

Issues Related to Adolescent Sexuality and Role of Socio-cultural Factors in Sexual Behaviors among Adolescents in India

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Abstract

Adolescence is considered very important phase of an individual's life as it is a transition from childhood to adulthood. During this phase, an individual gains physical (both in terms of growth and maturation of brain and body), sexual and social maturity by virtue of a number of internal and external factors. The internal factors consist of the hormonal and biological changes that our body undergoes in this transition phase, whereas external factors consist of the socio-dynamic factors that one experience during this sensitive phase. This article mainly focuses on the sexual development, orientation, behavior and knowledge during 'Adolescence' and how the prevailing social norms and culture affect adolescent sexuality and behavior.

Introduction

Adolescents are defined as the individuals in the age group of 10–19 years. The National Youth Policy of Government of India, however, defines adolescents as age group that ranges between 13 and 19 years of age [1]. This phase is characterized by acceleration of physical growth and associated changes in psychology and behavior, which transforms the child into an adult. Sexual maturation accompanies the physical growth and development, often leading to intimate relationships. In addition, the adolescent experiences changes in social expectations and perceptions. The individual's capacity for abstract and critical thinking too develops along with it. There, also evolves an associated sense of awareness

of self when social expectations require emotional maturity. Adolescents form a significant proportion (22%) of the population of India. They are a rich human resource and hold an important place in the process of development. Therefore, maintaining and providing adequate health care to the adolescent age group will go a long way in raising the health status of the community. Adolescents show a high degree of vulnerability to human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) and other sexually transmitted infections (STIs) [1]. Health of adolescent girls, in particular, has an intergenerational effect.

Gender and Adolescence

There are many factors that influence the 'Sexual Identity' of a person. It can be defined as the way the biological sexual characteristics of a person are exhibited. The factors that influence it are chromosomal patterns, external and internal genitalia, composition of hormones, and secondary sexual characteristics [2]. 'Gender Identity' connotes the psychological behavioural aspects in relation to masculinity and femininity. It results from some cues that are derived as a result of different experiences from members of the family, teachers, peers, and co-workers and from cultural phenomena [2]. Physical characteristics derived from a person's biological sex such as physique, body shape, and physical dimensions interrelate with an intricate system of stimuli, including rewards and punishment and parental gender labels, to establish gender identity. Abnormalities in gender identity can result in a lot of psychiatric conditions including gender dysphoria or gender identity disorder. This may even lead to homosexual behaviour

and thus this concept of identity development has huge implication in adolescents. 'Gender Role' is described as all those things that a person says or does to disclose himself or herself as having the status of boy or man, girl or woman, respectively. A gender role is not established at birth but is built up cumulatively through experiences encountered and transacted through casual and unplanned learning, explicit instruction and inculcation. Gender role is responsible for the differential attitude and behavior of the adolescent males and females. Adolescent girls are expected to develop some shyness in social situations, whereas boys are expected to act boldly. Gender inequality begins around the adolescence [2].

Knowledge of sexuality and detailed information regarding the same is a very blurred area in the context of Indian culture. As sex education has still not become a part of the curriculum of Indian schools, no formal education or information is available to children and adolescents. Adolescents of India gather their knowledge from their surroundings like information provided to them by peer groups, or as it comes in print media or over the internet. The information so gathered is often uncensored and unfiltered, sometimes even presented in an improper manner or come out to be wrong information. These wrong inputs often result in formation of myths in these adolescent minds, which in turn, drag them into serious problems like untoward sexual experiences. It even may bring undue concern regarding normal sexual behaviors and thus cause significant distress to them. Adolescent, as it is known as the age for exploration, also holds true regarding sexual matters. As sexuality is a hidden area for most Indian adolescents, as it is generally taken as

something which cannot be discussed openly in Indian culture, various myths and misconceptions regarding them lingers in the adolescent minds. A stereotypical social setup offers little scope for open discussion on sexual matters between Indian parents and their adolescent wards, resulting in no provision for effective resolution of the myth surrounding sexuality for adolescents. All these pave way for high prevalence of a distorted notion about sexuality among Indian adolescent population.

Culture and Adolescence

Culture has a great impact on the matters of belief, practices and behaviors of its followers. How adolescents are raised, how they need to behave, and how openly they can discuss the matters of sexuality depend on the culture. Conservative societies forbid the discussion on the adolescent problems, and exhibit more gender inequality. Sexual taboos have their root in cultural beliefs and have important implications in the sexual health and morbidity. Many societies still hold misconceptions about menstruation, and masturbation. Elders never educate on the basic concepts of bodily changes that occur during adolescence, keeping them in dark. There has always been an issue of comfort regarding sharing of knowledge on sexuality with offspring in India. The social regulations and pattern of cultural response is quite different in our country in comparison to developed countries like the USA.

Indian Culture, Adolescence and Sexuality

India is one of the oldest cultures to study sexuality and seems to be quite open in appraising sex as

an art and science. The different attitudes and practices regarding sex first appeared in historic texts of various religions, which are examples of oldest literatures. Somewhere in between 1st and 6th century the classical 'Kamasutra' (Aphorisms of love) was written which included 'Dharma', 'Ārth' and 'Kama'. They represented religious duty, welfare of the world and aspects of life which are sensual [3]. Paintings on Ajanta caves, sculptures of Khajuraho are few examples of the deep interest and admiration Indians have towards sexuality. But with foreign invasion later, much of the ancient literature went missing and gradually new norms were set.

Till date, our society is ridden with many sexual myths and taboos like Dhat Syndrome, and masturbation in females. There is no provision for sex education either at home or in school and no specified health service addressing adolescent sexual problems exists. On top of it, in their day-to-day lives, common Indian people are very traditional and conservative in their outlook [4]. Discussing sexual matters is forbidden. There is huge pampering of Indian children which lasts at least till 6-7 years. Before puberty, a natural approach to sexuality and nudity prevails, especially in rural areas. As child grows up into adolescent, parents start expecting that he/she behaves sensibly, like an adult. Adolescent boys and girls can no more have close interactions as they did few years ago. No information is given about the natural changes that an adolescent witness in his/her body and mind.

Due to social stigma, adolescent girls are not educated about menarche before hand. A recent study found that only one third of rural girls were told about the menstruation by their mothers and only one fourth were explained the

reason [5]. Often girls feel anxious and distressed about this sudden development. In some societies, girls are not allowed to cook, to enter sacred places and even to take bath during menstruation. Due to lack of proper toilets and privacy in rural areas, girls often miss schools and colleges during menstruation [6]. Girls are prepared to handle household responsibilities and sometimes their education stops at this stage. The silence of the Indian culture on issues related to sexuality compound problems like the treatment seeking behaviour for neurotic and anxiety disorders (e.g. Dhat syndrome), the HIV epidemic, infections in the genital tract, sexual violence (e.g. female genital mutilation), contraceptive use and abortion services. Masturbation is a practice which is considered a taboo and unaccepted among girl population. For boys, however, it is considered a preparation for mature sex life. Though boys at the younger ages may masturbate together without shame, at little more mature ages, they all give it up.

A recent study on the upper middle class adolescents of Mumbai found that they still follow traditional norms and believe that they should wait till they become adults before being sexually active [7]. Another study assessed the sexuality among Indian urban school adolescents. The incidence of having sexual contact was 30.08% for boys and 17.18% for girls. Around 6% boys and 1% girls reported having had sexual intercourse [8]. Another study found that adolescent population had first encounter with sexual experience at the age of 15-24 years [9].

Western Culture, Media and its Impact on Indian Society

The scenario of adolescent sexuality

in west is different. Youth Risk Behavior Survey (YRBS), conducted in US in 2005, reported that 46.8% of all high school students have had coital experiences. The figure was 67.6% for African-American youth. One in ten adolescent females becomes pregnant each year [10]. There was another study by Halpern et al., which observed the sexual behavior of adolescents of western population and also the factors which attributed to those behaviors [11]. The study found out that 9 out of 10 had lost their virginity before marriage. The virgin population was found to be younger, with less physical maturity, higher religious inclination and mostly had an attitude of disapproval for sex from parents [11]. It was seen that most adolescents of late teenage years or in early 20's have already experienced oral or vaginal sex irrespective of whether they were married or not [12,13]. Exposure to vaginal sex in early in life increases the risk of sexually transmitted diseases which can also possibly be due to more number of sexual partners [14,15,16]. This risk is inversely proportional to age [16,17]. By the late teenage and early 20's, most individuals experience oral or vaginal sex irrespective of marital status as found in different studies from USA. It was seen that early exposure to vaginal sex during adolescence increased the risk of sexually transmitted diseases; however, the risk gradually declines with age. It was also reported that, those who were exposed early to vaginal sex were found to have more number of sexual partners which might have a link with the increased risk of sexually transmitted diseases. It has been found that in western countries 'openness' to sexuality is so prevalent that 75% of boys and 50% of girls have had at least one sexual intercourse with the other sex by the age of 18. It has also been reported

that teenage population of America aged 15-19 years have the highest rate of pregnancy among all industrialized countries [19]. The sweep of globalization and blind pursuit of the 'open' culture of the west may have cast a significant impact on a society like India. It has also been observed that in Indian metropolitan cities these findings from the studies discussed here are mimicked [20,21,22]. One of the very common sources of information is pornography which hardly gives any knowledge regarding marital sexual relationships or gender equality [1]. In a study, it was found that friends were the sources of information for 75% of the young population whereas for 50 % it was pornography films or books [23].

Rapid globalization, media and information technology has affected the traditional societies also. Adolescents are also affected to a great extent due to their keen interest in electronic media like television and the internet. Adolescents are exposed to implicit and explicit sexual material via these media, but they are not provided with the basic sex education. These factors may lead to early sexual experiences with further negative consequences [24].

The Problems

There is a genuine scarcity of formal sex education for adolescents in schools in most developing and emerging societies. Even if present, it is grossly inadequate. Due to this scarcity, there is a higher chance of unprotected sexual activities, unwanted pregnancies and also the occurrence of sexually transmitted diseases. Various health challenges regarding reproductive and sexual aspect concerns most adolescents. Most of these challenges are due to marriage in early age, abortion practices which are unsafe,

high risk behaviors, and lack of awareness about contraception and reproductive issues regarding health, infections of genital tract and infections which are transmitted sexually (STIs) including HIV/ AIDS and non-consensual sex [25]. This creates an 'unmet need' for reproductive and sexual health care. This unmet need varies among adolescent age groups which are married or not. Thus behavior of seeking help also depends upon the marital status of the adolescent. Besides that, public sector reproductive health services are more oriented to give services to adult married women. Adolescents who are not married always show a hesitation toward seeking help from health sector because of the fear that these services are not confidential, and also due to inability to pay, requirement of parents' approval and negative or insensitive attitude of health care providers. Girls from adolescent age group and are married also rarely seek support due to sheer embarrassment and the taboo associated with reproductive and sexual health problems. The study has also shown the prevalence of programmatic constraints in the form of non-availability of health personnel at the health facility and poor awareness [25].

There is always a risk of pregnancy, HIV infection, STIs and other such health and social hazards after the initiation of sexual activity. In order to prevent this, in 'open' societies and developed nations, condoms are distributed in school to decrease the health hazard. This brings into focus the question of the present situation in our country. It is imperative that both being too 'open' or too 'close' have its own disadvantages. Closeness due to culture and thus lack of information regarding sexual education leads young people to gather information from sources which provide it in a distorted form. This results

in that the young people remain unaware of such information which is actually needed in growing days.

Future Directions

Gender inequality needs to be addressed more seriously. The task starts with the naming, challenging and changing the negative gender norms and building norms that value girls at par with boys. At the individual level, adolescents need to be educated about puberty. Various challenges presented by menstruation need to be tackled. At the family level, girls need to be supported during their menses. At the community level, we need to improve the access to sanitary products, running water, functional toilets and privacy. Social leaders should contribute in changing the perception of the menarche and menstruation to one of promise and pride, rather than of shame.

Adolescents need comprehensive, accurate and developmentally appropriate sexuality education. Improving adolescents' knowledge and understanding of sexual and reproductive health, including HIV/AIDS, and thus improving their skills in life to take care of their own health is a crucial step in the direction of meeting their health needs and fulfilling their rights. Adolescent-centered health services can prevent sexual and reproductive health problems and detect and treat them. Effective ways should be developed to deliver contraceptive information and services to adolescents. Sexuality education programs should be brought into practice in India keeping in mind the social, cultural ethos. Government should address the social and cultural barriers in this regard.

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