. (WHO, 2002).

31.1%of total girls do not know the cause of leprosy, 36.7% of total girls know that leprosy is bacterial infection, 0.6% of total girls mentioned that leprosy is caused by effect of evil spirit. Only 27.3% of total girls knew that disease is contagious, 42.8% of total girls do not know the mode of transmission of disease.78.3% of total girls know that disease is preventable, 17.9% of total girls do not know and 3.8% of total girls know that disease is unpreventable.0.8% girls from general class and 1.6% of schedule caste (SC) class girls mentioned that disease is caused by evil spirit.

84.2% of total girls knew that leprosy is curable, 1.3% girls mentioned that disease is incurable, and 14.5% girls do not know about the cure of disease. 75.7% of total girls were informed about the cure of leprosy through electronic media, only 13.9% of total girls were informed through print media and 10.2% girls were inter personally communicated. Television, newspaper and teacher are the most informative.

92.8% of total girls correctly mentioned that the iodine deficiency is cause of goiter.94.7% of total girls correctly knew that salt is source of iodine. Only 0.5% girls knew that seafood is also a good source of iodine.

Schedule tribe (ST) and schedule caste (SC) girls in the study shows although a very few but still the do believe in evil spirit can cause illness or disease. Very few schedule tribe (ST) girls do believe in superstitious remedy for treatment for illness. This may be the effect of their socio cultural background from which they belong. Television health shows have nearly 50.0% of young viewers and less than 50.0% young are interested in reading
health books. The most remarkable fact is that Lady Elgin hospital is the only government hospital dealing with especially obstetric and gynecology is known to only 37.9% of girls. Girls are communicated the valuable information mostly by television, print media especially newspaper is not an effective one or it does not print health based news or information. Interpersonal communication is also a poor source concluded in the study. Most of the interpersonal communication is through teacher probably due to health topic being part of course syllabus.

Hence it is recommended that health department through their district hospital can arrange some lecture, workshop on health and communicable disease or even health check up camps in colleges and hostels. Newspaper should incorporate health information, which can generate awareness towards health; radio should telecast more health-based programme. Visit to government hospital can be arranged for students. There are approximately 7.25 lakh registered practitioners, 3194 hospitals and 21290 AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) dispensaries all over the country (Economic Survey 2006-2007), but still there extension by government has not been managed properly therefore there is lack of awareness about AYUSH among girls of my study who belongs to higher educated segment of society.

Awareness towards Reproductive Health.

Menstruation is a significant biological process that begins in the life of girls at the time of onset of adolescence. The first menstruation is often horrifying and traumatic. The behavioral patterns in response to menarche are usually influenced by certain beliefs; physical environment and other factors Gupta et al. (1998) in their study found that only 65.8% of girls had information about the onset of menses before it started. Deo and Ghattargi.(2005) found in their study that 42.5% of urban girls were aware about menstruation prior to attainment of menarche. Mother was their main source of information. In my study 53.7% of girls were pre informed about menstruation. Mothers have always been the closest friend and confidante of an Indian girl. A daughter-mother bond was and is most enduring one (Sharma et al.,2005). In present
study it confirms, as the major source of pre information of 51.2% young women was their mother. 17.5% were informed by other family members. Khanna et al. (2005) found that 66.8% girls got first information about menstruation from their mothers.

In 59.2% of total girls age of menarche is above 14 years of age. The age of menarche of 38.0% girls is 12 to 14 years. According to study of Khanna et al. (2005) 13.2 years is mean age of menarche in Rajasthan. 84.6% girls have their menses regular and 14.6% only have irregularity in menstrual cycle. The maximum percentage of irregularity in menses is seen among girls of schedule tribe (ST) group (22.0%). As far as cleanliness and hygiene practice is concerned cloth and sanitary napkins are the best choice of students. As 44.9% girls are using cloths where as 52.1% need sanitary napkins. 40.1% girls need less than 2 pads/day and 52.5% need 2 to 3 pads per day to change. In the study of Khanna et al. (2005) in Rajasthan 30.7% girls preferred sanitary napkins and 64.2% girls are using cloth.

Pain and fatigue are the common problems faced by girls during menstruation. A large number (67.8%) of girls feel fatigue during menses. Pain during menses in the most prominent complication, 78.6% girls have mentioned pain is common problem they have faced which is quite similar to study of Khanna et al. (2005) which shows 80.0% girls reported pain as common problem. Prevalence of pre menstruation pain is 23.6%, 41.4% girls have pain in first day of menstruation. 44.9% girl’s commonplace or sight of pain is waist, 32.3% girls mentioned abdominal pain and 17.8% have pain in legs during menstruation. Maximum number of girls from schedule caste (SC) group 976.8%), has mentioned feel of fatigue, and 86.8% mentioned pain is the problem they have faced. Waist is common place of pain among all the four groups, while highest frequency is noted among schedule caste (SC) girls with 52.5%. It is revealed that schedule caste (SC) girls have menstrual problems in most. 62.2% girls go for counseling for common problems of menstruation, as they need proper guidance and counseling at different levels while 35.0% need not required it. Mother is the best available counselor to discuss the problems with 50.0%. An appreciable number of girls with 30.5% take advice from doctors.49.3% girls required counseling for problem of pain. Category wise
analysis of problems for which girls have counseled, shows that most frequency is found among schedule caste girls for pain and fatigue with 64.9% and 22.9%. other backward class (OBC) girls have problem of excessive bleeding in most i.e. 20.8% and schedule tribe (ST) girls have less bleeding 7.2%, and irregular periods 19.6%, the most. For treatment part 91.2% girls were advised to take medicine (drugs) and 13.2% were advised exercise to alleviate the problem.

Important and major segment of reproductive health is Reproductive tract infection (RTI) and Sexually Transmitted Disease (STD). Young people are crucial for Acquired Immuno Deficiency Syndrome (AIDS) prevention and control. Very often it’s in during adolescence that people begin to experiment with sex. Paradoxically while youth are more likely to engage in risk behaviours they often less likely to be aware of the risk of transmission of Reproductive tract infection (RTI) and Sexually Transmitted Disease (STD) (Banera et al., 1992).

The profile of self-experience of reproductive health problem (in last 3 months only) shows total 16.8% girls had experience of burning sensation or pain in vagina (Khanna et al. 2005, reported 26.2% girls have problem of burning sensation in study of Rajasthan.), 20.8% girls of schedule caste (SC) group has this problem in most, while total 21.0% girls had experience of vaginal discharge (Khanna et al. 2005, reported 412% girls have problem of vaginal discharge in study of Rajasthan.), and again schedule caste (SC) group girls have this problem in most with 27.6% and in least frequency among schedule tribe (ST) with only 10.0%. Total 63.3% girls had white dense discharge while 20.4 % have thin dirty foul smelling discharge and another 16.1% had odorless mucous kind of discharge. Total 88.5% girls have associated problem with discharge. 48.9% girls experienced irritation in vagina as associated problem with discharge, which has highest frequency among general class i.e. 70.9%. 33.3% girls experienced pain in lower abdomen as associated symptom with discharge that has highest frequency (52.0%) among schedule tribe (ST) class. Total 8.6% girls have ulcer in vagina. The complication of reproductive health; shared 51.0% with mother, 24.7% with friend, 5.9% with sister. Only 18.2% girls shared or discussed the problem with
doctor. Counseling for treatment in this context is important, total 100.0% girls have opted counseling for complication 39.7% girls feel parents as reliable source for treatment, 11.2% from friend and only 15.0% counsel for treatment from Government Doctor and 33.8% girls consulted private Doctor. Among all the four groups schedule caste (SC) girls with highest frequency of 26.0% girls consulted Government Doctor, schedule tribe (ST) girls consulted with highest frequency of 72.0% consulted private doctor.

Majority of total girls (i.e.94.0%) of were having information about Acquired Immuno Deficiency Syndrome (AIDS). Only 6.0% girls do not have information about Acquired Immuno Deficiency Syndrome (AIDS). Among schedule tribe (ST) group 92.8% girls have information about Acquired Immuno Deficiency Syndrome (AIDS). 79.5% of total girls had the knowledge of symptoms, 100.0% from general class have knowledge of symptoms. 58.8% girls from schedule tribe (ST) group (with least frequency) have knowledge of symptoms. 42.1% girls mentioned weakness as symptom of Acquired Immuno Deficiency Syndrome (AIDS). About 69.4% girls knew that disease is fatal and there is no cure to Acquired Immuno Deficiency Syndrome (AIDS). In awareness part regarding Acquired Immuno Deficiency Syndrome (AIDS) students clearly indicate, television as best source of information regarding Acquired Immuno Deficiency Syndrome. Awareness of girls towards symptoms shows that 64.7% girls were informed by electronic media, 20.5% by print media and 14.7% girls were informed through interpersonal communication. In electronic media 81.7% girls were informed through television. Regarding source of information of awareness towards treatment of Acquired Immuno Deficiency Syndrome, 69.5% girls were informed through electronic media, 91.1% of that were informed through television.

Majority of students (78.7%) had correctly accepted that unsafe sexual relations are the reason for infection of Acquired Immuno Deficiency Syndrome (AIDS). In general class 98.0% (frequency in most) girls and among schedule tribe (ST) group 71.6% (Frequency in least) has mentioned unsafe sexual relation is the mode of transmission of Human immuno deficiency virus/ Acquired Immuno Deficiency Syndrome (HIV/AIDS). About 49.4% of the total student also had knowledge about the possibility of a new born getting
Acquired Immuno Deficiency Syndrome (AIDS) from infected mother (in fetal life itself) 65.4% students knew that infected needle is also a mean of transmission to AIDS. Regarding source of information of awareness towards mode of transmission, 67.6% girls were informed by electronic media, and only 9.5% girls were informed through interpersonal communication. The student’s perception about nonsexual route of transmission of disease is presented for comparison in the table. About 76.4% of total girls wrongly stated that Acquired Immuno Deficiency Syndrome (AIDS) could be transmitted by casual contact, like 36.0% girls knew that hugging followed by kissing 14.5% girls mentioned, may transmits the infection. Among schedule tribe (ST) group comparatively high percentage of girls (i.e. 46.4%) mentioned hugging and 17.2% of girls mentioned kissing could transmit the infection.

Majority of girls had correctly accepted that some people are at high risk of Acquired Immuno Deficiency Syndrome (AIDS), like 71.3% knew sexually promiscuous and 78.6% knew prostitutes are at high risk of infection followed by drug abuser 46.4% and professional blood donors 48.0%. Only 16.1% indicated medical professional might carry infection while treating infected patients. 22.6% girls do not knew that sexually promiscuous, 4.8% do not know that prostitutes, 17.5% girls do not know intravenous drug abuser, 13.7% do not knew that professional blood donors and 27.8% girls knew that medical professionals involved in treatment of Acquired Immuno Deficiency Syndrome (AIDS) patient, are at high risk group.

It is noted that a fair number of students were in favour of using condoms 937.0%) to prevent disease transmission, 29.9% correctly mentioned that one faithful partner will certainly prevent the infection, 15.0% students knew that infected mother should avoid pregnancy to prevent infection to her fetus, surprisingly only 9.2% students had knowledge that blood test before transfusion can prevent infection. 78.8% girls were informed by electronic media, television is the strongest source of information as 88.9% girls were informed by television. Again interpersonal communication being poor source of information informs 7.0% girls about prevention of Acquired Immuno Deficiency Syndrome AIDS.
The attitude of girls towards premarital counseling is significant. Only 42.6% girls were having information regarding premarital counseling. 54.4% girls have no idea, about it. 74.7% girls accepted that guidance & counseling before marriage is necessary. Among general class 51.2% girls with maximum frequency have information of premarital counseling. 78.4% girls from general class and followed by 78.0% girls from schedule tribe group mentioned that premarital counseling is necessary. 56.8% girls feel free to discuss the sexual queries. 70.8% girls of schedule tribe (ST) group feel free to discuss sexual queries with maximum frequency among all the four groups.

Sex is probably one area of our lives about which we know so little, we happen to know about sex in bits and pieces through sources like friends, acquaintances and cheap books (Mahajan and Sharma, 2005). Attitude of young people towards sex education is significant. Although college girls have passed the age of trauma of first menstruation and the age of gaining knowledge of many other aspects of reproductive health, the experience and views of these girls will certainly provide the fundamental outline, which can be incorporated while planning health policy of young girls. Regarding this almost all the girls of four groups i.e. 95.4% girls are in favour of provision of sex education. There is quite a broad range of age as suggested by girls to provide sex education. 32.7% girls mentioned that sex education should be provided at the age above 16 years. Followed by 19.8% girls mentioned 16 years, 13.2% girls accepted 15 years, 20.4% girls 14 years. The major issue associated with sex education is who should provide sex education in society. In this context again college girls have mentioned different view as 32.1% girls mentioned Doctors, 30.5% girls mentioned mothers should provide sex education, 31.6% girls leave the responsibility to teachers and only 6.2% to media. The fact is juxtapose as media specially television is providing most of the information as depicted in tables of source of information. 38.5% girls of other backward class (OBC) recommend doctors with maximum frequency, 37.1% of general class, recommends teacher with maximum frequency, 34.2% girls of ST group recommends mother and 14.6% girls schedule tribe (ST) group recommends media with maximum frequency to provide sex education.
The knowledge-seeking attitude of girls, regarding reproductive health shows that most of the girls wish to seek the knowledge on different aspects of female reproduction, i.e. menstruation, conception & contraceptives (77.1%). Next girls are interested to have knowledge regarding prevention of Acquired Immuno Deficiency Syndrome (AIDS) with 41.6%, 34.5% girls mentioned reproductive organs followed by Sexually Transmitted Disease (STD) i.e.31.9%. Only 19.4% girls of total girls are interested to gain knowledge of male reproductive organs. Among all the four groups most (SC) girls are incline to gain knowledge about reproductive organs, i.e. 48.0%. Other backward class (OBC) girls have shown maximum knowledge seeking attitude towards reproductive health as they have mentioned female reproductive organs (98.4%), Sexually Transmitted Disease (STD) (56.8%), and prevention of Acquired Immuno Deficiency Syndrome (AIDS) (57.6%) with maximum frequency. Schedule tribe (ST) girls 33.2% have shown least interest in gaining knowledge of Acquired Immuno Deficiency Syndrome (AIDS) prevention. Regarding means to enhance the knowledge and to combat the misconception and ignorance regarding reproductive health, 78.2% of total girls accepted that adolescent clinic could solve the problems; again most other backward class (OBC) girls with 82.4% have accepted that adolescent clinic can combat their problems. Nearly half of the girls (54.1%) have mentioned that sex education at school level can enhance the knowledge of reproductive health among girls. Only 3.8% girls mentioned that there is no need for such arrangements. 32.0% girls with highest percentage in general class have preferred adolescent clinic at school or college or hospital can give proper knowledge. 27.6% of schedule caste (SC) girls advocate health guidance by health workers would prove to be useful in this regard.

The knowledge of reproductive health especially concerned with girls is conception and parturition as each & every girl has to go through this biological process of life. 51.7 % girls are having information regarding expulsion of ovum is on 10th 16th day of menstruation, 44.7 % girls did not have any information in this regard and 7.2 % girls did not respond. 60.0% girls of general class in most have and 48.8% girls of other backward class (OBC) in most do not have information regarding expulsion of ovum is on 10th 16th day of menstruation.
Regarding unsafe period for pregnancy, 51.1% girls were having knowledge, 41.7% have no information and 7.7% did not respond. 59.6% girls of general class have maximum frequency to know the unsafe period and 48.8% girls of OBC have maximum frequency for not knowing the unsafe period for pregnancy. Only 14.7% of total girls had good idea of parturition, 60.0% girls had rough idea & 21.9% girls have no idea and 3.4% girls did not respond. Girls from general class have most frequency i.e., 18.4% for having good idea, and girls from schedule tribe (ST) have most frequency i.e., 68.0% for having rough idea of parturition. Schedule tribe (SC) girls are the most ignorant for this important information, as 27.6% of them have no idea of parturition.

58.9% of total girls are having information and knowledge about conception and pregnancy. 39.2% girls gained this information through electronic media and 40.0% through print media and 20.7% girls from interpersonal communication. Television and magazine are the most informative media for this. Regarding first source of information of unsafe period for pregnancy, 33.1% girls were informed through electronic media and 31.5% girls were informed through print media and 35.3% girls were informed through interpersonal communication. Hence it is interpreted that all the three media are nearly equal to provide information of unsafe period for pregnancy. Regarding parturition 38.5% girls received information through electronic media, 20.7% girls through print media and 40.6% through interpersonal communication. 41.1% of girls of total girls who were informed through interpersonal were informed through family member.

Only 32.1% of total girls are having knowledge about male reproductive organs, 63.4% girls having no idea, while 4.1% did not respond in this regard. 42.0% of schedule tribe (ST) girls with most frequency have knowledge of male reproductive organs. Other backward class (OBC) girls with most frequency (75.2%) do not have knowledge of male reproductive organs. Only 18.8% of total girls ever heard about sexually transmitted disease, 78.3% have not heard and 2.9% girls did not respond. 24.4% girls of schedule caste (SC) with most frequency have heard about Sexually Transmitted Disease (STD). 84.8% girls of general class with most frequency do not have heard about Sexually Transmitted Disease (STD). Regarding source of information of male
reproductive organs, 39.8% girls were informed through electronic media and 44.8% through print, and 15.2% girls were communicated through interpersonal communication. Television and magazine are most informative and in interpersonal communication friends are most informative. Regarding Sexually Transmitted Disease (STD) 52.6% girls were informed through electronic media and 29.7% girls through print media and 17.5% girls were informed through interpersonal communication. Again television and magazine are most informative and teacher with 51.5% is most informative in interpersonal communication.

View regarding premarital sex, 10.8% agreed and 84.1% girls disagreed while 5.1% did not respond. Other backward class (OBC) girls with most frequency of 13.6% have agreed and girls of general class with most frequency 88.8% do not agree with premarital sex relation. 77.6% girls were having knowledge of avoiding unwanted pregnancy. 8.4% girls do not have any idea and 14.0% girls have not responded. Girls of general class and Schedule tribe (ST) class are nearly equal and with most frequency of 80.8% and 81.2% respectively, have knowledge of avoiding unwanted pregnancy. Most girls (20.8%) of other backward class (OBC) class have not responded. 56.9 % girls mentioned that pregnancy could be terminated in government hospital also with maintenance of confidentiality 31.5% had mentioned that unwanted pregnancy can not be terminated in government hospital with secrecy, and 11.6% did not respond .68.0% girls of Schedule tribe (ST) with maximum frequency among all the four group have the knowledge of termination of pregnancy.37.6% girls of general class mentioned that that unwanted pregnancy can not be terminated in government hospital with due secrecy. Again girls of other backward class (OBC) class with 14.4% with maximum frequency have not responded. Awareness regarding abortion, study shows that 64.1 % girls accepted that abortion by a trained person is safe while 24.4 % girls have no knowledge and 11.5% girls did not respond. Girls of schedule tribe (ST) class with maximum frequency of 72.8% mentioned that abortion by a trained person is safe, 31.2% girls of OBC with most frequency have no knowledge of this and 16.8% girls of other backward class (OBC) with most frequency have not responded.
Reproductive health of youth accesses their future motherhood. In present study the student community of Jabalpur has clearly indicated, despite of their fair knowledge and awareness towards reproductive health they are still confused on certain issues. The reasons in root are negative opinion and misconceptions regarding menstruation as well as reproductive health problems. Some times they fell shy, hesitate to communicate their problems, and cannot get proper counseling and treatment thus perpetuating the problem. Surprisingly mothers, teacher and other family member who could play an important role in counseling them had little to contribute. Thus girls depending on media like Television and Magazine, Newspaper for gleaning information on the subject. But this kind of source are one way, which can only give information but can’t provide solution to queries of individual one. Conclusion of the study is that there is a lack of knowledge among youth regarding some of the vital functions and process of their body and reproductive health, parents and teachers have lack of responsibility to cater the basic information regarding reproductive health. Awareness of girls towards sensitive issues related to reproductive health care and need of counseling, in their regard the study reveals some surprising facts, regarding awareness, like 19.2 percent girls are having knowledge of male reproductive organs and only 15.2 percent girls had heard about sexually transmitted diseases although aware of AIDS. Girls indicate that they have desire to perceive, knowledge of reproductive health through means like provision of sex education or adolescents clinics. Girls also mentioned the need of premarital counseling. Most of the girls wish to seek knowledge regarding female reproductive health (including contraceptives). Students are also keen to have knowledge regarding prevention of Acquired immuno deficiency syndrome (AIDS). Girls are not much aware about unsafe period of pregnancy & knowledge of parturition. There is lack of knowledge regarding unwanted pregnancy & abortions.

**Awareness towards Family Welfare Programme**

Early and universal marriage is the characteristic of nuptial pattern in India. Though there are a number of studies inquiring into the socio economic and demographic determinants of age at marriage, not much has been done to
examine, whether early marriage runs in families (Sheela et al., 2001). In present study it is revealed that fair number of the girls (70.4%) are aware of legal marriage age. 29.6% girls have incorrect information about marriage age. More than 50.0% girls have preferred marriage age at 25 years and above 25 years. Only 1.3% girls have mentioned marriage age 16-18 years. Rest of the girls have mentioned preferred marriage age 19-23 years. This is probably due to reason that late marriage allows, girls to get well educated, and can search for suitable job.

92.0% of total girls preferred two children norms for ideal family. 7.1% of total girls prefers only one child. 0.8% girls of other backward class (OBC) class mentioned four children are ideal in a family. When girls are asked about sex wise ideal number of children in family there is contradiction with their previous statement. 96.0% of total girls mentioned one male and one female child is ideal in a family. 0.8% from general class, 2.4% from other backward class (OBC) and 2.0% from schedule tribe (ST) class and 4.0% from schedule caste (SC) class thus total 2.3% girls mentioned one male and no female child is ideal for a family. 1.6% from other backward class (OBC) class and 2.0% from schedule tribe (ST) class recommends two male and two female children in a family. More than 50.0% girls have preferred 23-25 years of age for first conception. Out of which 25.7% girls have mentioned that age of 25 years is ideal for first conception. 69.3% girls have preferred difference of 2-3 years between marriage and first conception. 38.2% girls have preferred 3 years difference between marriage and first conception 37.2% of schedule caste (SC) class have mentioned 4 years and 6.0% have mentioned above 5 years is ideal difference. This finding support the statement of Khokhar et al. (2005) that delayed child bearing may reduce maternal and infant health risks but also provide them increased opportunities for women to acquire education, skills and great aspirations for herself and her family.

56.5% girls were informed by electronic media, 21.6% of total girls were informed by print media, 21.9% girls were informed through inter personal communication about age of first conception. 61.2% girls from schedule caste (SC) class with maximum frequency are informed by electronic media. 25.4% girls with maximum frequency were informed through print media and 27.6%
girls from other backward class OBC class were informed with maximum frequency by interpersonal communication. Television magazine and family members are most informative.

Regarding first information of ideal number of children in a family, 61.6% of total girls were informed through electronic media, 17.7% of total girls were informed through print media and 19.8% girls were informed through interpersonal communication. 79.2% of schedule tribe (ST) class girls with maximum frequency were informed through electronic media, 26.0% girls each from general class and other backward class (OBC) class with maximum frequency were informed through print media, 26.8% girls from general class with maximum frequency were informed by interpersonal communication.

Majority of the girls (99.0%) are aware that limitation to child birth is possible. 97.8% girls knew that space between two children is possible. 41.4% of total girls with maximum frequency have view that ideal difference between birth of two children should be three years. 25.2% of total girls mentioned that difference should be two years and 15.2% girls have mentioned four years. Pregnancy spacing is also an issue among adolescents because closely spaced pregnancies among teenagers will, by definition, increase the risk of repeat pregnancies. Zhu, Rolfs, Nangle and Horan, define an optimal interpregnancy interval as 18-23 months (Gold et al., 2004).

62.0% girls are informed by electronic media, 21.8% girls were informed by print media, 16.2% girls from interpersonal communication about awareness of limitation of birth. 70.4% of schedule caste (SC) class with maximum frequency informed by electronic media, 27.2% girls from general class with maximum frequency informed by print media, 23.6% girls from other backward class (OBC) class with maximum frequency informed through interpersonal communication. Television, magazine and teacher are the powerful media of information.

Regarding awareness towards spacing is possible, 60.1% of total girls were informed through electronic media, 21.0% girls were informed by print media, 31.2% girls from interpersonal communication. 65.2% of schedule tribe (ST) class with maximum frequency informed by electronic media, 24.4% girls
from general class with maximum frequency informed by print media, 21.6% girls from other backward class (OBC) class with maximum frequency informed through interpersonal communication. Television, magazine and family member are the powerful media of information.

Regarding view towards spacing period, 59.5% of total girls were informed through electronic media, 21.0% girls were informed by print media, 19.5% girls from interpersonal communication.65.2% of schedule tribe (ST) class with maximum frequency informed by electronic media, 36.9% girls from general class with maximum frequency informed by print media, 24.4% girls from other backward class (OBC) with maximum frequency informed through interpersonal communication. Television, magazine and teacher are the powerful media of information.

Majority of the girls 96.0% of total girls have heard about contraceptives. Permanent contraceptive method is known by 40.6% of total girls.97.9% of total girls knew temporary contraceptives, 2.8% girls knew about intra uterine device (IUD). 39.0% girls knew about male contraceptives and 100.0% girls knew about condoms. Only 6.5% girls of other backward class (OBC) class knew about other contraceptive method out of which 25.0% girls knew about traditional method. 4.1% girls of OBC class knew about other contraceptive method out of which 100.0% girls knew about traditional method.

Regarding source of information of contraceptives, 62.6% of total girls were informed through electronic media, 26.8% girls were informed by print media, 11.4% girls from interpersonal communication.72.4% of schedule tribe (ST) class with maximum frequency informed by electronic media, 31.5% girls from general class with maximum frequency informed by print media, 17.6% girls from general class with maximum frequency informed through interpersonal communication. Television, magazine and family member are the powerful media of information.

58.1% of total girls have view that purpose of contraceptive is to postpone first conception. Data from studies of first –time parents in Gujarat and West Bengal have shown that young couples wanted to spend more time together to get to know each other better before they had their first child. As
many as 65% of couples wanted to delay their first pregnancy for one to three years after marriage (Pachauri 2004). 93.3% of total girls have view that purpose of contraceptive use is to space children.

64.2% of total girls have view that female partner should only bear the responsibility of contraceptive use. 66.8% girls have opinion that only male partner should bear the responsibility of contraceptive use. It shows the rational distribution of responsibility mentioned by girls (Sharma 2003). mentioned that men play a significant role in all spheres of life including reproduction. Significantly, programmatic factors like giving undue weightage to female methods in the family welfare programme is responsible for male methods taking aback seat and shift of responsibility for family planning exclusively to women. Lack of contraceptive choice is also an impediment to family planning acceptance by men.

45.1% of total girls have belief that contraceptives cannot be use during breast-feeding. 50.8% girls of schedule tribe (ST) class with maximum frequency have mentioned that contraceptives can not be used during breast feeding. 18.9% girls believes that use of contraceptive can cause undesirable effect on physical beauty of women. 29.4% of SC class girls with maximum frequency have mentioned that contraceptive have ill effect on physical beauty of women.

Regarding source of information of contraceptives can be use during breast feeding, 67.8% of total girls were informed through electronic media, 16.1% girls were informed by print media, 16.0% girls from interpersonal communication. 78.5% of schedule tribe (ST) class with maximum frequency informed by electronic media, 21.1% girls from other backward class (OBC) class with maximum frequency informed by print media, 19.6% girls from other backward class (OBC) class with maximum frequency informed through interpersonal communication. Television, magazine and family member are the powerful media of information.

Regarding source of information of ill effect of contraceptives, 51.7% of total girls were informed through electronic media, 33.5% girls were informed by print media, 14.7% girls from interpersonal communication. 61.2% of
schedule caste (SC) class with maximum frequency informed by electronic media, 52.9% girls from schedule tribe (ST) class with maximum frequency informed by print media, 20.5% girls from other backward class (OBC) with maximum frequency informed through interpersonal communication. Television, magazine and family member are the powerful media of information.

Regarding attitude towards family planning, it is highly appreciable that majority of the girls have positive attitude to plan a family and girls are very clear & positive regarding age of first conception, ideal no of children in family and spacing of children etc.

As far as knowledge and awareness regarding contraceptives is concerned, in this context it is important to mention that proper planning of a family, only can be achieved through proper knowledge and awareness of contraceptives. There is a lack of knowledge and awareness of contraceptive methods. Only a small no of girls know permanent contraceptive method. Responsibility of use of contraceptives approximately equal percentage of girls are in favour of male and female which concludes that both men & women should equally responsible in bringing children to life. Some girls also have myth & misconception regarding use of contraceptive. As a result, due to lack of awareness girls could not grow as responsible parent.

**Awareness towards Antenatal and Postnatal care**

It is noted that total 99.3% girls comprising all categories are in favor of special care to pregnant.7.2% girls from mother backward class (OBC), 10.8% of schedule tribe (ST) and 1.2% of schedule caste (SC) girls consider pregnancy as disease.11.8% girls mentioned that pregnant women can do daily routine work. Regarding knowledge of antenatal and postnatal care 88.5% of total girls knew that pregnant women should consult her doctor every month, while 3.4% students know twice and 5.1% recommended more than twice, visit to Doctor in whole pregnancy period is necessary. In NFHS-2 it was found, about 43% of tribal women and one third of women belonging to schedule castes did not have a single check up during pregnancy (Kulkarni, 2004).

68.3% girls knew that tetanus toxoid injection is necessary for pregnant women 1.5% consider not necessary while 29.0% girls have no information
regarding it 72.6% girls knew that the purpose of folic acid supplementation during pregnancy is to prevent anemia, while 15.8% knew it is given for strong bone and 1.2% knew is for eyes. Source of information of tetanus toxoid is electronic media 82.9%, print media 22.8%, and interpersonal communication 14.2%. Regarding awareness of antenatal nutritional care, 96.2% girls correctly accepted need of extra nutrient in pregnancy and 1.2% of general, 4.0% of other backward class (OBC) and 3.6% of schedule tribe (ST), and 6.4% girls of schedule caste (SC) stated that there is no need of extra nutrient, 65.8% girls consider that all the nutrients should be given in extra amount. 79.2% girls accept that after delivery mothers should be given special foodstuff, 8.5% are not in favor and 12.3% girls did not respond. Regarding source of information again electronic media is the strongest one and television only informs 85.1% of girls in electronic media segment. 16.3% girls were informed through print media and 25.6% by interpersonal communication. Regarding specific foodstuff given to mothers for better health of child and her self, Harira comprising of Desi Ghee, dry fruits, Jaggery and herbs is recommended by all the four groups with highest frequency (19.2%).

50.2% of total girls have rightly mentioned that the normal weight of neonate is 2.5kg to 3kgs. 12.8% girls did not give any response regarding weight of neonate. Rest of the students have incorrect information. It is noted that nearly all the girls 97.9% accepted that mother milk should be first food given to neonate in the study. Among the four groups only 100.0% other backward class (OBC) girls have mentioned that mothers milk should be the first feed of neonate. But only 38.9% of girls having knowledge of importance of colostrums and 46.9% did not have any knowledge of colostrums. 14.2% girls did not give any response. General class being most aware with 46.4% and schedule caste (SC) being least with 32.8% girls about colostrum. Regarding source of information of knowledge about neonatal care electronic media is most informative as it informs 44.4% girls about normal weight of neonate, 60.5% girls about first feed and 57.3% girls about importance of colostrum. Interpersonal communication stands at second position as it informs 34.4% of girls about normal weight of neonate, 26.6% girls about first feed and 27.5% girls about importance of colostrums. One interesting finding is that schedule
tribe (ST) girls are mostly depending on electronic media, which is further classified as television for gathering information. General class depends on electronic media but family member and magazine inform them with nearly highest frequency among all groups.

29.3% girls are aware that six months is correct age for introduction of supplementary food (Semi solid food) to infant) 6.4% girls have not responded. 87.9% girls correctly accepted salt sugar solution should be given to child for control of diarrhea at home. While 5.7% girls preferred medicine for treating diarrhea. 89.0% girls are aware of oral rehydration solution (ORS) and only 10.1% have no idea of oral rehydration solution (ORS). 76.5% girls were informed through electronic media 10.6% by print media and only 13.4% girls by inter personal communication.

Regarding immunization, 86.5% girls are aware that children should be vaccinated while 11.3% have no idea and 2.4% have denied the need of vaccination for children 73.4% girls correctly accepted there is no ill effect of vaccination, 17.8% girls have no idea and 8.0% knew that there is ill effect of vaccination 52.8% girls agree that vaccination can be given during illness, while 23.2% have no idea and 23.4% advocates that vaccination can not be given when child is sick.

**Awareness and Source of Information**

Awareness is generated through information education and communication. Consolidated details of different sources and awareness has been analyzed to know the effectiveness of media and interpersonal communication. It is found that electronic media is most powerful source with 61.0%, followed by print media 20.0% and interpersonal communication with 18.9%. Further analysis shows that 52.9% girls have perceived the information through television, 13.3% by magazine 8.0% girls have been informed through radio, 7.8% through family members, 7.7% through teacher, 6.6% through newspaper and only 3.2% through friends.

It has been also observed that source of information also vary with kind of information. The analysis of source of information and awareness of particular kind of information has been also analyzed. Regarding health
awareness and source of information it has been observed that 65.5% girls have gained information through electronic media, 17.1% girls have through print media and 17.2% girls were informed through interpersonal communication. In this segment further analysis shows that 56.2% girls have been informed through television, 10.2% through teacher 9.3% through radio, 8.5% girls were informed through magazine, 8.5% through newspaper 4.9% girls have been informed through family member, 2.0% through friend. It indicates that the interpersonal communication informs a good percentage of girls regarding information related to health awareness. Teacher is more informative than any other source it may be that certain text books contains matter on communicable diseases and health.

The most important segment of the study is reproductive health. Regarding awareness on this it is exhibited that 61.6% girls have gained information through electronic media, 21.9% girls have through print media and 16.4% girls were informed through interpersonal communication. In this segment further analysis shows that 54.9% girls have been informed through television, 13.2% girls were informed through magazine, 8.7% through newspaper, 8.1% through teacher 6.7% through radio, 4.7% girls have been informed through family member, 3.7% through friend. It indicates that the print media is a potential source as it informs a good percentage of girls regarding information related to reproductive health awareness. Television is undoubtedly the strongest source besides that Magazine is more informative than any other sources. It may be due to the fact that girls can explore the information through magazine with privacy on this sensitive issue.

Regarding awareness towards family welfare programme and source of information it has been found that 60.0% girls have gained information through electronic media, 22.3% girls have through print media and 17.5% girls were informed through interpersonal communication. In this segment further analysis shows that 51.1% girls have been informed through television, 8.8% through radio 16.8% girls were informed through magazine, 8.2% girls have been informed through family member, 5.7% through teacher, 5.5% through newspaper, 3.6% through friend. It indicates that the print media is a potential source as it informs a good percentage of girls regarding information related to
family welfare awareness. Television is again the most effective source besides that Magazine is more informative than any other sources.

Regarding information about antenatal and postnatal care it is noted that 59.6% girls have gained information through electronic media, 16.3% girls have through print media and 24.1% girls were informed through interpersonal communication. In this segment further analysis shows that 51.6% girls have been informed through television, 12.2% girls have been informed through family member, 113% girls were informed through magazine, 8.9% through teacher, 7.8% through radio 5.0% through newspaper 2.8% through friend. It indicates that the inter personal communication informs a good percentage of girls regarding information related to antenatal and postnatal care. It is a potential source of information regarding awareness on this important topic.

It has been also observed that particular source of information is effective to a particular category. It is revealed that electronic media is more effective among schedule tribe and schedule caste girls (67.6% and 65.5% respectively) where as electronic media is least effective in general category among all the four categories (53.0%). Print media is most effective among other backward class with highest value of 27.5% and lowest value among schedule caste category (16.7%). Interpersonal communication provides information to girls from general category with highest percentage 22.6%. Where as interpersonal communication is not much effective among schedule tribe (15.1%). Further analysis shows that Television is most effective (60.8%) among schedule tribe girls and least among general category (42.4%). Radio is most effective for girls of general category (10.6%) and least among schedule tribe (6.8%). Further analysis of print media shows that magazine provides information to girls of other backward class with maximum percentage of 18.3% and least to schedule caste category (11.4%). Newspaper is most effective (9.30%) among general category and least among schedule tribe girls (4.4%). In interpersonal communication analysis shows that friend provides first information reading awareness with highest percentage among schedule caste category i. e.3.4% girls. Friends are least effective (2.3%) source of information among girls of other backward class girls. Teachers are most effective (9.3%) source of first information for girls of other backward class girls.
whereas least effective among schedule tribe (6.4%) girls. Family members are most effective source of information among general category where as least effective among girls of other backward class girls.

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