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A Descriptive Study to Assess the Knowledge and Attitude Scores Regarding Sexual Health Among Adolescent Girls (10-19years) At (M.P)

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***Index Terms*—Adolescent girls, Sexual Health, Reproductive Health, Knowledge and Attitude, Rural Community, Descriptive Study, assess knowledge**

I. BACKGROUND OF STUDY

The transitional phase between childhood and adulthood, known as adolescence, heralds rapid transformations encompassing physical, cognitive, and psychosocial domains. During this period, adolescents establish unique patterns of behavior that encompass dietary choices, physical activities, experimentation, substance use, and burgeoning sexual explorations. The decisions made during these formative years are pivotal in shaping their future health and overall well-being. Adolescence is a crucial phase of life characterized by rapid physical, emotional, and social changes. Sexual health plays a fundamental role in the overall well-being of adolescents, particularly in rural settings where traditional norms and limited access to healthcare services often shape their understanding and attitudes Introduction: "World Health Organization" (WHO), defines adolescent as young people aged between 10and 19 years. The national policy of India 2000 recognized adolescents as a vulnerable group with specific needs. Sexual health of adolescent is crucial since it determine the health of future generation to come with Urbanization and liberal attitudes in contemporary Indian society, there is an increased likelihood of indulging in sexual proximity at an early age, the burden of which is usually born by the female sex. Hence, adolescent girls are at risk of unwanted pregnancy, reproductive tract infection (RTIs) and also a spectrum of social and psychological consequences such as discontinuation of education, forced early, marriages, unplanned pregnancies, unsafe abortion, and depression. The adolescent population in (M.P.) is growing rapidly (the decadal growth rate of the adolescent population is 19% between 2001and 2011). Inadequacies of nutrition (32% of adolescents are moderately or severely thin, and36% are anaemic), the prevalence of teen marriages, gender- based violence, and poor utilization of adolescent friendly health services render adolescents susceptible to SRH problems. Bali et al (2020) unveiled inadequacies in attributed to deficient knowledge levels, inadequate training, and substandard counselling skills among health service providers. There is a lack of research on the knowledge and attitude score of adolescents on SRH in the Bhopal district of (M.P.). hence, a systematic inquiry was key words: adolescents, reproductive and sexual health, knowledge 30 the nursing journal of India undertaken to bring out strategies for improving the SRH education in Bhopal. This study aims to assess the knowledge and attitudes regarding sexual health among adolescent girls (10-19years) in a selected rural community area in Bhopal.

II. PROBLEM STATEMENT

A descriptive study to assess the knowledge and attitude scores regarding sexual health among adolescent girls (10-19years) at MP

III. OBJECTIVES

1. To assess the knowledge score regarding sexual health among adolescent girls (10-19years) at Bhouri, Bhopal. 2. To assess the attitude score regarding sexual health among adolescent girls (10-19years) at Bhouri, Bhopal. 3. To find out the association between level of knowledge and attitude with selected demographic variables regarding sexual health among adolescent girls (10-19years) at MP. HYPOTHESES: H0: There is no significant relationship between the knowledge regarding sexual health as well as the attitude towards sexual health and demographic variables among adolescent girls (10-19 years) at Bhouri, Bhopal. H1: There is a significant relationship between the knowledge regarding sexual health and demographic variables among adolescent girls (10-19years) at MP, H2: There is a significant relationship between the attitude regarding sexual health and demographic variables among adolescent girls (10-19years) at MP. METHODOLOGY: A descriptive, study was conducted involving adolescent girls from (M.P.). Data were collected using a structured knowledge questionnaire and attitude rating scale (Likert scale) covering key aspects of sexual health. A non-experimental descriptive research design was used to complete the study in which probability simple random sampling technique were used and self- structured knowledge questionnaire and attitude rating scale (Likert scale) was selected as a tool of data collection. 100 samples were selected by random sampling. RESULT: The present study assessed the knowledge and attitude score regarding sexual health among adolescent girls (10-19 years) at M.P. The results provided insights into their awareness and perspectives, which are crucial for understanding the sexual health challenges adolescents face. Knowledge Scores: The findings revealed that most respondents (54%) had an average level of knowledge about sexual health, while 42% had poor knowledge, and only 4% exhibited good knowledge. The mean knowledge score was 12.29 with a standard deviation of 4.16, indicating limited awareness among adolescents regarding sexual health. This aligns with prior studies showing that rural adolescents often lack access to comprehensive sexual health information. Attitude Scores: A majority of respondents (68.75%) had a neutral attitude toward sexual health, followed by 35% who had a positive attitude, and 21.25% showed a negative attitude. The mean attitude score was 50.77, with a standard deviation of 13.751, showing moderate variation. The neutral attitude could indicate a lack of exposure to sexual health education, discomfort in discussing the topic, or social taboos. Association Between Knowledge and attitude score with Demographic Variables: There was no significant relationship between knowledge or attitude scores and most demographic factors like age, type of family, number of family members, living arrangement, educational status, or family income, educational status of father, occupation of Father, education of Mother, occupation of Mother, previous source of information, seek information about sexual health, contraceptives should be easily accessible to adolescents, adequate access to sexual health resources.

SECTION: A
SOCIO-DEMOGRAPHIC INFORMATION:
Frequency and percentage wise distribution of adolescent girls according to their demographic variable n=100

S.N.	VARIBLES	FREQUENCY	PERCENTAGES
1.	Age:		
	10 – 12 years	17	17%
	13 – 14 years	24	24%
	15 – 16 years	30	30%
	17 - 19 years	29	29%
2.	Type of family		
	Nuclear	24	24%
	Joint	65	65%
	Extended	9	9%
	Other	2	2%
3.	Number of members in family		
	1 – 3	13	13%
	4 – 6	58	58%
	7 – 10	21	21%
	More than 10	8	8%
4.	Living arrangement		
	Home	18	18%
	Hostel	38	38%
	Rent House	43	43%
	Others	1	1%
5.	Educational status		
	Illiterate	15	15%
	Primary	25	25%
	High school	58	58%
	Higher secondary	2	2%
6.	Family Monthly income		
	Below 10000	53	53%
	10001–20000	20	20%
	20001–30000	18	18%
	Above 30000	9	9%
7.	Educational Status of father		
	Primary	31	31%
	High school	42	42%
	Higher secondary	16	16%
	Illiterate	11	11%
8.	Occupation of father		
	Unemployment	30	30%
	Private job	34	34%
	Govt. job	13	13%
	Businessmen	23	27%
9.	Educational Status of mother		
	Primary	46	46%

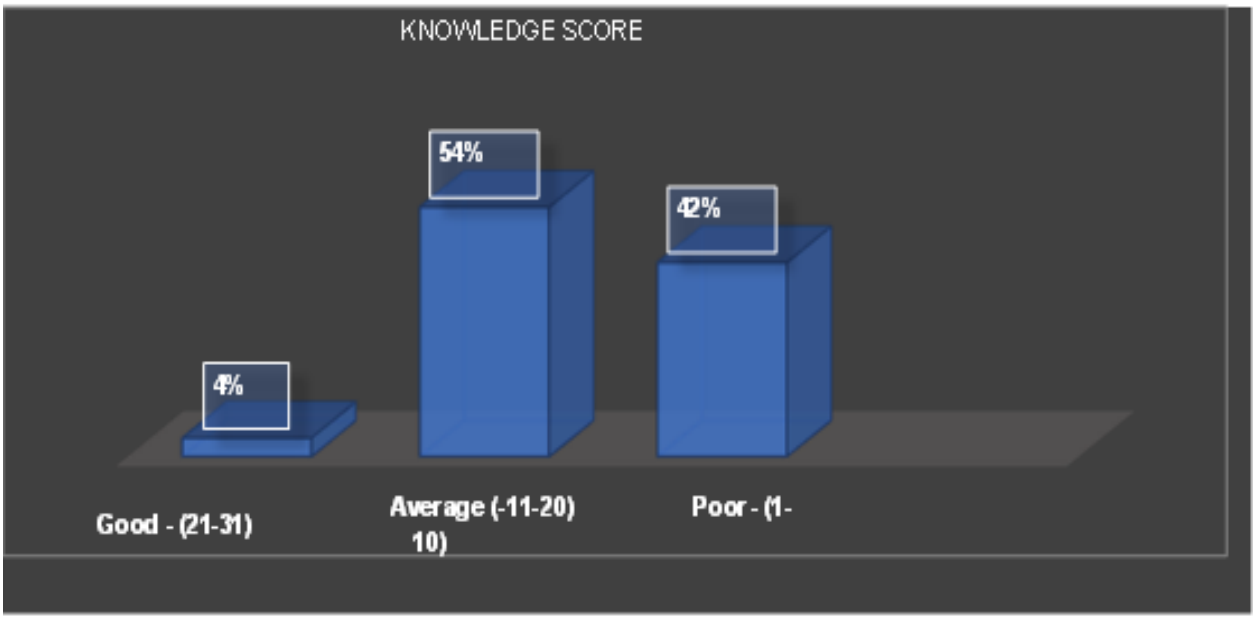
	High school	43	43%
	Higher secondary	7	7%
	Illiterate	4	4%
10.	Occupation of mother		
	House wife	70	70%
	Private job	20	20%
	Govt. job	8	8%
	Employed	2	2%
11.	Previous source of information		
	Social media	34	34%
	Book	18	18%
	Family and Friends	32	32%
	Health care personnel	16	16%
12.	How often do you seek information about sexual health Online		
	Frequently	20	20%
	Occasionally	51	51%
	Rarely	19	19%
	Never	10	10%
13.	Do you think contraceptives should be easily accessible to Adolescents		
	Yes.	95	95%
	No.	5	5%

SECTION: B

Shows the frequency, percentage, mean, standard deviation of knowledge score.

KNOWLEDGE SCORE	FREQUENCY	PERCENTAGE	MEAN	S.D.
Good - (21-31)	04	04%	12.29	4.16
Average - (11-20)	54	54%		
Poor - (1-10)	42	42%		

TABLE Shows the frequency, percentage, mean, median and standard deviation of knowledge score of adolescent girls regarding sexual health are Poor 42 (42%); Average 54 (54%); and Good 4 (4%). This table depicts the Mean knowledge score i.e. 12.29, and Standard deviation of



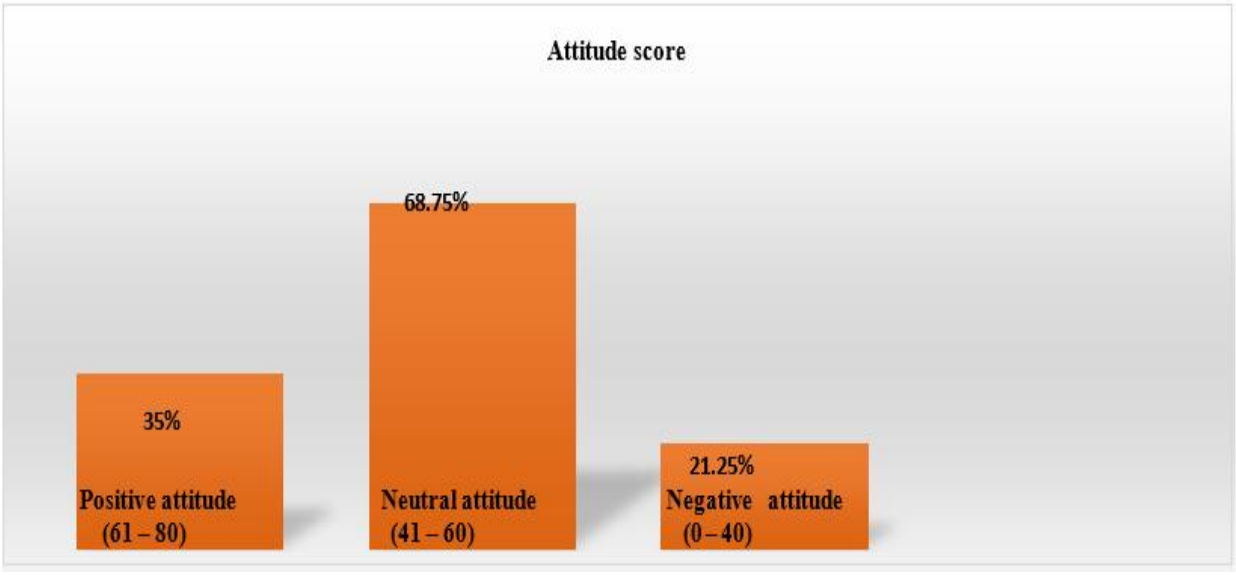
knowledge score is 4.16.

SECTION: C

TABLE Shows the frequency, percentage, mean, standard deviation of Attitude score.

ATTITUDE	FREQUENCY	PERCENTAGE	MEAN	S.D.
Positive attitude (61 – 80)	28	35%	50.77	13.751
Neutral attitude (41 – 60)	55	68.75%		
Negative attitude (0 – 40)	17	21.25%		

Presents the attitude scores toward sexual health among adolescent girls. The majority (68.75%) had a neutral attitude, while 35% exhibited a positive attitude. A smaller portion (21.25%) showed a negative attitude. The mean attitude score was 50.77, with a standard deviation of 13.751, indicating moderate variation in attitudes.



Association between the attitude and socio-demographic characteristics of adolescent girls

S/ N	Variables	Positive Attitud e	Neutr-al attitu-de	Negati -ve attitu-de	Chi-squa re	Degree-of freedom	Tabul-ar value	Re-sult
1.	Age:				13.36	6	18.54	NS
	10 – 12 years	4	12	1				
	13 – 14 years	6	14	4				
	15 – 16 years	5	15	10				
	17 - 19 years	13	14	2				
2.	Type of family				3.329	6	18.54	NS
	Nuclear	7	14	3				
	Joint	18	36	11				
	Extended	2	5	2				
	Other	1	0	1				
3	Number of members in family				5.361	6	18.54	NS
	1 – 3	2	7	4				
	4 – 6	17	30	11				
	7 – 10	7	12	2				
	More than 10	2	6	0				
4	Living arrangement				4.861	6	18.54	NS
	Home	4	9	5				
	Hostel	14	20	4				
	Rent House	10	25	8				
	Others	0	1	0				
5	Educational status							
	Illiterate	6	6	3	3.810	6	18.54	NS
	Primary	6	13	6				
	High school	15	35	8				
	Higher secondary	1	1	0				
6.	Family Monthly income (in rupees)							
	Below 10000	17	28	8	1.381	6	18.54	NS
	10001–20000	4	12	4				
	20001–30000	5	10	3				
	Above 30000	2	5	2				

IV. CONCLUSION

The study concludes that the overall knowledge and attitude score regarding sexual health among adolescent girls at Bhouri, Bhopal is relatively low. While many adolescents possess average knowledge, very few have good knowledge, and the attitudes remain largely neutral or negative. This underscores the need for targeted interventions to improve both sexual health education and attitudes, especially in rural communities where access to resources discussions are limited.

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