

Adolescent Sexual Behavior-An overview

Mr. Indra Mani Mishra

(Department of Nursing, Faculty of Pharmacy and Paramedical Sciences, Himalayan University, India)
Corresponding Author: Mr. Indra Mani Mishra

Abstract: Social and parental restriction along with unregulated TV and internet uses has perhaps distorted the essential sexual knowledge in adolescents, causing adventurous sexual attempts. In this study, we have queried various controlled personal and sexual questions to 250 students (consisted of 150 boys and 100 girls) of age 15-18 yrs. We have also interviewed SMFQ and anxiety questionnaire to the students for their assessment of mental and behavioral status. Questions were assessed based on syllabus, nature of school, religion, type of family, comfortable with parents, hour of TV and internet viewing. Our result shows that adolescents from girls only school were more sexually educated and were least likely to be indulged in any reproductive health problems. We also noted that that from minority community comparatively was more anxious (24-36% boys were recorded with >7 score) and depressed (100% girls were recorded with >10 score) than the majority community. Our result clearly showed that more hours of TV viewing pose serious anxiety and depression threats in adolescents (42% boys and 62% girls were scored >4 on anxiety questionnaire). Similarly, internet also poses similar threat but its influence on youth is lower than television. Participants who were comfortable with their parents showed lower anxiety and depression (23% boys were scored >7; 8% boys were scored >10). We conclude from this study that religion have a direct effect on sexual performances in a society, more restriction and regulations will have adverse effect on adolescents and Children who are comfortable with their parents are least likely to be involved in criminal activity.

Keywords: CBSE : Central Board of Secondary Education, ICSE: Indian Certificate of Secondary Education, NCERT : National Council of Educational Research and Training, NCRB : National Crime Records Bureau, SES : Socio Economic Status, SMFQ: Short Mood and Feeling Questionnaire , UNFPA : United Nations Population Fund, WHO: World Health Organization,

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I. Introduction

Adolescence is a transition phase of growth and development between childhood and adulthood. Adolescent may be any person between ages 10 and 19 years. Adolescent encompass physical, physiological, social and moral aspects of maturation. The easy reach of Internet to the adolescent makes them vulnerable to different varieties of psychologically induced reproductive health issues. People at this age group are greatly influenced by the media and society where they live. Easy access of sexual contents on internet, some advertisements on television and cover pages of magazines showing exposure of body parts by actors and actresses directly and indirectly influence an antisocial behavior leading to unwanted sexual urge, rape, teenage pregnancies. Now a day's Indian and Western media do not hide instead they fully show the process of sex which are now considered as a part of entertainment. But this entertainment actually leaves a psychological impression to adolescent-just do and feel it.

Early adulthood (approximately ages 18 to 25) is a time of dramatic change. Recent work documents marked variability in the timing and sequencing of life transitions such as finishing school, entering long-term romantic relationships and marriage, parenthood, and beginning a career (e.g., Arnett, 2000; Cohen, et al., 2003). In the face of this variability, most individuals leave their parents' home for the first time during this period (Mogelonsky, 1996). It is believed in many societies that once the child leaves home and begin his life independently they are called adult.

Recognizing the shift from biomedical to social and behavioral causes of sickness and death, researchers have increasingly sought to identify social and behavioral factors that protect health and promote physical well-being. In their search, researchers have discovered that religion appears to have a positive impact on health. (Levin, 1994; Levin and Vanderpool, 1992; Levin and Vanderpool, 1987) In fact, systematic reviews of the research literature reveal over 300 studies that document a positive association between religion and physical health (Levin, 1994; Levin and Schiller, 1987). Although some researchers (Hawkins et al., 1992; Dryfoos, 1990) have identified "lack of religiosity" or "low religiousness" as a risk factor for adolescent health risk behaviors, religion measures are not routinely included in adolescent research, and research that explicitly

examines religion and health among young people is relatively rare. (Wallace et al., 1997) Strangely, religion plays an important role in controlling behavioural outburst in adolescents. There are many previous studies which claims that religion play as 'social control' against criminal behaviour, however, little attention is given to potential health issues (Benson et al., 1989; Donahue and Benson, 1995; Hyde, 1990). The explanation for researchers' apparent lack of interest in the relationship between religion and adolescent health is unclear. Whatever the explanation, however, the lack of research is surprising given 1) a large and growing body of research on the relationship between religion and health among adults; and 2) strong empirical evidence that many causes of adult sickness and death directly result from behavior patterns initiated during adolescence (McGinnis and Foege, 1993).

The purpose of this research is to investigate the cross-sectional relationship between family and social restrictions and adolescent reproductive health issues and to examine potential interactions between age, ease of explicit media and financial deprivation and adolescent sexual behavior.

This paper actually tried to enumerate social restriction by well defined organization, community and parental restrictions on adolescent reproductive health. In another way we assessed an adolescent's social restriction by knowing his/her school' nature, board and syllabus, religion and ease in expressing personal problems to parents/guardian/friends. These parameters were assessed against response to controlled sexual questionnaire. Eventually, we attempted to measure anxiety and depression in adolescents to estimate possible extreme behavior leading to criminal activity. Restriction most often invites adventure, and there is a relation between adventure and criminal roles.

II. Methods and Materials

Questionnaire method was used to gather information from students of schools of Ranchi suburb, Jharkhand, India. The questionnaire had four subheadings

- a) Personal and social questionnaire
- b) Parental information
- c) Sexual questionnaire
- d) Behavioural questionnaire

1. Strength of association between variables against various parameters

1.1. Male

Through Pearson correlation test, it was revealed that all selected parameters, such as; syllabus of school, nature of school, religion, type of family, media and comfort in expressing personal problems to parents, were to some extent strongly associated with answers given to selected question of sexual questionnaire. However, three parameter were extensively associated were religion, comfort in expressing personal problems to parents and media. Strongest strength of association was observed for 'religion' which was associated with all set of sexual questions selected in this study, at various degree (Table 3.1).

Table 3.1: Pearson's correlation test for strength of association between parameters and responses of male participants to selected questions of Section C. Proximity values are 'r' values.

	Q1	Q2	Q3	Q4	Q6	Q7	Q8	Q13
Syllabus of school	0.537731	0.75261	0.547687	0.497721	0.859568	0.912373	0.934037	0.708276
Nature of school	0.286403	0.467257	0.301511	0.252527	0.60234	0.636524	0.800755	0.274721
Type of Religion	0.629475	0.844563	0.618591	0.599127	0.967988	0.96258	0.926523	0.885745
Type of Family	0.015635	0.107417	0.017474	0.35883	0.11547	0.57735	0.870388	0.166378
TV	0.393365	0.464604	0.379469	0.369019	0.958423	0.97855	0.768658	0.796117
Internet	0.157317	0.190117	0.165948	0.130396	0.464991	0.784465	0.498058	-0.68825
Comfortable of Parents	0.710301	0.658354	0.467888	0.330255	0.825274	0.905134	0.979816	0.606219

Q1: Have you noticed any bodily changes in yourself that you do not understand?; Q2:How do you feel when you see sexual content on television and/or online resource?; Q3:Do you have anyone in your family and/or relatives to whom you can talk about your sexual problems?; Q4:Some young people are forced to have sexual intercourse against their will by a stranger, a relative or an older person. Has this ever happened to you?; Q6: Have you ever been sexually attracted to a boy/girl?; Q7: Do you know anything about self sex?; Q8: Have you ever had any sexual contact, such as hugging or touching, with a boy/girl?; Q13: Your preferred way to sex with your partner?

1.2. Female

Opposite to higher association between variables of syllabus of school and responses to selected questions of sexual questionnaire in boys, association was only minimal in girls. Similarly, no strong association was observed between variables of nature of school and responses to selected questions of sexual questionnaire in girls (Table 3.2).

Table 3.2: Pearson’s correlation test for strength of association between parameters and responses of female participants to selected questions of Section C. Proximity values are ‘r’ values.

	Q1	Q2	Q3	Q4	Q6	Q7	Q8	Q13
Syllabus of school	0.373899	0.235269	0.433705	0.190657	0.335817	0.203778	0.203778	0.255332
Nature of school	0.238833	0.199192	0	0.156055	-0.54659	0.165948	0.165948	0.016389
Type of Religion	0.85795	0.722315	0.822837	0.610243	0.724182	0.165948	0.165948	0.581251
Type of Family	0.415307	0.406786	0.6309	0.320815	0.525338	0.35059	0.35059	0.102359
TV	0.655425	0.679457	0.678915	0.57735	0.98644	0.678915	0.678915	0.57735
Internet	0.655425	0.695747	0.967375	0.57735	0.953998	0.638707	0.638707	0.57735
Comfortable of Parents	0.531929	0.507069	0.761907	0.386873	0.629116	0.426126	0.426126	0.351702

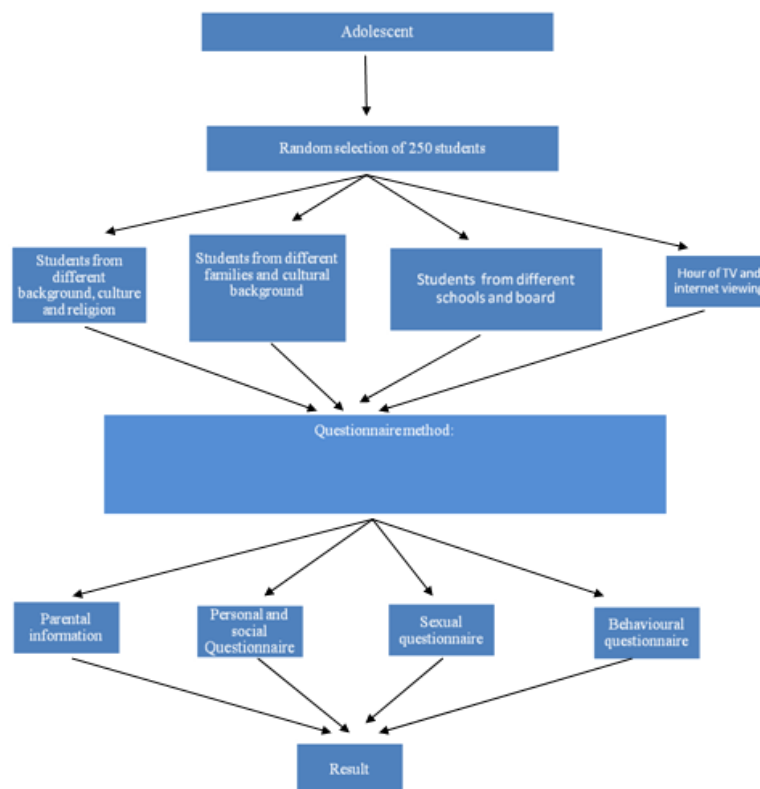
Q1: Have you noticed any bodily changes in yourself that you do not understand?; Q2:How do you feel when you see sexual content on television and/or online resource?; Q3:Do you have anyone in your family and/or relatives to whom you can talk about your sexual problems?; Q4:Some young people are forced to have sexual intercourse against their will by a stranger, a relative or an older person. Has this ever happened to you? Q6: Have you ever been sexually attracted to a boy/girl?; Q7: Do you know anything about self sex?; Q8: Have you ever had any sexual contact, such as hugging or touching, with a boy/girl?; Q13: Your preferred way to sex with your partner?

1.1 Statistical Analysis

Parameters against which sexual questionnaire was examined are as follows:

- Nature of School
- Syllabus of School
- Religion
- Type of Family
- Time spent on TV viewing
- Time spent surfing internet
- Comfortable to Father
- Comfortable to Mother
- Comfortable to Others

1.2 Research Design



III. Results

Our result shows that adolescents from girls only school were more sexually educated and were least likely to be indulged in any reproductive health problems. We also noted that that from minority community comparatively was more anxious (24-36% boys were recorded with >7 score) and depressed (100% girls were recorded with >10 score) than the majority community. Our result clearly showed that more hours of TV viewing pose serious anxiety and depression threats in adolescents (42% boys and 62% girls were scored >4 on anxiety questionnaire). Similarly, internet also poses similar threat but its influence on youth is lower than television. Participants who were comfortable with their parents showed lower anxiety and depression (23% boys were scored >7; 8% boys were scored >10). Our results showed that those participants who watch TV for >2 hrs are more anxious and less depressed. Whereas, those who viewed television for >3 hrs were more depressed and less anxious.

IV. Conclusion

In conclusion, our study exclusively confirms following points:

1. We confirm that adolescents from girls only school were more sexually educated and were least likely to be indulged in any reproductive health problems. Whereas, boys from co-ed schools were least likely to be indulged in any reproductive health problems.
2. We confirm that level of depression was not serious in any boards of education, however, girls of CBSE board schools indicated higher numbers of moderately anxious participant. Similarly, participants from both boys and girls ICSE mode of education posed highest moderate anxiety. Lowest anxiety was recorded in state board schools. On the other hand, fair admittance to direct sexual question by CBSE students indicate better sexual understanding and therefore, least likely to involve in any sexual criminality.
3. We confirm that girls who come from nuclear family and joint family responded similarly. Among boys who belong to nuclear family tend to be more open to the adolescent sexual queries. Our study reports that girl participants from both families were able to discuss their sexual problems with their respective families.
4. We assumed that minority community was more anxious and depressed than the majority community. Muslim boys were more anxious than any other community participated in this study. We believe that more anxiety and depression in Muslim boys and girls could be due to combination of factors such as; socioeconomic status and current political aggression.
5. Our results showed that most of the participants from all religions were moderately anxious, however, anxiety and depression in Muslim participants were slightly higher. Girl participants from Muslim community were found extremely depressed in most cases.

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