

CROSS-SECTIONAL STUDY ON YOUTH AND SEXUAL HEALTH**Bobin George**

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ABSTRACT

The youth are the building blocks for the future. It will not be possible to achieve the Millennium Development Goals if the particular needs of young people are not first identified and then addressed. The purpose of this research is to investigate the youth's knowledge, attitudes, and practises in relation to sexual health and contraception. This was a cross-sectional research that was carried out on 540 young people in the Adarsh Nagar Area. Their ages ranged from 15 to 24 years. It was determined to employ a method of systematic random sampling with two stages, and the sample unit was an individual family. Approximately 68.7 percent of respondents who reported being aware of sexually transmitted infections (STIs) were unable to identify a particular symptom or condition associated with these diseases. The most prevalent symptom reported was leukorrhea, which was experienced by 27.5% of the individuals. Sexual activity was reported by 40.7% of the participants who were single. Only 13.4 percent of the participants who had ever engaged in sexual activity were found to utilise the protection on a regular and consistent basis. It was clear that there was a gap between knowledge and practises, particularly with regard to the sexual behaviours that are considered safe for young people.

Keywords: Youth, Sexually transmitted, infection etc.

1. INTRODUCTION

The young are the building blocks for posterity. When compared to persons of other age groups, young people have been subjected to a disproportionately high number of negative effects as a direct result of the expansions related to globalisation and the rapid improvements in information and communication technologies.

More than 1.2 billion people worldwide are considered to be part of the youthful population, and the next generation of the youth (children who are now younger than 15 years old) will be half again as large, resulting

to a total of 1.8 billion young people worldwide. There are around 511 million people living in developing and least developed nations, and approximately 51% of them are under the age of 25. Considering that there are more than 200 million young people currently living in poverty, 130 million young people who are illiterate, 88 million young people who are unemployed, and 10 million young people who are living with HIV/AIDS, the case for investing in young people in today's society is undeniable. The young of India, who make up one-fifth of our total population, are a resource for the Indian workforce that is both vibrant and active. Their challenges are numerous and diverse, and the healthcare system does not always prioritise addressing them. Because the health services are not designed to be user-friendly for young people, the youth may be reluctant to seek out the assistance they require, particularly in issues pertaining to their sexual health. The youth population in an urban slum neighbourhood is a group that is more susceptible to being exploited. It is evident that, given these age demographics, failing to identify and address the special needs of young people will result in a failure to achieve the Millennium Development Goals (MDGs) (MDGs). As a result, this research was carried out with the goals of investigating the levels of knowledge, attitudes, and behaviours associated with sexual health and methods of birth control among young people.

2. OBJECTIVE OF THE STUDY

To study the knowledge, attitude and practices related to sexual health.

To know about the contraception among the youth.

3. MATERIALS AND METHODS

This was a cross-sectional study conducted in Malvani slum area of Mumbai, Maharashtra, India. The study population included youth aged between 15 and 24 years as per the definition of youth given by United Nations.[3] Two-stage systematic random sampling method was used with individual household being the sampling unit. The population of entire slum area was approximately 1,41,900. The study area was divided into six areas based on the geographical boundaries. The areas were numbered from I to VI. In stage I, by using simple random sampling method, one area (Patel compound) was selected for the study purpose with an approximate population of 23,720 and 4,651 households. In stage II, every 10th house was selected for the study purpose. The first household was selected randomly, after which every 10th household was included in the study. Whenever a household was locked or when there were no eligible study subjects in a household, the next household on the right was selected for the study purpose. The total numbers of households interviewed for the study purpose were 466. In the 466 households, 586 study subjects were found. Forty-six (7.9%) did not

give consent for interview, and, hence, the sample size was 540. All the eligible population in a household between the age group of 15 and 24 years who were living in the study area for more than 6 months were included in the study. The individuals/eligible household members who denied giving consent for the participation in the study were excluded from the study. Ethical approval was taken from the Institutional Ethical Committee, while written informed consent was taken from the youth subjects. Data collection instrument was designed by using standard, validated questionnaires based on National Family Health Survey 2005–2006.[2] It was suitably modified to meet the objectives and was pilot tested. It contained questions on baseline demographic information about individuals in households (age, gender, education, occupation, etc.), sexual attitudes and knowledge regarding sexually transmitted infections (STIs), and sexual behavior of the youth. Statistical analysis was done using Epi Info software.

4. RESULTS

There were a total of 540 children under the age of 18 located in the 466 households that were questioned for this research, with 37.7 percent of those children falling into the teenage age bracket. Two hundred eighty-three (52.4 percent) participants were male subjects whereas 257 (47.6 percent) were female subjects. Participants who identified as Muslims made up 61.1% of the total, while those who identified as Hindu made up 38.1% of the total, and those who identified with other religions made up 0.8% of the total. When evaluating marriage status, 206 (38.1 percent) of the participants were married, of which 40.3 percent of the participants were married before 18 years of age, with 81.9 percent being females; 32.7 percent of those who were married before 21 years of age were male subjects. The population that was studied consisted of around 72.8 percent of people who lived in joint families, 8.7 percent of people who lived in nuclear families, and 18.5 percent of people who lived either with some of their relatives or stayed at their place of employment itself (e.g., jari karkhana). The majority of people who were residing with family or at their place of employment did not have ration cards. This percentage was 87 percent. 37 individuals, or 6.9 percent, were unable to read or write because they had never attended any form of education. In contrast to the 34.6% of male subjects who had completed basic education, 58.4% of female subjects had done so. On the other hand, male subjects completed higher education at a rate of 15.3%, which was much higher than the rate for female respondents. The majority of the study's female participants (85.6 percent) were not working, whereas the majority of the study's male participants (48.4 percent) were engaged in semiskilled positions.

According to the socioeconomic classification developed by BG Prasad, 81.5 percent of the participants were classified as belonging to a low socioeconomic class, while just 1.1 percent were classified as belonging to an upper high category.

As can be shown in Table 1, 88.9% of the participants had heard of or were aware of the STIs; however, 68.7% of those who claimed to be aware of STIs were unable to describe any particular symptom or condition. Leukorrhoea was the most prevalent symptom indicated by 27.5 percent of the participants and 3.7 percent of the participants mentioned "other" STIs that included passing of "dhaat" in urine or premature ejaculation. The vast majority of participants (74.5 percent) believed that sexually transmitted infections (STIs) could be cured; nevertheless, they were unaware of the specific location from which to obtain treatment. None of them realised that medications were offered free of cost in public hospital for treating STIs. The majority of respondents (85.4%), of which 46.8% stated that condoms gave 100 percent protection, believed that condom use may prevent sexually transmitted infections (STIs). The vast majority of participants, which made up 95% of the sample, believed that the only way to avoid sexually transmitted infections (STIs) was to limit one's sexual activity to a single partner.

The distribution of research participants according to their perspective on sexuality is presented in Table 2. About 56.5 percent of those who took part in the study believed that the sexual pleasure of male subjects was more significant than that of female subjects, while only 7% believed that the sexual fulfilment of female subjects was more important. When asked whether exchanging partners or having premarital or extramarital sexual relations or sexual relations between partners of the same sex or having sexual relations for gains was appropriate, fewer than one percent of the people who took part in the research gave a positive response to the question.

The distribution of the research participants according to their sexual habits is shown in Table 3. The vast majority of married individuals (96.6% of them, to be exact) had already engaged in sexual activity; however, "Gauna" had not yet been carried out on the remaining 3.4% of married participants. There was a sexual encounter reported by 40.7% of the participants who were single; however, the percentage of participants who engaged in sexual activity prior to marriage is almost certainly higher than this estimate, given that some of the participants who were already married must have had sexual encounters prior to getting married.

In Table 4, we see a breakdown of the research participants in terms of their knowledge and opinions towards various methods of birth control. The vast majority of participants, or 93%, have heard of various methods of family planning. When questioned about the specific methods of birth control that they were familiar with, the majority of respondents named using condoms and having permanent sterilisation procedures as their preferred choices. Eighty-two point seven percent of the people who took part in the study thought that family planning was a good idea. The majority of respondents, around 57.1 percent, believed that the duty of family planning lies solely with the mother, while the remaining 36.3 percent said that it was the responsibility of both couples. Only 12.3 percent of participants were willing to choose male sterilisation, and 28.3 percent believed that

performing vasectomy leads to impotence in males. However, 64.3% of participants were in favour of sterilisation as a means of family planning. About 54.4 percent of those who took part in the study were of the opinion that family planning should be mandated by the government. Of those people, 73.2 percent said that it should become mandatory after the birth of two children.

The participants in the research are broken down into their various forms of birth control and contraception in Table 5. Only 13.4 percent of the participants who had ever had a sexual encounter were found to use condoms on a regular and consistent basis, while only 43.1 percent of the eligible couples took use of family planning options. As a method of birth control, intrauterine devices were the option that was selected by the largest proportion of participants (47.7 percent), followed by the usage of condoms by 42 percent of participants and oral contraceptive (OC) tablets by 10.3 percent of participants.

Table 1 Distribution of the study participants by their knowledge about STIs

<i>N</i> = 540	Frequency	% ^a
Have you heard about STI?		
Yes	480	88.9
STI symptom awareness (<i>N</i> = 480)		
White discharge	132	27.5
Burning micturition	53	11.1
Others	18	3.7
DK	330	68.7
STIs can be cured (<i>N</i> = 480)		
Yes	358	74.5
STI prevention by condoms (<i>N</i> = 480)		
Yes	410	85.4
100% STI prevention by condoms (<i>N</i> = 410)		
Yes	192	46.8
STI prevention by single partner (<i>N</i> = 540)		
Yes	513	95.0

Table 2 Distribution of study participants by their attitude toward sex

<i>N</i> = 540	Yes	No	DK	Correct answers (%)
Man's sexual satisfaction is more important	305	226	9	56.5
One should indulge in pre/extramarital sex	1	539	0	99.8
Exchange of partners is right	6	530	4	1.1
Sex with person of same gender is acceptable to you	3	537	0	0.6
Sex for favor should be done	4	536	0	0.7

Table 3 Distribution of study participants by their sexual practices

	Sexual intercourse		No sexual intercourse		Total	
	<i>N</i> = 335	Row %	<i>N</i> = 205	Row %	<i>N</i> = 540	Column %
Married	199	96.6	7	3.4	206	38.0
Unmarried	136	40.7	198	59.3	334	62.0
Total	335	62.1	205	37.9	540	100.0

Table 4 distribution of study participants by their knowledge and attitudes toward contraception

	<i>N</i> = 540	%
Family planning		
Awareness	502	93.0
Approval	425	78.7
Mother's responsibility	243	57.1
Father's responsibility	12	2.8
Responsibility of both	154	36.3
Family's responsibility	16	3.8
Sterilization		
Approval	347	64.3
Male sterilization	43	12.3
Female sterilization	304	87.7
Vasectomy leads to impotence		
Yes	102	28.3
Family planning compulsory		
Yes	273	54.4
Family planning compulsory after how many children, <i>n</i> = 273		
1	3	1.1
2	200	73.2
3	67	24.6
4	3	1.1

Table 5 distribution of study participants by use of contraceptive methods

	Frequency	%
Condom use (<i>N</i> = 335)		
Yes	45	13.4
Contraception use in eligible (<i>N</i> = 206)		
Yes	88	43.1
Contraceptive used by eligible couples (<i>N</i> = 88)		
Condoms	37	42.0
Cu T	42	47.7
OC pills	9	10.3

5. DISCUSSIONS

The young are the building blocks for posterity. When compared to persons of other age groups, young people have been subjected to a disproportionately high number of negative effects as a direct result of the expansions related to globalisation and the rapid improvements in information and communication technologies.

More than 1.2 billion people worldwide are considered to be part of the youthful population, and the next generation of the youth (children who are now younger than 15 years old) will be half again as large, resulting to a total of 1.8 billion young people worldwide. There are around 511 million people living in developing and least developed nations, and approximately 51% of them are under the age of 25. Considering that there are more than 200 million young people currently living in poverty, 130 million young people who are illiterate, 88 million young people who are unemployed, and 10 million young people who are living with HIV/AIDS, the case for investing in young people in today's society is undeniable. The young of India, who make up one-fifth of our total population, are a resource for the Indian workforce that is both vibrant and active. Their challenges are numerous and diverse, and the healthcare system does not always prioritise addressing them. Because the health services are not designed to be user-friendly for young people, the youth may be reluctant to seek out the assistance they require, particularly in issues pertaining to their sexual health. The youth population in an urban slum neighbourhood is a group that is more susceptible to being exploited. It is evident that, given these age demographics, failing to identify and address the special needs of young people will result in a failure to achieve the Millennium Development Goals (MDGs) (MDGs). As a result, this research was carried out with the goals of investigating the levels of knowledge, attitudes, and behaviours associated with sexual health and methods of birth control among young people.

6. CONCLUSION

It was clear that there was a gap between knowledge and behaviours, particularly with regard to the use of condoms and other forms of birth control by young people and safe sexual practises that are practised by adolescents. This gap has to be overcome. The youngsters have a need to be supplied with accurate knowledge and an atmosphere that is conducive to behaviour modification in order to put an end to their unhealthy behaviours and guide them toward the path that will lead to a healthy existence.

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