

Original Article**A Qualitative Study of Sexual behaviour and practices of school going adolescents in a rural area of Panvel Taluka**Fazila Patankar¹, Shalini Ojha¹, Daksha Pandit¹¹Dept. of Community Medicine, Terna Medical College, Navi Mumbai, Maharashtra, India.

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ABSTRACT

Introduction: Adolescents constitute nearly 22% of India's population of which 72% reside in rural areas. While there is limited evidence available on the nature and formation of premarital relationships in India, there is a trend that despite strict norms, partnerships are formed with the opposite sex. There is growing evidence of sexual activity before marriage, amongst both boys and girls.

Aims and Objectives: i) To understand perceptions and beliefs of adolescents regarding their sexual behaviour. ii) To study their sexual practices. iii) To understand the perception and opinion of teachers regarding sexual behavior and practices of adolescents.

Methodology: Qualitative study using different methods like free listing, focus group discussions and key informant interviews. Free listing regarding sexuality behavior and practices was done with 30 girls and 30 boys who were purposively chosen. Further FGD's were conducted with girls, boys and teachers. Key informant interviews were conducted with 6 adolescents who were considered as their peer leaders.

Results: Results are organised around three main themes that arose: sexuality (sources of information, sexual practise, knowledge and attitudes) studies (schooling and careers) and relationships with parents and teachers.

Conclusions: Although relatively low there is a clear indication that students are indulging in some form of sexual activity. They have incorrect and incomplete knowledge regarding sexual health. Barriers of communication exist between adolescents, parents and teachers.

Key words: Adolescents, sexual behaviour, sexual practices

INTRODUCTION

Adolescents constitute nearly 22% (253 million) of India's population of which 72% reside in rural areas [1]. The National Population Policy- 2000 has recognised adolescents as an underserved vulnerable group that need to be served. Adolescents lack the autonomy to take decisions on important sexual and reproductive health-related matters. Available research on sexual and reproductive health focuses mainly on pregnancy and reproduction among married youth; there are limited data on other issues like premarital sexual activity, non-consensual sexual relations, and reproductive tract and sexually transmitted infections.

Adolescents today are exposed to wide-ranging media and new technology and hence are exposed to new ideas about their roles and rights. At the same time, they continue to be exposed to traditional norms that do not permit formation of romantic relationships among the unmarried. While

there is limited evidence available on the nature and formation of premarital relationships in India, there is a trend that despite strict norms, partnerships are formed with young men having more freedom than young women. There is growing evidence of sexual activity before marriage, particularly among men, though the studies are small-scale using different methodologies and focus on different age groups of adolescents. A school-based study in Patna, Bihar indicates that 10% of young boys in classes 9-11 reported sexual experience compared to just 1% among young women in same classes [2]. The Youth Study findings indicate that among young men and women aged 15-19 years who reported experiencing premarital sex, 21% and 25% respectively, reported engaging in sex with more than one partner [3].

A major barrier affecting young people's sexual health outcomes is communication or the lack of it between parents and the adolescents, particularly in matters related to sexual and reproductive health.[4]

(Jeejebhoy and Santhya 2011). Most of the programmes focus on young girls, neglecting the role of young boys in maintaining sexual and reproductive health for themselves and their partners.

Aims and Objectives:

- To understand perceptions and beliefs of adolescents regarding their sexual behaviour.
- To study their sexual practices.
- To understand the perception and opinion of teachers regarding sexual behavior and practices of adolescents.

MATERIAL AND METHODS

Nature of study: Qualitative study using different methods like free listing, focus group discussions and key informant interviews. **Place of study:** High school and junior college in Wahal village in Panvel taluka which is a rural field practice area of Community Medicine Department, Terna medical college. **Duration of study:** 3 months, October – December, 2014.

Sample size: i) free listing- 60 students were purposively chosen: 30 girls and 30 boys from a high school and junior college from standard 8th to 12th.

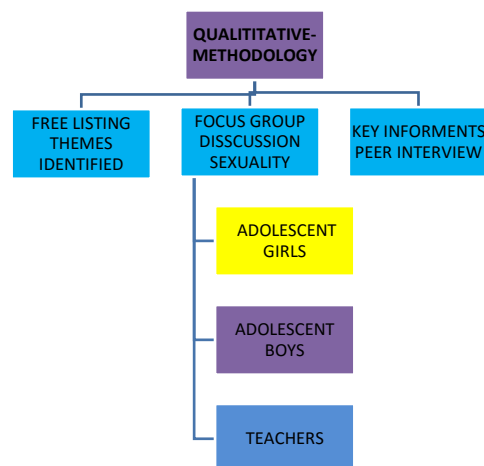
They were asked to make lists of problems relating to their sexual needs and practices i.e. free listing was done. Analysis of the free lists revealed some common themes namely sexuality, educational difficulties and stress and relationship with parents and teachers with regards to sexual behaviour. Theme related to sexual behaviour was further explored in the FGD's. Approval from institutional ethics committee was taken.

Institutional ethics committee approval was taken prior to the study and consent was obtained from the school authorities as well as the parents of the students participating in the study.

FGDs: one with boys (10 boys), two with girls (10 girls in each), one with high school teachers (8 teachers). Key informant interviews: 3 girls and 3 boys from standards 11 and 12 who were recognized as peer leaders by their teachers were invited to be the key informants through interviews. Triangulation was thus done so as to generate information on different aspects of adolescent sexuality and behavior.

Analysis: The analysis is based on data from free listing, focus group discussions (FGDs) and key

Figure 1: methodology used to study Sexual Behavior and practices in school going Adolescents in rural area of Panvel Taluka



informant interviews. The free lists were analyzed using a spread sheet and responses were categorized. FGDs and key informant interviews data were analyzed manually using the categories identified following the free lists. The note taker recorded each response verbal as well as non-verbal during the discussion. The transcripts were analyzed and the narrative data of transcript material from each key informant and the FGDs was categorized.

RESULTS

3 Themes were identified i) Sexuality- Sexual Practices and attitudes ii) Sources of information and iii) Relationships with parents and teachers with regards to sexuality and sexual practices and behaviors.

In free listing: 85% boys and 73% of the girls had at least one question about the meaning and practice of sex, for example: "What is sex?", "how is sex done?"

48% of the boys and 70% of the girls had questions regarding changes which occur during adolescence: "Why does one feel this way only after 15?", "Why do thoughts of sex come to our mind at this age?"

Sex-related differences were apparent in some of the questions asked in the free lists. Boys were more curious about sexual pleasure (18 boys vs. 2 girls): "Is there any pleasure in sex?", "What kind of happiness does a boy get by having relations with a girl?"

Concerns regarding masturbation were frequent amongst boys: "Is masturbation bad for one's health?"

On other hand, girls were more curious to learn about childbirth and pregnancy (27 girls vs. 5 boys) *“How is a baby born? How does it come out?”* From the FGD’s it was seen that Adolescents want to indulge in sexual activities but are afraid of being caught by parents and neighbors. Given a chance they are interested in having relationships, 73% of boys said that they had girlfriends but did not admit to being physically intimate, 80% of girls said that they were in relationship with boys and reasons given by them were: *“Time pass chalta hai”*, *“man to bahut hai boyfriend banane ka, par ghar per jamta nahi hai”*

Almost half of boys and girls listed questions regarding values, the rightness of certain behaviors and whether it was appropriate at their age: *“Is kissing a bad thing to do at the age of 16?, Is it healthy at this age?”*, *“Is sex a moral or immoral thing?”*, *“What is the value of doing sex between boys and girls?”*

Regarding Contraception i) Girls- Majority knew about Tubal ligation as a contraceptive, 25% said I-pill and about 16% condoms, 8% of the girls mentioned abortions- *“Bacha gira sakte hai”* and they expressed curiosity about natural method of contraception. ii) Boys- all mentioned condoms.

Relationship with Parents: - Girls perceived their parents to be more liberal with their male siblings. Restriction regarding dress, friends and outing were more in case of the girls. 50-60% of girls felt that their sisters and then mother were their confidantes in case of problems. Both boys and girls admitted to feeling embarrassed in speaking to their family regarding sexual behavior. *“Humko to maar hi daenge”*, *“Ghar ke bahar jaana band ho jayenga”*. They felt that these topics were Taboo and not to be discussed with family. They expressed a fear that if these topics were discussed especially those on sexual behaviour then they would be misunderstood by their parents and teachers to be indulging in such kind of activities.

FGD’s with teachers: - instances of boys visiting sex workers and consuming alcohol were reported by the teachers. They felt that both boys and girls engaged in some sort of sexual activity. Teachers acknowledged the need of reproductive health information

“Gaon hai to kya, yahan sab kuch hota hai”

“Yahan ke ladka, ladki bahut advanced hain”

DISCUSSION

A sub national study in six states of India reports that 11% of young men and 5% of young women aged 15–24 years reported experiencing premarital sex before the age of 20. [3]. Another study undertaken in rural and urban settings in Pune, Maharashtra, among young men aged 15–24 years, 17%–24% reported having a romantic relationship, 20%–26% had engaged in some form of physical intimacy and 16%–18% had engaged in sexual activity; [5]. In her report Sujay indicates that 5% of female students and 16% of male students from Ahmedabad, Vadodara and Anand in Gujarat reported engaging in sexual relations with the opposite sex [6].

Baseline findings of an intervention evaluation undertaken by the Population Council in 2006 show that girls aged 13–17 years reported limited communication with their parents, specifically mothers about sexual and reproductive-health related matters. Only 33% reported discussing growing up issues with their mothers; 29% discussed adolescent body changes with their mothers, and far fewer (2%) discussed reproductive processes or contraception with their mothers [7] (Acharya, Kalyanwala and Jejeebhoy 2009).

The Youth Study addressed parents’ perspectives on talking about sexual and reproductive health with their adolescents. Parents of youth aged 15–24 years expressed discomfort around talking about these issues and may not always provide correct information. Some of the reasons voiced by the parents included a perception that this was against the existing cultural norms, embarrassment both on the part of the parents as well as the adolescents in addressing these issues, and an apprehension that awareness or information on sexual issues may result in the adolescents engaging in sexual activity [8].

Knowledge of contraceptives has increased over the years, with 94% of 15–19-year-old respondents in NFHS-3 reporting knowledge about some method of contraception. [9] Low awareness has been documented in small-scale studies indicating that while general awareness of contraceptives is there, in-depth understanding of methods is far from universal [7].

CONCLUSION

Inadequate knowledge about understanding of reproductive system and reproductive health was found among rural students and teachers. Most of them expressed a desire to know more about reproductive health as part of the school curriculum. Boys and girls felt attraction towards the opposite

sex and although relatively low there is a clear indication that students are indulging in some form of sexual activity. Although they have some knowledge regarding contraception there are huge gaps in it. Friends and media are the main source of information. Parents and teachers are perceived to be the least favourable sources. Many indirect pointers came up in our FGD's such as knowledge about and queries regarding, I-pills, signs of pregnancy and where abortions can be done which shows that some sexual activity is there or that they have incorrect and incomplete knowledge regarding these. This is all the more alarming as they are on the verge of transition into adulthood and are exposed to the risk of HIV/AIDS, STI's, unsafe abortions and maternal mortality. Behaviour, attitudes and practises which they develop now will have a great impact on their adult lives.

LIMITATIONS

Other key informants such as parents, health centre staff, youth mandals, and pharmacist were not part of this study; however future sessions involving them are planned. This qualitative data needs to be strengthened by a quantitative study.

RECOMMENDATIONS

Parents and teachers play a very important role in shaping and developing the behaviour and practices of the adolescents. However there are various socio- cultural barriers which make it difficult for them to reach out to the adolescents especially in matters relating to sexual and reproductive health. Sensitisation and training sessions need to be taken for all the stakeholders including adolescents themselves for the programme to be successful.

At the school and college level- Adolescent clinic with counsellors should be present in the premises so that that the adolescents can readily avail of these services.

Behaviour Change Communication (BCC) programmes at the community level to increase awareness among parents, adolescents, and other community members on reproductive and sexual health and the distinct needs of this heterogeneous group.

Media and Information Technology have a powerful and deep impact on the adolescent psyche and behaviour. Correct messages by role models like TV and film stars, sports personalities etc. will go a long way in influencing the adolescents and

equipping them with healthy life skills and making a safe transition into adulthood.

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