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## PERCEIVED RISKY SEXUAL BEHAVIOUR AMONG RURAL YOUTH

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### Abstract:

*Young people learn more about sexual and reproductive health from uninformed sources and in our Indian culture, talking about sex and related issues are considered as taboo. Consequently, little information is provided to adolescents and youth about sexual health which resulted in risky sexual behaviour. In India, one-half of all young women are observed to be sexually active by the time they are 18 years. With the advent of mass media, internet, mobile phone and electronic communication gadgets; the health/sex behaviour of youth undergo enormous changes. With this back drop, this study was carried out to assess the perceived sexual norms, perceived self behaviour of youth on birth control & protected sex, and perceived sexual involvement of peer youth. The findings revealed that though majority of the youth uphold the value system and have higher level of sexual norms in terms of perceived knowledge on general youth; the self perceived behaviour showed a negative and dangerous trend as most of them would not adopt birth control and protected sex measures; if happened to have premarital sex. Similarly the overall youth perception on sexual involvement of peer members in the villages observed that considerable percent of both boys and girls have sexual relationship which attracted the need for sexual health education and warrants an integrated comprehensive package of behaviour modification for the rural youth.*

### KEY WORDS:

Risky sexual behaviour, rural youth, sexual norms, birth control & protected sex.

### INTRODUCTION

Youth is the period of energy and challenge. It is in this period; they ought to choose a career, life partner and enter into a family life. The gaining momentum of research worldwide focus on youth population recently is witnessed in every sphere. The year 2010 is declared as an International Year of Youth gave further acceleration; as there were 1822 million young people belong to the age group of 10–24 years; representing one quarter of the world's population (UN Pop. Div. 2009); which is considered to be the world's largest ever seen youth population for the first time (Sawyer et. al, 2012).

It is still interestingly to be noted that four out of five youngsters live in less developed countries, and represent up to 33% of those countries' populations. Unfortunately the area of health of young people has largely been neglected field of research worldwide as it is perceived that youth are living healthy (Gore, et. al., 2011).

It has been observed that in developing countries; the age at puberty has been lessening for both boys and girls (Cynthia B. Lloyd, 2005); is an alarm signal which warrants anticipatory attention on this target group. On the contrary evidence showed that the age at marriage is swelling or delaying due to

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education, career, match making, acquiring of wealth and status, etc., . Delays in the age of marriage, however, have meant that there is a greater likelihood that first sex will be experienced prior to marriage (UNGASS, 2001).

Indian culture promotes universal marriage. Though traditionally; early marriages have been practiced in certain remote pockets; the national average age at marriage for women in India is estimated as 16.4 years, although there are vast regional variations; as most northern and north-eastern states, as well as Tamil Nadu and Kerala in the south and Goa in the west, have a higher age at marriage, ranging from ages 18–22 (IIPS, 2000). As observed in NFHS-2; about one-third of women were married by age 15 and two-thirds (64.6 percent) by age 18 (IIPS, 2000). In India the legal norm for age at marriage for girls is 18 which is observed to be, surprisingly; most prevalent in states like; Rajasthan, Bihar, Uttar Pradesh, Madhya Pradesh, and Andhra Pradesh, where nearly 80 percent of girls are married by age 18 (IIPS, 1998).

There is a lack of knowledge and awareness among adolescents about health issues and problems. An Indian Council of Medical Research (ICMR) study (1988) showed that knowledge and awareness about puberty, menstruation, physical changes in the body, reproduction, contraception, pregnancy, childbearing, reproductive tract infections, sexually transmitted infections (STIs) and HIV were low among boys and girls. Young people's knowledge about spacing methods, such as through the use of intrauterine devices (IUDs) or oral contraceptive pills, was very low (Gupta, S.D., 1988).

In Indian culture, talking about sex and related issues is taboo. Consequently, little information is provided to adolescents about sexual health. Adolescence is shrouded in myths and misconceptions about sexual health and sexuality. Instead, young people learn more about sexual and reproductive health from uninformed sources, which results in the perpetuation of myths and misconceptions about puberty, menstruation, secondary sex characteristics, physiological and body changes, masturbation, night emissions, sexual intercourse and STIs. (Thomas William & Suganya, 2008)

In India, one-half of all young women are thought to be sexually active by the time they are 18, and almost one in five are sexually active by the time they attained 15 years of age. There are approximately 10 million pregnant adolescents and adolescent mothers throughout India at any given time ( Leena Abraham, 2001); is a serious concern. In another study on sexual behaviour and attitudes among urban college students; it has been reported that 28 percent of males and 6 percent of females were sexually active (Wasta, Mahinder C. 1987); call for greater attention.

It is everybody's concern that with the advent of mass media, internet, mobile phone and electronic communication gadgets; the health/ sex behaviour of youth would undergo enormous consequences if neither handled nor trained to handle properly. A study in 2000 in Chennai found that 13 percent of male school-going adolescents and 10 percent of female school-going adolescents clearly approved of premarital sex. The study also revealed that 14 percent of the students, both boys and girls, stated that premarital sex is allowable for males only (Sirur, Rajni R. 2000). A study conducted in Rajasthan on adolescent boys' and girls' knowledge and awareness of sexual behaviour revealed that more than half of the adolescent boys (ages 15–21 years) reported that they masturbated and the practice was reported more often among rural and older boys (Gupta, 1998).

It is also a fact that the health of young people in developing countries is improving. They are making the transition to adulthood with better chances of surviving into old age. At the same time, HIV/AIDS and maternal mortality and morbidity continue to threaten young people's sexual and reproductive health (UN, 2001).

About one-half of all new HIV infections are now belong to youth population. Globally, an estimated 12 million people aged between 15 and 24 years were living with HIV/AIDS in 2005. Based on HIV Sentinel Surveillance 2008-09, it is estimated that 23.9 lakh people are infected with HIV in India, of whom 39% are female and 4.4% are children. If an average figure is taken, this comes to 2.5 million people living with HIV and AIDS (NACO, 2012).

Nationally, the prevalence rate for adult females is 0.29 percent, while for males it is 0.43 percent. This means that for every 100 people living with HIV and AIDS (PLHAs), 61 are men and 39 women. Prevalence is also high in the 15-49 age group (88.7 percent of all infections), indicating that AIDS still threatens the key productive group of society, those in the prime of their working life (NACO, 2012). In Tamilnadu alone; there are 1.84 lakhs HIV-affected persons as per latest records and 8,000 positive cases being children (The Hindu, 2012).

Young women face a higher risk of infection, due to physiological, social, and cultural factors. HIV/AIDS is the leading cause of death for women ages 15 to 29 and one of the leading causes of death for men in the same age group. Young peoples' sexual behaviours and their inability to protect themselves are the two major determinants for most of the HIV infections. Additionally, early initiation to sex, early marriage, risky sexual practices, and commercial sex are the leading factors (Cynthia B. Lloyd, ed. 2005).

Peer groups plays a very important role in the designing the personality of youth. Peer relationship is necessary in adolescents to support each other, to have fun and to exchange emotions. It is always the peer group that supports the youngsters next to the parents or sometimes even before the parents. Peer group either can make or destroy the adolescents (Vivian Seltzer, 1982). If the peer is of negative orientation, it adds up not only the risky behaviour but may also lead to abuse. It has been proved in studies, students or friends were the most common perpetrators of sexual abuse, especially for boys resulted in risk behaviours and poor mental health outcomes. In addition to that they had greater levels of suicidal ideation, higher rates of substance abuse and gambling behaviour (Patel V and Andrew G 2001).

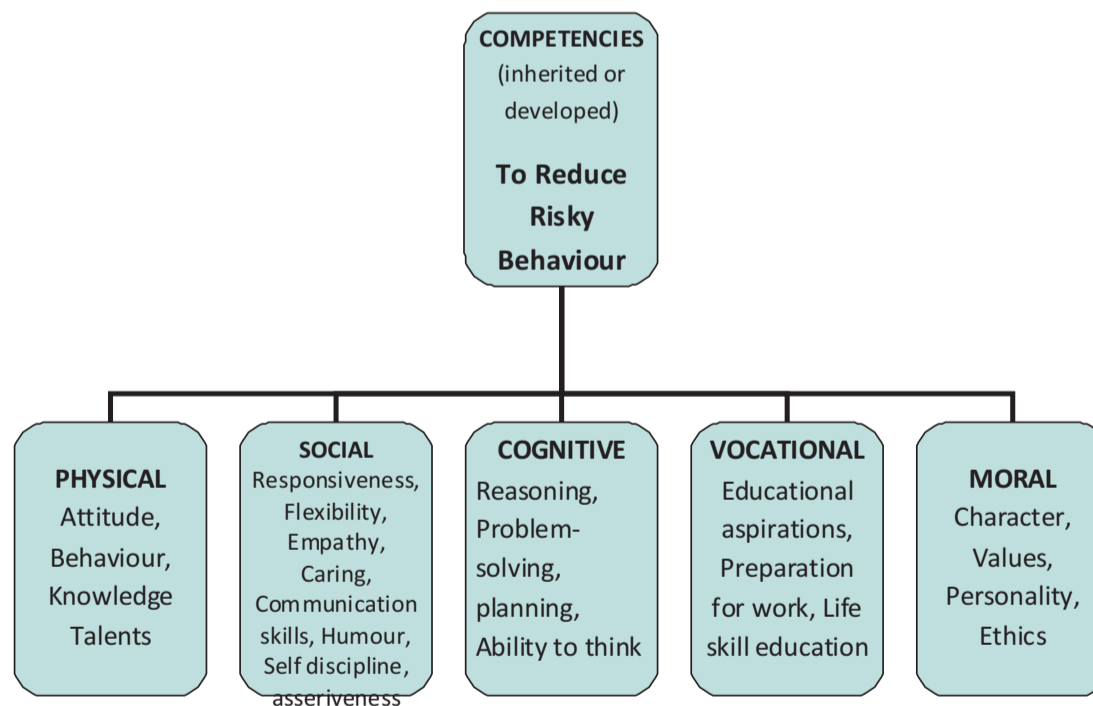
When the peer group neglect the youth, it resulted in feelings of depression and loneliness (Burks, Dodge, & Price, 1995), the consequences of peer rejection appear to be more extensive and has a long-term effect. Children who are rejected by their peers are more likely to have behaviour problems and perform low in academics (DeRosier, Kupersmidt, & Patterson, 1994) and in the long term, are more likely to become delinquent, drop out of school, and suffer from psychological problems (Coie, Coie, Lochman, Terry, & Hyman, 1992; Parker & Asher, 1987). Similarly; when the youth involve in risky behaviours, it may result in consumption of substance abuse, alcohol and tobacco; unintentional injuries and violence; premarital sex, sexual risk behaviours, early pregnancy and unprotected sex; unhealthy dietary behaviours and inadequate physical activities. (Georges Guiella & Nyovani Janet Madise.2007; Biglan A, Wendler C, et.al., 1990; Santelli JS, et.al., 2000; Samuelsen H. Love,2006)

A country like India needs to depend on youth; who hold the potential to transform the global political landscape and to propel development through their creativity and capacities for innovation (Babatunde Osotimehin, 2011). This has been upheld in the Indian National Youth Policy (Youth Policy Document, 2012) that efforts are being made to promote educational opportunities, health facilities, lowering of the rate of infant mortality, child and maternal care, social justice, status of women in the society, transparency and accountability in public life.

The talents and competencies of youth is inversely proportional with the risky behaviour as has been observed by Pittman, et al (2000) and in line with his conceptual idea the following diagram is drawn with the list of competences that could be inherited and/ or developed among youth in order to reduce the risky behaviour.

Chart Number -1

COMPETENCES TO REDUCE RISKY YOUTH BEHAVIOUR



## PERCEIVED RISKY SEXUAL BEHAVIOUR AMONG RURAL YOUTH



In order to contribute to the above stream; an empirical study was initiated on 'Perceived Risky Sexual Behaviour Among Rural Youth' in Dindigul District, Tamilnadu state, India; to cover the areas such as perceived sexual norms, risky behaviours, knowledge on birth control and perceived peers involvement in sex related activities.

### SPECIFIC OBJECTIVES

1. To better understand the needs and concerns of rural youth in sex related matters.
2. To assess the level of perceived sexual norms, sexual risky behaviour, among youth
3. To study the youth perceived knowledge on birth control and protected sex and perceived involvement of peers in sex related activity
4. To suggest suitable measures to create a conducive environment for rural youth for their development.

### MATERIALS AND METHODS

This descriptive study was carried out in selected panchayats in Dindigul District of Tamilnadu. In the selected panchayats, 15 villages were selected at random and 20 male youth in the age group of 18-30 years were selected from each of the selected villages using systematic random sampling method. A structured interview schedule was prepared, Pre Tested and finalized. The interview schedule consisted of background characteristics of youth and their perceived sexual norms, sexual risky behaviour, perceived knowledge on birth control & protected sex and perceived involvement of peers in sex related activity. The data from the youth were collected through personal interview using a structured interview schedule during the period from January – July 2012. The data analysis was done using Statistical Package for Social Sciences (SPSS).

### MEASUREMENT PROCEDURE

The perceived parental and community support are assessed based on a set of indicators for each category and placed on a three point scale ranging from 0 to 2. The total score obtained by youth on each of the following set of support factors is classified into Low, Moderate and high level of perceived sexual behaviours and the X<sup>2</sup> test is used to examine the association between the perceived sexual risky behaviour and selected background characteristics of respondents.

- i) perceived sexual norms
- ii) risky sexual behaviour
- iii) perceived self behaviour on birth control and protected sex
- iv) perceived involvement of peers in sex related activity

### SOCIO-ECONOMIC PROFILE OF RESPONDENTS

The selected respondents as per this study were only unmarried male youth between the ages of 18-30 years as depicted in table 1. There are 75 percent of respondents aged between 18 -24 years and 25 percent are aged 24-30 years and who are classified as Early Youth and Late Youth respectively. Among the respondents 25 percent belong to SC, 54.3 percent belong to BC and 20.7 percent belong to MBC.

**Table-1**  
Percent distribution of youth by selected background characteristics

Background Characteristic	Number N= 300	Percent
<b>Age (Years)</b>		
Early Youth (18-24)	225	75.0
Late Youth (24-30)	75	25.0
<b>Caste</b>		
SC/ST	75	25.0
MBC/OBC	62	20.7
BC	163	54.3
<b>Education</b>		
Illiterate	28	9.3
Primary	15	5.0
Middle	25	8.3
Secondary	33	11.0
Higher secondary	82	27.3
College and Above	117	39.0
<b>Type of Family</b>		
Nuclear	189	63.0
Joint	111	37.0

With regard to educational status 39 percent are educated College and above followed by 27.3 percent are higher secondary. It is interesting to note that 9.0 percent of youth in rural areas are illiterate.

The trend on changing pattern of nuclear family is evidenced in this study as 63 percent live in nuclear families and 37 percent live in joint family. The findings confirm the increase in number of nuclear families in this district.

#### **YOUTH PERCEIVED SEXUAL NORMS**

Change of culture not only brings new life style but also bring confusion, disorganisation and change of value system among people in society and rural youth are no more exceptions. Youth perception on value systems differ between group, place and domicile.

The percent distribution of youth by their age and perceived sexual norms are presented in the following table number 2.

**Table-2**  
Perceived Sexual norms and age of youth

Youth Perceived Sexual Norms	Youth		Total N=300	Chi Square	DF	P Value
	Early N=225	Late N=75				
<b>Boys can have sex before marriage</b>						
Strongly Agree	4.9	13.4	7.0			
Agree	6.2	5.3	6.0	<b>6.173</b>	<b>2</b>	<b>0.046</b>
Disagree	88.9	81.3	87.0			
<b>Girls can have sex before marriage</b>						
Strongly Agree	2.7	8.0	4.0			
Agree	8.4	14.7	10.0	<b>7.051</b>	<b>2</b>	<b>0.029</b>
Disagree	88.9	77.3	86.0			
<b>Youth intended to have sex before marriage</b>						
Strongly Agree	3.6	12.0	5.7			
Agree	4.9	10.7	6.3	<b>11.336</b>	<b>2</b>	<b>0.003</b>
Disagree	91.5	77.3	88.0			
<b>Unmarried youngsters can have sex if they use birth control</b>						
Strongly Agree	23.1	32.0	25.3			
Agree	16.9	12.0	15.7	<b>2.765</b>	<b>2</b>	<b>0.251</b>
Disagree	60.0	56.0	59.0			
<b>Over all levels of youth perceived Sexual Norms</b>						
Low	11.6	9.3	11.0			
Moderate	21.3	32.0	24.0	<b>3.536</b>	<b>2</b>	<b>0.171</b>
High	67.1	58.7	65.0			

The perceived sexual norm is high as both early and late youth have strongly disapprove the practice of pre-marital sex for boys as evidenced from the fact that 87 percent disapproved. The X<sup>2</sup> test showed a statistical significant association between perceived sexual norms and age of youth before marriage (0.046).

Similar trend is observed in the case of premarital sex by girls; though there is variation between early (88.9%) and late (77.3%) youth, it is to be noted that early youth have stronger conviction than the late youth on this variable.

Majority of the youth respondents (62%) perceived that similar age group girls do not have sexual involvement before marriage. A high statistical significance (P value – 0.003) is observed when a comparison is made between early and late youth. It is cautiously perceived by late youth (27.7) that many girls belong to the similar age group have sexual involvement before marriage. This finding alarms and draws the attention for preventive programmes.

The results on the overall levels of youth perceived sexual norms by age highlight that 65 percent of respondents are in higher level, 24 percent of respondents are in moderate level and 11 percent of respondents are in low level. It signifies that 65 percent of respondents uphold the value systems.

Over all perception of youth sexual norm shows that majority of youth disagree to have sex before marriage.

#### **Youth Perceived self behaviour on Birth Control and Protected Sex**

The youth self behaviour on birth control and protected sex are the major issues concerning youth and the country. This will also make the young generation healthy. Different studies affirm that the behaviour modification of youth on these matters is urgent.

The response of youth to hypothetical situations on which how youth would behave in terms of using birth control and protected sex measures if happened to have sex before marriage; are depicted in the table - 3.



**Table-3**  
Perceived self behaviour on birth control and protected Sex

Perceived self behaviour on Birth Control & Protected Sex	Youth		Total N=300	Chi Square	DF	P Value
	Early N=225	Late N=75				
<b>If pre-marital sex, I and my partner would use birth control methods</b>						
Strongly Agree	11.1	18.7	13.0			
Agree	15.6	16.0	15.7	<b>2.982</b>	<b>2</b>	<b>0.225</b>
Disagree	73.3	65.3	71.3			
<b>If pre-marital sex, I and my partner would use condoms</b>						
Strongly Agree	9.3	18.7	11.7			
Agree	22.2	21.3	22.0	<b>4.825</b>	<b>2</b>	<b>0.090</b>
Disagree	68.5	60.0	66.3			
<b>Over all youth self perceived behaviour on birth control and protected sex</b>						
Low	65.4	58.7	63.7			
Moderate	5.3	8.0	6.0	<b>1.356</b>	<b>2</b>	<b>0.508</b>
High	29.3	33.3	30.3			

Majority of the youth both early (73.3%) and late (65.3%) youth would not advocate birth control measures if happened to have premarital sex with their partners and similarly would not use condom (early youth -68.5% & late youth – 66.3%) is a serious and prominent findings of this study.

It is to be remembered that the same youth when questioned about the sexual norms of the peer group in general perceived a positive sexual norms (refer table – 2); but contrarily when there is a question of self perceived behaviour; their response is negative and showed a dangerous trend. This situation warrants an integrated comprehensive package of behaviour modification for the rural youth.

#### Youth Perceived Sexual Involvement of Others

One of the reasons for premarital sex and extra marital affairs in our society is lack of social control mechanism. When social control mechanism fades the value system is deteriorating.

The percent distribution of youth by their age and perceived knowledge of youth sexual involvement in the village is presented in table 4.

**Table-4**  
Youth perceived knowledge on youngsters Sexual Involvement

Sexual Involvement of others	Youth		Total N=300	Chi Square	DF	P Value
	Early N=225	Late N=75				
<b>Same age group girls sexual involvement</b>						
Many	10.7	22.7	13.7			
Few	27.1	16.0	24.3	<b>8.788</b>	<b>2</b>	<b>0.012</b>
None	62.2	61.3	62.0			
<b>Same age group boys sexual involvement</b>						
Many	7.1	16.0	9.6			
Few	29.8	29.3	29.4	<b>5.423</b>	<b>2</b>	<b>0.066</b>
None	63.1	54.7	61.0			
<b>Over all youth knowledge on others sexual involvement</b>						
Low	35.6	32.0	34.7			
Moderate	9.3	12.0	10.0	<b>0.613</b>	<b>2</b>	<b>0.736</b>
High	55.1	56.0	55.3			

In response to the statement on 'young girl's sexual involvement' the perceived knowledge of the youth has given a satisfactory response as 62 percent responded that none of them have sexual involvement and both early and late youth showed a similar response.

The worrying response is that there are remaining 38 percent of the young girls (many – 13.7% & few -24.3%) have sexual involvement, is to be seriously noted down; which is statistically significant. A similar trend is observed with the young boys' sexual involvement in villages.

The results on the overall levels of youth sexual involvement in villages highlight that though there are 34.7 percent of respondents reported low level; 55 percent of respondents reported higher level of sexual involvement of youth before marriage; may be due to the change in culture, influence of mass media and proliferation of information and communication systems. However this result initiates the need for sexual health education as the immediate measure.

In total, it is perceived by youth that 38 percent of boys and girls have sexual relationship before marriage.

### CONCLUSION AND POLICY RECOMMENDATIONS

It is to be concluded that youth need to be focussed in order to make the nation healthy. Though the perceived sexual norms showed a positive result the individual self perceived behaviour on birth control and protected sex showed a negative response – in the sense that youth as individuals are in danger and behaviour modification is the need of the hour as the technological advancement started to show the negative side of its coin.

There need to be sustained and continued building of knowledge capital on youth through various novel and innovative means is crucial. Use of ICT could be an effective tool in promoting health society targeting the adolescents in the schools so that the future youth could be a well informed group and become an asset to the nation.

An integrated effort combining Government, Non Governmental Organisations, Community Based Organisations, research and academic institutions becomes necessary to provide and promote health and sex education targeting the sexually active group – the youth. As the result predicts that behaviour modification is the sole option to mainstreaming the youth; the youth need to be addressed individually rather than as group after identifying the weak, vulnerable and risky population. Though it is costly and laborious process; it could only address the root cause of the problem. The programmes must be designed in such a way that it is multi-pronged and cover various sectors of the community with the active participation and involvement of all the stakeholders by incorporating the various dimensions such as quality, availability, accessibility, equity, comprehensiveness and suitable to the various youth groups.

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