

ORIGINAL RESEARCH

Assessment of sexual behaviour and practices among adolescent girls

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ABSTRACT

Background: Adolescents (10–19 years of age) comprise almost 22% of India's population. This is the age group in which physical changes usually commence with the growth spurt followed by secondary sexual characteristics development. The present study was conducted to assess sexual behaviour and practices among adolescent girls.

Materials & Methods: 126 adolescent girls in age ranged 15-24 years were exposed to a predetermined questionnaire consisting open and closed ended questions. Information such reasons for not using contraception, Sexual orientation and reasons for sexual activity was recorded.

Results: Age group 15-20 years had 60 and 20-24 years had 66 subjects. The difference was non- significant ($P > 0.05$). Reasons for not using contraception was does not feel good in 54, not aware in 40 and not available in 32. The difference was non- significant ($P > 0.05$). Reasons for sexual activity was urge in 62, peer pressure in 24 and fun in 40. The difference was significant ($P < 0.05$). Type of intercourse preferred was vagino penal in 40, vagino penal and anal in 55 and ano oral & vagino penal in 21. The difference was non- significant ($P > 0.05$). 60 were heterosexual, 30 were homosexual and 26 were bisexual. The difference was significant ($P < 0.05$).

Conclusion: There is need to inculcate awareness about sexual activity among adolescent girls.

Key words: adolescent girls, sexual activity, Sexual orientation

INTRODUCTION

Around the world adolescents are increasingly becoming sexually active, in most of the cases unprotected and naturally remain at the risk of contracting sexually transmitted diseases (STDs) including human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS).¹ Being in a learning phase of life it is difficult for an adolescent to comprehend correctly the significance of unsafe and/or casual sex, drug abuse and many such behaviors leading toward increased risk of HIV transmission.²

Adolescent age group extends from age of 10–19 years in which early adolescence ranges from 10 to 14 years age group and 15–19 years of age come under late adolescence. Adolescents (10–19 years of age) comprise almost 22% of India's population.³ This is the age group in which physical changes usually commence with the growth spurt followed by secondary sexual characteristics development. These changes can make adolescent probably the most challenging, stressful, and uncertain phase in the life of teenagers, as well as their parents, teachers, health professionals.⁵

It is evident from studies in India that involvement of adolescent girls in premarital sexual activity is as significant in towns and rural areas as it is in large urban areas. Unwanted pregnancies may end up in unsafe or illegal abortions that will affect the maternal health. Adolescent girls are more vulnerable to be engaged in unsafe sex than boys of the same age group which can be due to poverty, economic issues, cultural stigmas, or parental behavior.⁵ The present study was conducted to assess sexual behaviour and practices among adolescent girls.

MATERIALS & METHODS

The present study comprised of 126 adolescent girls. The consent was obtained from all enrolled patients.

Data such as name, age etc. was recorded. All were exposed to a predetermined questionnaire consisting open and closed ended questions. Information such reasons for not using contraception, Sexual orientation and reasons for sexual activity was recorded. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution based on age group

Age group (Years)	Number	P value
15-20	60	0.92
20-24	66	

Table I, graph I shows that age group 15-20 years had 60 and 20-24 years had 66 subjects. The difference was non-significant ($P > 0.05$).

Graph I Distribution based on age group

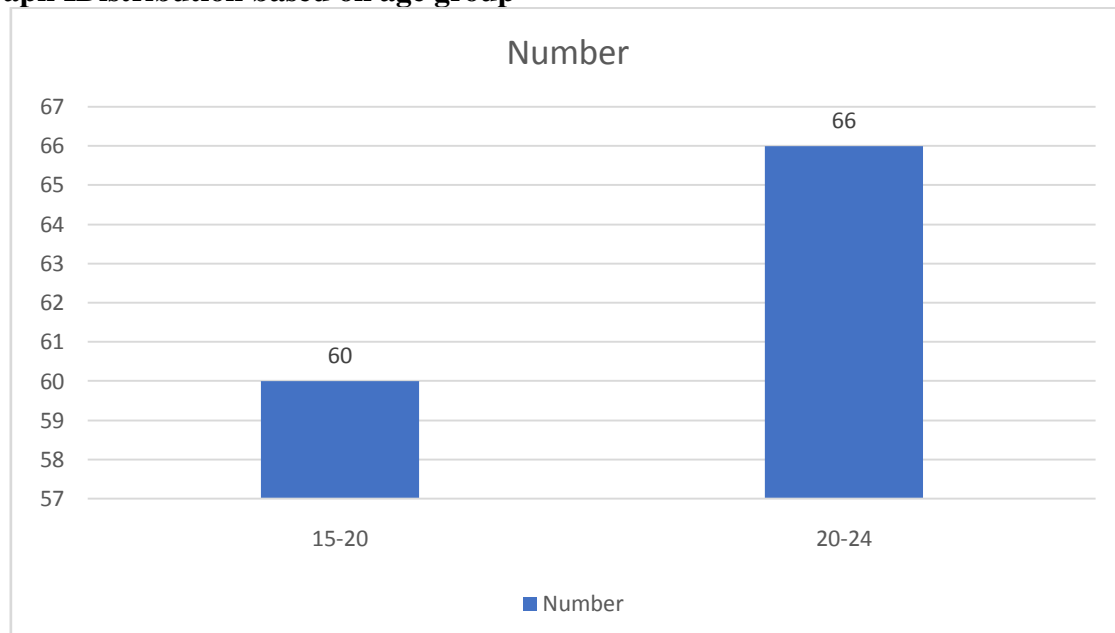


Table II Reasons for not using contraception

Parameters	Number	P value
Does not feel good	54	0.92
Not aware	40	
Not available	32	

Table II shows that reasons for not using contraception was does not feel good in 54, not aware in 40 and not available in 32. The difference was non-significant ($P > 0.05$).

Table III Reasons for sexual activity

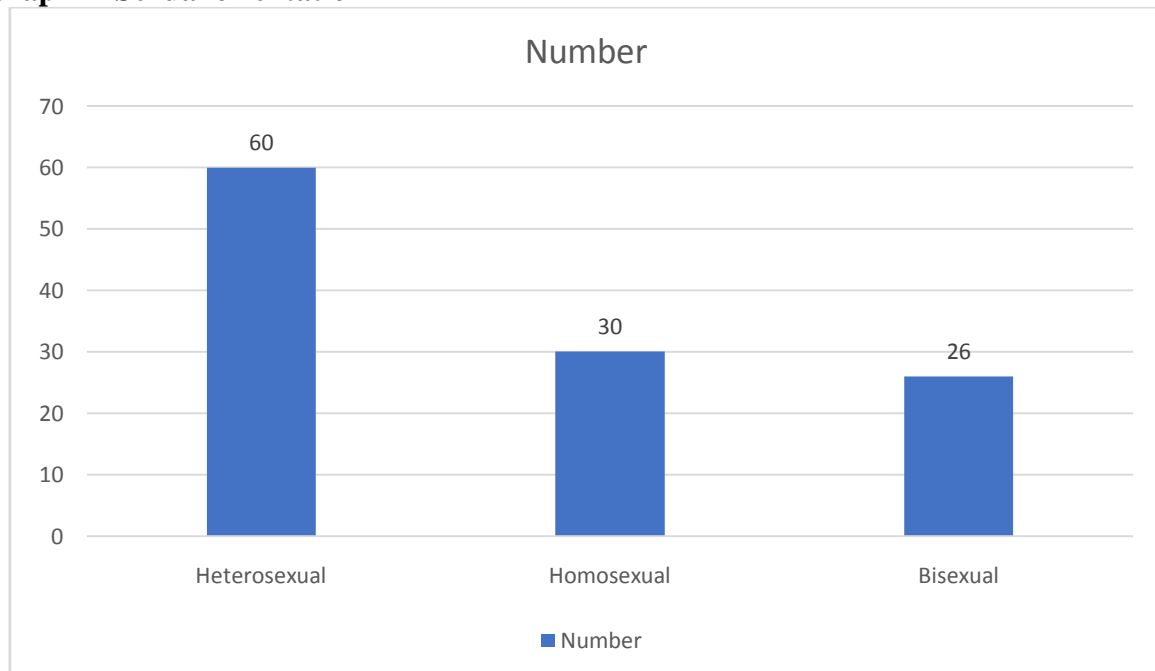
Parameters	Number	P value
Urge	62	0.05
Peer pressure	24	
Fun	40	

Table III shows that reasons for sexual activity was urge in 62, peer pressure in 24 and fun in 40. The difference was significant ($P < 0.05$).

Table IV Type of intercourse

Parameters	Number	P value
Vagino penal	40	0.11
Vagino penal and anal	55	
Ano oral&vagino penal	21	

Table IV shows that type of intercourse preferred was vagino penal in 40, vagino penal and anal in 55 and ano oral & vagino penal in 21. The difference was non-significant ($P > 0.05$).

Graph II Sexual orientation

Graph II shows that 60 were heterosexual, 30 were homosexual and 26 were bisexual. The difference was significant ($P < 0.05$).

DISCUSSION

Adolescents' and youngsters' sexual activities are on the rise and rapidly emerging as a public health concern.⁶ Secondary sexual growth, changes in hormonal spurting, emotional, cognitive and psychosocial development result in sexual curiosity and experimentation, often in situations of little reproductive health information or services.⁷ There is consensus that adolescents and young adults engage in high-risk sexual behaviour that predisposes them to reproductive health problems.⁸ This is as a result of physiological and psychological changes that cause them to desire sexual intercourse and take risks, leading to unfavorable sexual and reproductive health indices.⁹ The present study was conducted to assess sexual behaviour and practices among adolescent girls.

We found that age group 15-20 years had 60 and 20-24 years had 66 subjects. Agarwal et al¹⁰ found that sexual debut is usually with an elder as noted in the study. Youngsters engage in unhealthy sexual behaviours, characterized by early age at sexual initiation, unsafe sex and multiple sex partners, Reasons given for this include curiosity, peer influence, pleasure and financial benefit, amongst others. Similar patterns of sexual behavior have been seen in all parts of the world, the findings being similar in developed as well as developing nations. Despite the ongoing programs and initiatives taken by the Indian government, this article points to the need of increasing sexual awareness by incorporating sexual education as a part of the early education curriculum, by helping and including parents to overcome the social and cultural barrier between them and their children. Encouraging contraceptive use and hence improving adolescent and young people's reproductive and sexual health in the country.

We observed that reasons for not using contraception was does not feel good in 54, not aware in 40 and not available in 32. We found that reasons for sexual activity was urge in 62, peer pressure in 24 and fun in 40. Mukhopadhyay et al¹¹ evaluated their attitudes, and practices of sexual activities among their peer groups. The study is based on randomly selected 1031 unmarried adolescent girls residing in Gangtok, the capital town of Sikkim, and also in different blocks of the other three districts. The self-administered questionnaire was completed by participant girls to obtain data on socioeconomic characteristics, knowledge, awareness, and practices about sexual health issues such as HIV/AIDS, STIs, safe sex. Bivariate and multivariate analyses have been used for data analysis. Higher number of urban girls reported sexual activities among their peer group as compared to rural ones. However, unprotected sexual activity was reportedly higher among rural girls (10.26%). Results of multivariate analysis establishes role of media in raising sexual health awareness among girls in the study area. Role of socioeconomic characteristics of adolescents is important in raising awareness, building attitudes, and determining practices pertaining to sexual and reproductive health among them. Health care institutions along with media can raise awareness about sexuality and also can inculcate responsible sexual attitudes and practices among adolescents. We found that type of intercourse preferred was vagino penal in 40, vagino penal and anal in 55 and ano oral & vagino penal in 21. 60 were heterosexual, 30 were homosexual and 26 were bisexual. Gupta et al¹² observed that out of the 320 adolescents presented to the OPD, only 165 consented to participate in the study. Prevalence of sexual activity was 16.9% (28/165) in the study. Eight (8/165) adolescent girls have not attained menarche and all were not having any knowledge of sex. Three girls were the victims of sexual exploitation. Around 64% of these girls were sexually active with their classmates. All the sexually active females were having intercourse through the vaginal route, however non-vaginal route was also practiced by 6 girls. Home (11, 39%) was the preferred place followed by the hotel (10, 35.7%) for sexual activity. Prevalence of sexual activity is low among Indians as compared to the western world but it may be a tip of iceberg as it is a hospital-based study. This is the first study that assessed the route of intercourse, frequency of sexual activity, and place preferred by these adolescents to evaluate the sexual health behaviour.

CONCLUSION

Authors found that there is need to inculcate awareness about sexual activity among adolescent girls.

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