

Adolescent Sexual Behaviour & its Consequences

Introduction

Adolescents* today are faced with an exceptionally difficult and ambiguous situation, in which both developmental and environmental factors combine to vigorously promote sexual activity and social norms oppose it. (*In this article, the terms adolescents and young people can be used interchangeably)

There has been a rapid increase in concern, research and intervention on Adolescent sexuality and sexual behaviour. Yet in the Indian context comparatively less is known. In India sexual behaviour outside and before marriage has been viewed more as pathology than a normal physiological phenomenon with a range of normality. The entire issue of sexuality is taboo and shrouded in myth. A child is born more out of God's blessings than the real act of sexual intercourse- a belief we tend to pass on to our children during their socialization.

Adolescent behaviour is influenced by the following factors

- Physiological development- There is a dichotomy between biological maturity and societal adulthood. Most young people are biologically prepared for procreation, with all associated instinctive drives half a decade or more before society condones activation of these drives in wedlock.
- Cognitive development – Adolescents have a concrete thought process as opposed to abstract thinking, so they can only focus on the here and now and cannot appreciate the future consequences of current acts.
- Psychosocial development – This period is marked by search for identity and independence, which by nature involves experimentation and denial of associated risks.

Patterns of Sexual Behaviour

There is no single country level study based on representative sampling that reflects the sexual behaviour of young people in India. Underlying concern with existing studies is of over reporting of data amongst the male population and under-reporting in the female population. This reflects the double standards present in the Indian society where virginity and chastity are very highly valued in females, whereas in males sexual experience is linked to the notion of attaining manhood. As the different studies have employed different methodologies so the data cannot be standardised.

Heterosexual behaviour

Young boys and girls experience sexuality in different ways. In the West sexuality norms that govern both the genders are relatively the same. In India however they are dramatically different. Young males are observed to engage in frequently risky sexual activity- casual sex and relations with sex workers (*NACO, 2001; Abraham et.al.,2000*). Young girls have had far less sexual experience because of the implications on social prestige of the family in the wake of loss of virginity or an unwanted pregnancy (*FPAI, 1990*).

Little information is available on the different expressions of sexual desire among the young people. However, it can be safely assumed that unmarried young couples, which have ever experienced sex, also have experiences such as kissing and petting since these are considered as an entry point to move further into a deeper

relationship. While studies from Mumbai reported 47 per cent males and 13 per cent females have ever experienced this kind of relationships, they are significantly underreported for both men and women (*Abraham et. al., 2000*).

In **urban India** relationships between young men and women have a lot of opportunity to develop. The nature of the interaction can be just spending time together as friends, or as 'bhai-behen', flirting, dating or going steady (*Abraham et.al.,2000*). In a relatively free-mixing community like a university campus in Delhi 40 % of the girls interviewed had a boyfriend and 30 % of the boys had a girlfriend (*Mitra, S 1999*).

In a study based in an urban slum and resettlement colony in Delhi, 20% girls and 14-17% boys were reported to have had a steady relationship. *Mehra et al (2001)*
In **rural** areas, any form of friendship and free mixing among adolescents is strictly controlled and regulated by family elders as soon as a girl attains puberty. In many places e.g. U.P Rajasthan, Haryana and Bihar young girls are withdrawn from school for fear of mixing with the opposite sex (*Dreze and Sen 1995*).

Sexual intercourse

Incidence As mentioned earlier, because of the social and cultural taboos associated with sexuality issues in Indian society, and the gender based over-reporting or under-reporting, various studies report the incidence of premarital sexual activity among adolescent and youth from as low as 9 per cent to 41 per cent for males; and 1 per cent to 47 per cent among females.

The following table compiles this information from various studies other studies:

Author	Sample	Place	Percent reporting premarital sex	
			Male	Female
Mehra et al (2001)	354girls ,467 boys, Unmarried 15-19 yrs.	Urban resettlement colony , Delhi	Male 15%	Female 6%
Collumbien et.al. (2001)	1129 single and 958 married man	Four coastal districts of Orissa	22 (Single men); 27 (Married men)	Na
Abraham and Kumar (1999)	996 College students	Mumbai	26	3
Awasthi and Pande (1998)	221 boys (15-21 years)	ICDS Centres in Urban Lucknow	8	na
Sachdev (1998)	887 college students	Two universities in Delhi	39	20
Sharma and Sharma(1995)	Adolescent boys aged 16-19	Rural Gujarat	16	NA
Savara & Shridhar(1993, 1994)	Unmarried male college students / unmarried women	Nasik/Thane	19	Almost none
Watsa (1993)	Adolescent and youth	16 cities	28	6
Goparaju (1993)	College students ages 19-23	Hyderabad	25	Na

First sexual partner There is very little information about the first sexual partners of unmarried adolescents. However neighbours, relatives friends, fiance' and sex workers have been named as first sexual partners in studies. First sexual experience with a sex worker was as low as 2-4 from Orissa (*Collumbien et.al., 2001*) and as high as 30% in Mumbai (*Gilada 1994*).

Marital sexual activity There is very little information on sex available to the majority of the married Adolescent population inspite of the fact that they have societal sanction for sexual activity.

Contraceptive use The percentage of adolescent women who report using a traditional or modern contraceptive method in India (8%) is much lower in comparison to reported use in the Philippines (22%), Thailand (43%) and Indonesia (45%). (*Saroj Pachauri and K.G. Santhya ,2002*)

Of the contraceptive demand of adolescents, only 23% in India was met. Even the use of contraceptives among married adolescents in India is very low and has risen slightly (from 7% to 8%) between 1992-1993 and 1998-1999. (*Saroj Pachauri ,K.G. Santhya , 2002*)

Homosexual behaviour

Homosexuality is now universally acknowledged as a normal phenomenon. In the contemporary Western societies, sexual categories tend to be defined in terms of sexual preference or object of choice (*Asthana and Oostvogels 2001*).

There is very little information about the current practice of male or female homosexuality in India. There are a few, mainly urban surveys cited where the percentages of *men having sex with men* (MSM) in the population vary from around 1.5 per cent to 15 per cent in some selected groups. *Savara and Sridhar (1994)* reported the figure of around 1.5-3.1 per cent for Maharashtra in unmarried male college students and unmarried women.

There is virtually no information on lesbianism for any segment of Indian population. But their numbers are increasing as can be seen from daily newspaper advertisements on lesbian's helpline (*Sangini Helpline* run by NAZ Foundation) or any dating or chat site, where there is specific chat rooms for *Delhi Lesbian's*

Other forms of sexual expression

Masturbation ,the act of self-pleasure, is an important sexual activity among the adolescents and youth. While no state level or country level data is available on masturbation, some information is available for both men and women in a few studies conducted with sample populations. Most of the sexual behaviour studies are so much preoccupied with the sexual intercourse that they tend to ignore other forms of sexual pleasure such as masturbation, hugging, kissing, petting, etc. In a study by Mehra et al in 2001, in unmarried adolescents between 15-19 years, it was found that girls reported masturbation in the range of 7-14% in different sites whereas correspondingly 28-36% boys stated to have experienced it. In a study conducted among college students of two universities in Delhi, Sachdev (1998) found that 52 per cent of girls have ever masturbated. However, in another study among girls from Gujarat, Sharma et. al., (2000) reported that almost one-third of the girls had masturbated. While this proportion is significantly low compared to males, social taboos, myths and misconceptions associated with female's masturbation results in potential underreporting. History of masturbation among girls was found to be positively associated with knowledge regarding sexuality. Adolescents who masturbate have been shown to be less inhibited and more at ease with their bodies. They are more comfortable with their own sexuality and more likely to search for explanations for this physiological urge.

Oral sex Very little information is available regarding this form of sexual activity in Indian adolescents although in the West it is a common phenomenon. In Haas' study, in California, 15- 19 years, 58% were reported to have experienced 'Fellatio' or 'Cunnilingus'. This was considered a method of experiencing Sexual pleasure without the risk of pregnancy.

Kissing and Petting According to *Abraham et.al.*, in Mumbai this a common form of adolescent sexual expression and experimentation and an entry point to sexual intercourse.

Pornography In the Indian cultural context, although pornography is legally banned, they are widely available across every nook and corner of the country. Some magazines popularly considered as 'soft-porn' magazines such as *Debonair, Fantasy, Chastity* and *Lace Maker* are in fact, registered under the Registered Newsprints of India (RNI) and are widely available without censorship. Although there is no accurate estimate, exposure to pornography during their adolescent age may be high. Studies also reveal that those who stay away from home (in the hostels) and have less parental control, they are more likely to have exposure to pornography than others (*Sharma 2000*). Studies conducted among Delhi College students (*Sachdev 1998*) and girls from Gujarat (*Sharma et. al., 2000*) found that more than 80 per cent students have been exposed to pornography at least one in their adolescent age. Those who had exposure to pornography were in fact more comfortable with their own sexuality and had greater knowledge on sexuality issues. However, to what extent pornography affects the individual sexual life still remains a matter of debate.

External factors affecting sexual behaviour

Media – although our basic moral message is no premarital sex, television, movies, Internet, magazines and newspapers provide an extremely provocative environment.

Peer groups – today's adolescents are under a lot of peer pressure (especially boys) to indulge in certain sexual behaviours which have been idolised by the media.

Family and parental control and parental education – plays an important role in the knowledge of the adolescents and youth on sexuality. In a study of Gujarati college girls, Joshi et.al. found that the sexuality knowledge of girls of educated parents was due to the exposure to print and television media.

Parent Child Communication:– In India as parents are still inhibited to communicate with their children on sexual matters and the child gathers most of his information on sexual issues through the media or peers which is not necessarily accurate thus influencing his sexual attitudes and behaviour.

Consequences of Adolescent Sexual Behaviour

Young people are often denied the information and services they need to make healthful, informed decisions about their sexual and reproductive lives. Their sexual experience is often gained in an unplanned or secretive fashion, under circumstances that make them vulnerable to coercion, sexually transmitted infections and unintended pregnancy. The consequences of their decisions are far-reaching.

❑ Medical consequences

1. **HIV and STI's** - Worldwide every year almost half of all new HIV infections and at least one third of all new Sexually transmitted infections occur in people under 25. At present there are 10 million young people with HIV or AIDS. The immature reproductive tracts of young people make them more susceptible to HIV and other STI's. In India about 50% of all new HIV or AIDS infections are occurring in young people.
2. **Unwanted pregnancy** – (married or unmarried) An adolescent regardless of marital status or gender because of poor negotiating skills, lack of education and also poor knowledge of contraception finds it difficult to prevent a pregnancy. Importantly even the consequences of such a pregnancy are difficult to comprehend at this age.
3. **Abortions** - Unmarried pregnancies for which data is scanty usually end up with clandestine abortions leading to enhanced morbidity and mortality.

❑ **Developmental consequences**

1. **Education** –Young adolescent mothers are far more likely to dropout of school or vocational training as compared to their childless counterparts. Young adolescent fathers also have to look for a means to support their family and look for immediate employment rather than continue education.
2. **Economic** – The increased cost of health care for the mother or the child of an adolescent pregnancy or HIV or STI victim result in reduced economic opportunities due to withdrawal of education. Moreover ,women who marry at a young age are likely to find motherhood to be the sole focus of their lives, at the expense of development in other areas such as formal education, training for employment, work experience and personal growth.

❑ **Psychosocial consequences**

1. **Guilt** – The not yet mature, adolescent mind after indulging in risky behaviour can be overcome with feelings of guilt, shame and low self-esteem. These feelings can be compounded by the reaction of his or her elders and can further affect his long-term personality and ability to form long lasting relationships in future.

Sexual Dysfunction

Negative sexual experiences like sexual coercion; rape and sexual abuse in the early years not only have a major effect on shaping lifetime attitudes and sexual behaviour but also may compromise the young persons developing ability to form long lasting relationships.

- ❑ **Chronic anxiety and depression:** This factor underlies most instances of adolescent sexual dysfunction and may lead to either sexual acting out or retreat from any encounters that could lead to physical intimacy.
- ❑ **Erectile dysfunction :** The most common cause is Psychological – suggested by the fact that although sexual performance is compromised nocturnal erections and emissions are preserved. It can also be due to physical factors – 1) Gonorrhoea or Chlamydia infections. 2) Drugs like alcohol, marijuana, amphetamines, opiates and hallucinogens.
- ❑ **Ejaculatory dysfunction:** Premature ejaculation is relatively common mainly because of psychological and educational factors in early stages of sexual experience.
- ❑ **Orgasmic dysfunction: Nearly** universal among adolescent girls.
- ❑ **Dyspareunia :** Very common among adolescent girls mainly due to anxiety and lack of lubrication due to insufficient foreplay. Can also be due to local infections, endometriosis, pelvic infections, adnexal masses and retroflexion of uterus.

Addressing Adolescent Sexual Behaviour Through

- **Sexuality education**
- **Life Skill Education**
- **Counseling**
- **Peer education**

Sex education, which is sometimes called sexuality education or sex and relationships education, is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. It is also about developing young people's skills so that they make informed choices about their behaviour, and feel confident and competent about acting on these choices. It is widely accepted that young people have a right to sex education, partly because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV/AIDS.

Sex education seeks both to reduce the risks of potentially negative outcomes from sexual behaviour and to enhance the quality of relationships. It is also about developing young people's ability to make decisions over their entire lifetime.

If sex education is going to be effective it needs to include opportunities for young people to develop skills, as it can be hard for them to act on the basis of only having information. The kinds of skills young people develop as part of sex education are linked to more general life-skills. For example, being able to communicate, listen, negotiate, ask for and identify sources of help and advice, are useful life-skills and can be applied in terms of sexual relationships. Effective sex education develops young people's skills in negotiation, decision-making, assertion and listening. Other important skills include being able to recognize pressures from other people and to resist them, deal with and challenge prejudice, seek help from adults - including parents, carers and professionals - through the family, community and health and welfare services. Sex education also helps equip young people with the skills to be able to differentiate between accurate and inaccurate information, discuss a range of moral and social issues and perspectives on sex and sexuality, including different cultural attitudes and sensitive issues like sexuality, abortion and contraception.

The goal of counseling is to provide young people with facts that will enable them to make informed, voluntary decisions. The adolescents can be offered information and guidance, but ultimately, the adolescent must decide whether to use contraception, which method to use, whether to continue or discontinue a method, whether he or she needs a contraceptive method that also offers STI protection, or whether to seek STI treatment.

Ideally counseling should provide:

- *Reliable*, factual source of information about reproductive health, including pregnancy and STI prevention.
- Create an atmosphere of *privacy*, *respect* and *trust*, so that young people will feel free to ask questions, voice concerns and discuss intimate sexual issues.
- Engage in a *dialogue* or open discussion with the young person.
- Offer choices and *not judge* the young person's decisions. Accept his or her right to choose.

Peer Education typically involves the use of members of a given group to effect change among other members of the same socio-economic and cultural group. The advantage of this strategy is that it can reach those adolescents who are not accessible through the school or the public health system. Its effectiveness has been demonstrated in bringing about behaviour change in various HIV programmes. Peer Education can be used to effect change at the individual level by attempting to modify an adolescent's sexual knowledge, attitudes, beliefs or behaviours. However it may also effect change at the group or societal level by modifying norms and stimulating collective action that leads to changes in programs and policies.

Helping parents cope. Most parents try to raise their children in the best way they can therefore any modification of the adolescents sexual behaviour can only be achieved with both the parents and the young person being provided adequate counselling and improving communication between the two.

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