

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20262549>

Original Research Article

Awareness regarding reproductive health and contraception among adolescent girls attending a tertiary care centre in Jaipur, Rajasthan: a cross-sectional study

Suman Ruheala¹, Arpana Singhal¹, Reshu Gupta^{2*}

¹Department of Obstetrics and Gynecology, Government RDBP Jaipuria Hospital attached to RUHS College of Medical Sciences, Jaipur, Rajasthan, India

²Department of Physiology, RUHS College of Medical Sciences, Jaipur, Rajasthan, India

Received: 07 June 2026

Accepted: 07 July 2026

*Correspondence:

Dr. Reshu Gupta,

E-mail: reshugpt@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Adolescence is a critical transitional period associated with major physical, psychological, and reproductive changes. Inadequate reproductive health knowledge among adolescent girls increases the risk of menstrual health problems, sexually transmitted infections, unintended pregnancies, and unsafe abortions.

Methods: A hospital-based cross-sectional study was conducted among 156 adolescent girls attending the outpatient department of obstetrics and gynecology at Government Rukmani Devi Beni Prasad (RDBP) Jaipuria Hospital, Jaipur, Rajasthan, from February to June 2024. Participants who had attained menarche and consented to participate were included. Data were collected using a structured questionnaire assessing reproductive health and contraceptive knowledge. Statistical analysis was performed using IBM SPSS Statistics software (version 26.0; IBM Corp., Armonk, NY, USA).

Results: Most participants (73.1%) demonstrated moderately adequate knowledge, while only 5.8% had adequate knowledge regarding reproductive health and contraception. Media and social media applications were the most common source of information (35.89%). The lowest knowledge scores were observed in menstrual hygiene practices (29.3%) and reproductive anatomy and physiology (41.3%). Significant associations were found between knowledge levels and residence ($p < 0.001$), medium of instruction ($p = 0.014$), and maternal educational status ($p = 0.043$).

Conclusions: Although adolescent girls had moderate awareness regarding reproductive health and contraception, important gaps persisted in menstrual hygiene, reproductive anatomy, and contraceptive knowledge. Structured, age-appropriate, and culturally sensitive reproductive health education programmes are needed to improve adolescent reproductive health literacy.

Keywords: Adolescence, Reproductive health, Contraception, Menstrual hygiene, Awareness

INTRODUCTION

Adolescence is defined by the World Health Organization (WHO) as the period between 10 and 19 years of age and represents the transition from childhood to adulthood.¹ During this phase, individuals undergo rapid physical growth, hormonal changes, emotional development, and social adaptation. Globally, adolescents constitute a

significant proportion of the population, with nearly 1.3 billion individuals belonging to this age group.²

Puberty introduces profound physiological and psychological changes that prepare adolescents for reproductive maturity.³ However, adolescents remain particularly vulnerable to reproductive and sexual health problems, including unintended pregnancies, unsafe abortions, sexually transmitted infections (STIs),

HIV/AIDS, menstrual disorders, and psychosocial stress.⁴ Although global adolescent birth rates have declined over recent decades, approximately 12 million girls aged 15-19 years continue to give birth annually, predominantly in low- and middle-income countries, where nearly one-third of all pregnancies are unintended, and many terminate in unsafe abortions, contributing substantially to maternal morbidity and mortality among adolescents.^{7,8} Early pregnancies are associated with increased risks of anemia, hypertensive disorders, obstructed labour, preterm birth, low birth weight, and poor neonatal outcomes.⁶

In India, the average age of menarche ranges between 13 and 14 years and is influenced by nutritional, environmental, hereditary, and socioeconomic factors.⁹ Despite increasing access to education and healthcare, reproductive health literacy among adolescents remains inadequate.^{10,11} Cultural taboos, social stigma, and lack of open communication often prevent adolescents from obtaining scientifically accurate information regarding menstruation, contraception, and reproductive physiology.

Many adolescents rely on peers, media platforms, and social networking sites for information regarding reproductive health.³ Although digital media improves accessibility, it may also contribute to misinformation and misconceptions. Adequate awareness regarding reproductive anatomy, menstrual hygiene, contraception, and sexually transmitted diseases is essential for informed decision-making and prevention of reproductive health complications.

Lack of reproductive health knowledge may contribute to unsafe sexual practices, unintended pregnancy, school dropout, unsafe abortion, and increased maternal and child morbidity.^{12,13} Recognising the importance of adolescent reproductive and sexual health, the Government of India has implemented several initiatives under the Reproductive and Child Health (RCH-II) programme and adolescent-friendly health services.¹⁴ However, substantial knowledge gaps continue to exist among adolescent girls, particularly regarding menstrual hygiene and contraception.

The present study was undertaken to assess awareness regarding reproductive health and contraception among adolescent girls attending a tertiary care centre in Jaipur, Rajasthan, and to determine the association between reproductive health knowledge and selected socio-demographic variables.

METHODS

This hospital based cross-sectional study was conducted in the department of obstetrics and gynecology at Government RDBP Jaipuria Hospital attached to RUHS College of Medical Sciences, Jaipur, Rajasthan, over a period of five months from February to June 2024. The study included unmarried adolescent girls aged 14-18 years who had attained menarche and were willing to

participate. Adolescents with severe psychological illness and those unwilling to participate were excluded from the study.

The sample size was calculated using the standard formula:

$$n = \frac{Z^2 \cdot P \cdot (1 - P)}{d^2}$$

where: n is the final sample size (156, which includes the 10% non-response allowance).

Z is the standard normal deviate (1.96 at a 95% confidence interval).

P is the estimated prevalence of the primary outcome (0.625, based on previous literature).

d is the absolute precision margin (0.08).

Based on a previous reported prevalence of 62.5% (P=0.625) for knowledge regarding menstrual cycle duration, an absolute precision (d) of 8% (0.08), and a 95% confidence interval (Z=1.96), the initial calculated sample size was 141. To account for a 10% non-response rate, the final sample size (N) was calculated as:

$$N = \frac{n}{1 - \text{attrition rate}} = \frac{141}{0.90} \approx 156$$

Participants were selected from the outpatient department according to the inclusion and exclusion criteria. For participants below 18 years of age, written informed consent was obtained from parents or legal guardians along with written informed assent from the participants. Written informed consent was obtained directly from participants aged 18 years. Confidentiality and anonymity were maintained throughout the study.

The study was conducted according to the principles of the Declaration of Helsinki and received approval from the institutional ethics committee. Data were collected using a structured proforma consisting of two sections. The first section included socio-demographic variables such as age, religion, family income, family type, residence, maternal educational status, and medium of instruction. The second section comprised a 33-item structured questionnaire assessing knowledge regarding reproductive health and contraception. The questionnaire was structured to evaluate various dimensions of reproductive health across nine distinct domains, comprising a total of 33 questions. It assessed female reproductive anatomy and physiology with 9 questions, followed by contraception with 5. Both menstrual cycle knowledge and menstrual hygiene practices were evaluated using 4 questions each, while reproductive health problems were evaluated by 3 questions. Finally, 2 questions each were allocated to the domains, which included general knowledge regarding

reproductive health, fertilization, embryo, puberty, pubertal changes, and sexual activity.

The first 31 questions are scored to assess knowledge (1 point for each correct response, total score of 31). Questions 32 and 33 pertain to personal history regarding sexual activity and are used for descriptive analysis only and not for overall scoring of knowledge.

Knowledge was categorized as inadequate if the score was $\leq 33.3\%$ (≤ 10 points), moderately adequate with a score of 34.4-64.5% (11-20 points) and adequate above 67.7% (≥ 21 points).

All collected data were entered into Microsoft Excel and analysed using IBM SPSS Statistics software (version 26.0; IBM Corp., Armonk, NY, USA). Descriptive statistics including frequencies, percentages, means, and

standard deviations were used to summarize the data. Inferential statistics including the Pearson chi-square test (for association between categorical variables), independent samples t-test (for comparison of continuous scores between two groups), and one-way analysis of variance (ANOVA) (for comparison of continuous scores across three or more groups) were applied to determine associations. A p value of less than 0.05 was considered statistically significant.

RESULTS

A total of 156 adolescent girls participated in the study. Most participants (73.1%) belonged to the 16-18 years age group. The majority were Hindus (67.3%) and belonged to nuclear families (80.8%). Urban residents constituted 80.1% of the study population, and most participants (78.8%) studied in Hindi-medium institutions (Table).

Table 1: Socio-demographic and baseline characteristics of study participants (n=156).

Variables	Category	Frequency	Percentage
Age Group	14-16 years	42	26.9
	16-18 years	114	73.1
Religion	Hindu	105	67.3
	Muslim	48	30.8
	Christian	3	1.9
Type of family	Nuclear	126	80.8
	Joint	30	19.2
Residence	Urban	125	80.1
	Rural	31	19.9
Medium of instruction	Hindi	123	78.8
	English	33	21.2
Monthly family income (INR)	<3000	17	10.9
	3,001-5,000	26	16.7
	5,001-10,000	40	25.6
	>10,000	73	46.8
Maternal education status	Primary	16	10.3
	Secondary	19	12.2
	Higher Secondary	79	50.6
	Graduate	42	26.9

Table 2: Domain-wise knowledge scores among participants (n=156).

Knowledge	Maximum obtainable score	Mean score	Standard deviation ($\pm$)	Mean percentage
General knowledge on reproductive health	2	1.00	0.59	50.0
Anatomy and physiology	9	3.72	2.26	41.3
Fertilization and embryo	2	1.00	0.71	50.0
Puberty and pubertal changes	2	1.02	0.77	51.0
Menstrual cycle	4	1.82	1.60	45.5
Menstrual hygiene and practice	4	1.17	0.98	29.3
Reproductive health problems	3	1.80	1.05	60.0
Contraception	5	2.74	1.26	54.8
Sexual activity	2	—	—	—
Total knowledge score	31	13.51	3.68	43.6

The sexual activity domain was only used for descriptive personal history and omitted from cumulative quantitative scoring.

Media and social media applications were the most common source of information regarding reproductive health and contraception (35.9%), followed by mothers (25.6%), teachers (20.5%), and friends (17.9%).

Knowledge regarding reproductive anatomy and physiology was inadequate in a large proportion of participants. Less than one-third correctly identified the reproductive organs. Awareness regarding fertilization was reported by 43.6% of participants, while 51.9% correctly identified the site of oogenesis. Although 64.1% correctly identified the first sign of puberty, only 37.8% knew the appropriate age of onset of puberty, which is consistent with findings regarding pediatric physical development (Table 2).¹¹

Knowledge regarding the menstrual cycle remained suboptimal, with only 32.7% correctly identifying the normal menstrual cycle interval. Regarding menstrual hygiene practices, 51.3% used sanitary napkins, while 61.5% reported appropriate disposal methods.

Knowledge regarding reproductive health problems was moderate, with 44.9% aware of sexually transmitted diseases. Awareness regarding contraception was generally inadequate. Only 47.4% correctly understood the concept of contraception. Awareness regarding condoms,

oral contraceptive pills, and Copper-T was reported by 21.8%, 34%, and 26.9% of participants respectively.

Only 2% of participants reported a history of sexual intercourse, all belonging to the 16-18 years age group.

The highest mean percentage score was observed in reproductive health problems (60%), whereas the lowest score was observed in menstrual hygiene and practices (29.3%). The overall mean knowledge score was 13.51 ± 3.68 .

Most participants (73.1%) demonstrated moderately adequate knowledge regarding reproductive health and contraception, whereas only 5.8% had adequate knowledge.

Knowledge levels were associated highly significantly associated with residence ($p < 0.001$) and significantly associated with medium of instruction ($p = 0.014$) and maternal educational status ($p = 0.043$). No significant associations were observed for age, family income, family type, or religion. The religion of an individual was analyzed by pooling Muslim and Christian participants into a "NON-Hindu" category to satisfy Cochran's criteria (Table 3).

Table 3: Association between knowledge levels and selected socio-demographic variables (n=156).

Demographic Variable	Chi-square (χ^2) value	df	P value	Significance
Residence	31.604	2	<0.001	Highly significant
Medium of instruction	8.503	2	0.014	Significant
Maternal education status	13.023	6	0.043	Significant
Age group	0.313	2	0.855	Not significant
Monthly family income	3.603	6	0.730	Not significant
Type of family	0.471	2	0.790	Not significant
Religion (Hindu versus non-Hindu) ^a	0.011	2	0.995	Not significant

^aMuslim (n=48) and Christian (n=3) categories were pooled into a single "non-Hindu" category to satisfy Cochran's rule for Chi-square testing.

Table 4: Comparison of domain-wise mean knowledge scores with maternal educational status.

Knowledge domain	Primary (n=16)	Secondary (n=19)	Higher secondary (n=79)	Graduate (n=42)	P value
General Knowledge	1.20±0.50	1.10±0.40	1.40±0.60	1.50±0.70	0.032 ^a
Anatomy and Physiology	3.56±2.50	3.89±2.35	3.61±2.30	3.93±2.12	0.866
Fertilization and embryo	0.94±0.85	0.79±0.71	0.84±0.69	0.71±0.71	0.711
Puberty and pubertal changes	1.00±0.82	1.05±0.85	1.09±0.75	0.88±0.77	0.573
Menstrual cycle	1.19±1.72	2.41±1.64	1.86±1.47	1.71±1.73	0.145
Menstrual hygiene and practice	1.06±1.12	1.53±1.12	1.08±0.93	1.24±0.96	0.310
Reproductive health problems	1.69±1.08	1.74±1.24	1.82±0.98	1.83±1.10	0.955
Contraception	2.75±1.61	2.95±1.03	2.56±1.36	2.98±0.98	0.303

^aStatistically significant at $p < 0.05$.

A statistically significant difference was detected only for general reproductive health knowledge ($p = 0.032$), with participants whose mothers were graduates displaying

higher mean scores compared to those whose mothers had lower educational attainment. No statistically significant differences were observed among maternal educational

groups with respect to anatomy and physiology ($p=0.866$), fertilization and embryo ($p=0.711$), puberty and pubertal changes ($p=0.573$), menstrual cycle ($p=0.145$), menstrual hygiene and practices ($p=0.310$), reproductive health problems ($p=0.955$), and contraception ($p=0.303$) (Table 4).

DISCUSSION

The present study assessed awareness regarding reproductive health and contraception among adolescent girls attending a tertiary care centre in Jaipur, Rajasthan. Although most participants demonstrated moderately adequate knowledge, important gaps persisted in menstrual hygiene, reproductive anatomy, and contraception.

The majority of participants belonged to the 16-18 years age group and were predominantly urban residents. Despite greater access to healthcare services and educational resources, overall knowledge levels remained only moderately adequate. This finding suggests that exposure to information alone may not ensure accurate understanding of reproductive health concepts.

The present study also demonstrated important socio-demographic influences on reproductive health literacy. Urban residence showed a highly significant association with higher knowledge scores, indicating the influence of geographic accessibility to healthcare services, educational programmes, and digital resources.¹²

Maternal education demonstrated a significant association with general reproductive health knowledge. However, no significant association was observed with menstrual hygiene practices or contraceptive knowledge. This finding highlights an intergenerational communication gap. Although educated mothers may discuss basic pubertal changes with their daughters, cultural taboos may continue to prevent open discussions regarding menstruation and contraception. Consequently, adolescents may rely on informal or digital sources for reproductive health information.

A key finding is the significant association between the medium of school instruction and reproductive health knowledge ($p=0.014$). Girls studying in English-medium schools demonstrated significantly better awareness than those in Hindi-medium institutions. This linguistic disparity represents a major structural barrier to health equity. This discrepancy indicates that available Hindi-language educational materials may be vague or outdated due to regional cultural taboos, whereas English-medium students have access to more comprehensive, direct, and modern digital resources. Consequently, it is recommended that the local state authorities and educators translate comprehensive sexuality education frameworks, such as the UNESCO guidelines, into regional dialects using clear, non-stigmatizing, and scientifically accurate terminology.¹⁵ Increasing access to scientifically accurate

and culturally appropriate reproductive health resources in regional languages can help improve adolescent health literacy.

Interestingly, no significant association was observed between age group and reproductive health knowledge. The absence of improvement in awareness between early and late adolescence suggests stagnation in reproductive health education during these formative years. This finding emphasizes the need for continuous, structured, and age-appropriate reproductive health education throughout adolescence rather than isolated interventions.

The study identified substantial deficiencies in knowledge regarding reproductive anatomy and physiology. Less than one-third of participants correctly identified reproductive organs, indicating poor understanding of basic reproductive concepts. Similar findings have been reported in other Indian studies assessing reproductive health literacy among adolescents, particularly among school-going and rural populations.^{10,16-18,20}

An important observation in the present study was the physiological paradox demonstrated by participants. The study reveals a stark divergence between adolescents' recognition of external, visible pubertal milestones and their understanding of internal reproductive anatomy. While 64.1% of participants could correctly identify the first external sign of puberty, only 41.3% could identify basic internal reproductive organs, and only 37.8% understood the onset of puberty, consistent with previous findings regarding pediatric physical development.¹¹ This divergence suggests that reproductive health education in semi-urban India is highly focused on managing the external, visible signs of puberty (such as menstruation management) while systematically neglecting internal anatomy and physiological literacy.

This anatomical knowledge gap is directly linked to the low contraceptive awareness scores observed in the study, where only 47.4% understood the concept of contraception, and awareness of long-acting reversible methods like the Copper-T was low (26.9%). Without a basic understanding of internal reproductive anatomy, the biological mechanism of contraception remains abstract and difficult to grasp indicating incomplete family planning frameworks among adolescents. Inadequate contraceptive awareness may increase the risk of unintended pregnancy, unsafe abortion, and reproductive complications.^{4,7,8,10}

Knowledge regarding menstrual hygiene practices was also inadequate. Although more than half of the participants reported using sanitary napkins, menstrual hygiene demonstrated the lowest domain-wise score. This finding is concerning because most participants belonged to urban areas where healthcare access is relatively better. Financial limitations, social stigma, cultural taboos, and restricted communication regarding menstruation may continue to influence menstrual hygiene practices among

adolescents.^{9,10,16} Hence, “menstrual hygiene” and “contraception” should not be taught as isolated practices, but should be integrated into a comprehensive curriculum.

Awareness regarding reproductive health problems was comparatively better, particularly concerning HIV/AIDS.⁴ This may reflect the effectiveness of national awareness campaigns focusing on HIV prevention. However, awareness regarding other sexually transmitted infections remained limited, indicating selective patterns of reproductive health knowledge.

The finding that media and social media applications are the leading source of reproductive health information (35.89%) represents a shift in adolescent health-seeking behavior away from traditional channels like mothers (25.64%) and teachers (20.51%). However, this reliance on digital media is associated with fragmented, incomplete knowledge. While internet access democratizes access to information, it bypasses the structured, validated learning provided by health professionals. This allows algorithms and peer-led forums to spread unverified information, contributing to myths and social stigma. To overcome this “digital literacy paradox”, national frameworks, such as the Rashtriya Kishor Swasthya Karyakram (RKSK), should transition from static, clinic-based models to active digital health outreach. Developing verified, interactive, and adolescent-friendly mobile applications and social media platforms can deliver scientifically accurate, culturally sensitive education directly to this demographic.¹⁹

From a public health perspective, the findings of the present study highlight the continued need for adolescent-friendly reproductive health services and comprehensive sexuality education.³ Reproductive decision-making and health-seeking behavior may be negatively impacted by knowledge gaps in menstrual hygiene, reproductive anatomy, and contraception. Adolescents who get early educational interventions through schools, healthcare facilities, and community outreach programs may have better reproductive health literacy and a lower risk of avoidable reproductive health issues. Culturally sensitive communication techniques that tackle societal stigma and false beliefs about menstruation and contraception should receive special emphasis.

Overall, the present study demonstrated that awareness regarding reproductive health and contraception among adolescent girls remains incomplete and inconsistent. The findings emphasize the urgent need for structured, scientifically accurate, age-appropriate, and culturally sensitive reproductive health education programmes in line with national and international adolescent health guidelines.^{2,3,14}

CONCLUSION

The present cross-sectional study demonstrated that adolescent girls attending a tertiary care centre possessed

moderately adequate awareness regarding reproductive health and contraception. However, substantial gaps persisted in knowledge related to reproductive anatomy, menstrual physiology, menstrual hygiene practices, and contraceptive methods.

Although media and social media platforms emerged as the most common source of information, the acquired knowledge appeared fragmented and incomplete. Significant associations were identified between reproductive health knowledge and residence, medium of instruction, and maternal educational status.

Despite relatively better awareness regarding HIV/AIDS and visible pubertal changes, comprehensive understanding of reproductive health remained inadequate among most participants. The low levels of menstrual hygiene literacy and contraceptive awareness observed in the present study indicate the urgent need for improved reproductive health education among adolescents.

Structured, age-appropriate, scientifically accurate, and culturally sensitive educational programmes should be integrated into schools, healthcare settings, and community outreach services to strengthen reproductive health literacy and promote informed reproductive health decisions among adolescents.

ACKNOWLEDGEMENTS

The authors are grateful to the administration, medical officers, and nursing staff of the department of obstetrics and gynecology at Government RDBP Jaipuria Hospital, Jaipur, for providing administrative and logistical support. The authors also thank all the adolescent girls who participated in this study.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee of RUHS College of Medical Sciences, Jaipur (Letter no. RUHSCMS/Ethics Committee/2023/290; dated 6.2.24)

REFERENCES

1. World Health Organization. Adolescent nutrition: a review of the situation in selected South-East Asian countries. Geneva: WHO; 2006.
2. United Nations Population Fund. State of World Population 2023. New York: UNFPA; 2023.
3. Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, et al. Our future: a Lancet commission on adolescent health and wellbeing. *Lancet* 2016;387:2423-78.
4. World Health Organization. Adolescent pregnancy fact sheet. Geneva: WHO; 2024.
5. United Nations Children's Fund. Early childbearing and adolescent pregnancy. New York: UNICEF; 2023.

6. Neal S, Matthews Z, Frost M, Fogstad H, Camacho AV, Laski L. Childbearing in adolescents aged 12-15 years in low resource countries: a neglected issue. New estimates from demographic and household surveys in 42 countries. *Acta Obstet Gynecol Scand.* 2012;91:1114-8.
7. Sedgh G, Singh S, Hussain R. Intended and unintended pregnancies worldwide in 2012 and recent trends. *Stud Fam Plann.* 2014;45:301-14.
8. World Health Organization. Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality. Geneva: WHO; 2011.
9. Khanna A, Goyal RS, Bhawsar R. Menstrual practices and reproductive problems: a study of adolescent girls in Rajasthan. *J Health Manag.* 2005;7(1):91-107.
10. Mamilla S, Goundla S. Knowledge about menstrual hygiene, sexual health, and contraception in educated late adolescent age girls. *J Fam Med Prim Care.* 2019;8:610-3.
11. Restrepo R, Cervantes LF, Swirsky AM, Diaz A. Breast development in pediatric patients from birth to puberty: physiology, pathology and imaging correlation. *Pediatr Radiol.* 2021;51:1959-69.
12. Blum RW, Mmari KN. Risk and protective factors affecting adolescent reproductive health in developing countries. Geneva: WHO; 2005.
13. Banerjee S, Pandey GK, Dutt D, Sengupta B, Mondal M, Deb S. Teenage pregnancy: a socially inflicted health hazard. *Indian J Community Med.* 2009;34:227-31.
14. Ministry of Health and Family Welfare. Reproductive and child health programme phase II. New Delhi: Government of India; 2010.
15. United Nations Educational, Scientific and Cultural Organization. International technical guidance on sexuality education. Paris: UNESCO; 2018.
16. Dasgupta A, Sarkar M. Menstrual hygiene: how hygienic is the adolescent girl? *Indian J Community Med.* 2008;33:77-80.
17. Sharma N, Dua R, Agarwal AK. Reproductive health awareness among adolescent girls: a community based study. *Int J Reprod Contracept Obstet Gynecol.* 2017;6:4631-5.
18. Kotecha PV, Patel SV, Baxi RK, Mazumdar VS, Misra S, Mehta KG, et al. Reproductive health awareness among rural school going adolescents of Vadodara district. *Indian J Sex Transm Dis AIDS.* 2009;30:94-9.
19. Government of India. Rashtriya Kishor Swasthya Karyakram strategy handbook. New Delhi: Ministry of Health and Family Welfare; 2014.
20. Kumar R, Goyal A, Singh P, Bhardwaj A, Mittal A, Yadav SS. Knowledge attitude and perception of sex education among school-going adolescents in Ambala district, Haryana, India. *J Clin Diagn Res.* 2017;11:LC01-4.

Cite this article as: Ruheala S, Singhal A, Gupta R. Awareness regarding reproductive health and contraception among adolescent girls attending a tertiary care centre in Jaipur, Rajasthan: a cross-sectional study. *Int J Reprod Contracept Obstet Gynecol* 2026;15:3155-61.