Research Article

Youth and sexual health: a cross-sectional study from an urban slum of Mumbai

Abhishek V Raut[1], Abhijit Pakhare[2]

[1]Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha, Maharashtra, India.
[2]Department of Community Medicine and Family Medicine, All India Institute of Medical Sciences, Bhopal, Madhya Pradesh, India.
Correspondence to: Abhishek V Raut, E-mail: abhishekvraut@icloud.com

Received June 5, 2015. Accepted July 15, 2015

Abstract

Background: Youth are the foundation to posterity. If the specific needs of young people are not identified and addressed, the millennium development goals will not be met.

Objective: To study the knowledge, attitude, and practices related to sexual health and contraception among the youth.

Materials and Methods: This was a cross-sectional study conducted in Malvani slum area of Mumbai among 540 youth aged between 15 and 24 years. Two-stage systematic random sampling method was used with individual household being the sampling unit.

Result: About 68.7% of those who said that they were aware of sexually transmitted infections (STIs) could not specify any particular symptom or disease. Leukorrhea was the most common symptom specified by 27.5% of the participants, and 40.7% of the unmarried participants experienced sexual intercourse. Regular and consistent condom use was found in only 13.4% of the participants who have ever experienced a sexual intercourse.

Conclusion: There was an evident gap between knowledge and practices, especially with respect to the safe sexual practices of youths.

KEY WORDS: Youth, sexually transmitted infection, contraception

Introduction

Youth are the foundation to posterity. Young people, when compared with other age groups, have been greatly harmfully affected owing to the growths pertaining to globalization and fast advances in information and communication technology.

Currently, the young population accounts to more than 1.2 billion in the world, and the next generation of the youth (children currently younger than 15 years) will be half again as large, leading to 1.8 billion. Around 51% of the combined population of developing and least developed countries is below the age of 25 years. With more than 200 million youth living in poverty, 130 million illiterate, 88 million unemployed, and 10 million living with HIV/AIDS, the case for investing in young people today is clear.[1] The youth of India, comprising one-fifth of our population, institutes a vivacious and energetic human resource.[2] Their problems are many and varied and many times not focused upon by the health system. The health services are not youth friendly, and they may feel an apprehension to approach the health services, particularly in matters related to sexual health. The youth population in an urban slum area is a more vulnerable population. It is obvious that, knowing such age demographics, the failure of identification and addressing of the specific needs of young will result in not achieving the millennium development goals (MDGs). Hence, this study was conducted with the objectives to study the knowledge, attitude, and practices related to sexual health and contraception among the youth.

Access this article online	
Website: http://www.ijmsph.com	Quick Response Code:
DOI: 10.5455/ijmsph.2016.0506201530	

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.

Results

Totally, 540 youths were found in the 466 household interviewed for the study purpose, and 37.7% of the youths were in the adolescent age group. Two hundred eighty-three (52.4%) participants were male subjects while 257 (47.6%) were female subjects. Muslims accounted for 61.1% of the participants, Hindus for 38.1% of the participants, while other religions for 0.8% of the participants. When considering marriage status, 206 (38.1%) of the participants were married, of which 40.3% of the participants were married before 18 years of age, with 81.9% being females; 32.7% of those who were married before 21 years of age were male subjects. About 72.8% of the study population lived in joint families, 8.7% lived in nuclear families, while 18.5% of the population was living either with some of their relatives or staying at their work place itself (e.g., *jari karkhana*). Majority (87%) of those staying with relatives or at their work place did not have a ration card. Thirty-seven (6.9%) participants were illiterate who had never gone to school. When compared with male subjects (34.6%) more female subjects (58.4%) had received primary education; however, 15.3% male subjects completed higher education when compared with female subjects. Majority (85.6%) of female subjects was unemployed, while majority (48.4%) of male subjects was involved in semiskilled jobs.

According to the BG Prasad's socioeconomic classification, 81.5% of the participants belonged to the poor socioeconomic class and only 1.1% belonged to upper high category.

As shown in Table 1, 88.9% of participants had heard or was aware about the STIs; 68.7% of those who said that they were aware of STIs could not specify any particular symptom or disease. Leukorrhea was the most common symptom specified by 27.5% of the participants and 3.7% of the participants specified "other" STIs that included passage of "*dhaat*" in urine or premature ejaculation. Most (74.5%) of the participants thought that STIs were curable; however, they did not knew the exact place from where to procure treatment. None of them knew that drugs were available free of cost in public hospital for treating STIs. Majority (85.4%) said that condom use could prevent STIs of which 46.8% answered that condoms offered 100% protection. Majority (95%) of the participants thought that having sexual relations with a single partner would prevent STIs.

Table 2 gives the distribution of study participants by their attitude toward sex. About 56.5% of participants thought that man's sexual satisfaction was more important than female subjects, while only 7% thought that female's sexual satisfaction was more important. Less than 1% of the study participants answered in affirmative when asked whether exchanging partners or having premarital or extramarital sexual relations or sexual relations between partners of same sex or having sexual relations for gains was right.

Table 3 shows distribution of the study participants by their sexual practices. Majority (96.6%) of the married participants

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

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

[a]Total percentages may add to more than 100.0 because of multiple responses.

Table 2: Distribution of study participants by their attitude toward sex

N = 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	
	N = 335	Row %	*N* = 205	Row %	*N* = 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

	N = 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, *n* = 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 (*N* = 335)		
Yes	45	13.4
Contraception use in eligible (*N* = 206)		
Yes	88	43.1
Contraceptive used by eligible couples (*N* = 88)		
Condoms	37	42.0
Cu T	42	47.7
OC pills	9	10.3

had undergone consummation of marriage; in the remaining 3.4%, "*Gauna*" was yet to be performed. Of the unmarried participants, 40.7% of them revealed experience of sexual intercourse; the percentage of participants indulging in premarital sex would be definitely greater than this considering that some of the participants who were already married must have experienced premarital sexual intercourse.

Table 4 shows the distribution of the study participants by their knowledge and attitudes toward contraception. Majority (93%) of the participants were aware of family planning. Condom use and permanent sterilization operations were the most common methods of contraception specified when asked about the specific methods that they knew. Of those who were aware of family planning, 78.7% of the participants approved of it. About 57.1% were of the opinion that family planning is a mother's responsibility, while 36.3% thought that it was the responsibility of both the partners. Sterilization as a method of family planning was approved by 64.3% of participants of whom only 12.3% were ready to opt for male sterilization, and 28.3% thought that undergoing vasectomy leads to impotence in men. About 54.4% of the participants thought that family planning should be made compulsory; of them, 73.2% wanted it to be made compulsory after the births of two children.

Table 5 shows the distribution of the study participants by the use of contraceptive methods. Regular and consistent condom use was found in only 13.4% of the participants who have ever experienced a sexual intercourse, and 43.1% of the eligible couples availed family planning services. Intrauterine devices were the most common choice (47.7%), followed by condom use in 42% of the participants and oral contraceptive (OC) pills in 10.3% of the participants as the methods of contraception.

Discussion

According to Khan et al.,[4] 22% agreed that sex experience for male subjects was important before marriage, and 43% of men were of opinion that men can have sex outside wedlock but not women. A survey conducted by Kumar et al.,

among the lower class population of Delhi, revealed that 4.4% responded experienced sex outside before marriage. Female commercial sex workers, friends, and neighbors were the important sexual partners.[5] In our study, we found that 56.5% of participants thought that man's sexual satisfaction was more important than female subjects, while only 7% thought that female's sexual satisfaction was more important. In our study, 335 (62%) of the participants revealed experience of sexual intercourse; of these, only 206 were married. Again, the gap between knowledge and practices was evident wherein almost all the participants said that one should not indulge in premarital sexual relations, extramarital sexual relations, or exchanging partners, while 38% of participants who experienced sexual intercourse were not married.

According to the study by Abraham, the survey and interview data showed that most boys showed basic information regarding condoms; however, this knowledge did not lead to consistent condom use. Among boys who experienced sexual intercourse, about 52% never used condoms with their regular partners, and 56% never used condoms with casual partner, of the 125 boys who reported not using condoms; just over 23% did not give any reason, and others said that sex suddenly happened (21%), they were not aware of condoms (16%), or condoms reduces the pleasure (15%).[6]

In our study, we found that regular, correct, and consistent condom use was found in only 13.4% of the participants who ever experienced a sexual intercourse in their lifetime. Only 4.4% were aware that condoms are available free of cost in government or municipal hospitals, while 8.4% said they do not know where condoms are available. Decreased pleasure (96.8% of the participants) and not felt the need for condom use (80.3% 0f participants) were the most common reasons cited for not using condoms while sexual intercourse.

Chauhan et al. in a study on improving service utilization by adolescents through urban health posts in Mumbai found out that the knowledge of reproductive health was very poor among this population. However, premarital sex was quite common. The married adolescent girls reported poor use of family planning methods. They had heard of family planning only after the birth of their first child.[7]

In a survey by Jaswal, almost half of the study respondents felt that STIs could be cured, while 65.3% of the respondents reported that they could be prevented. But, a good number of respondents also reported that they did not know whether STI could be cured or prevented (25.7% and 15%, respectively), although 14.7% of the respondents reported that condoms can prevent STI; but, 20.7% of the respondents said that they did not know. Furthermore, 22.8% of the respondents were of the belief that abstinence from sex was the only way to prevent STI, 39.5% of the respondents reported that this was not true.[8] In our study, we found that 88.9% of the participants had heard about the STIs; of them, 68.7% of the participants could not specify any particular symptom or disease. Leukorrhea was the most common symptom specified by 27.5% of the participants, and 3.7% of the participants specified other STIs that included passage of *dhaat* in urine or premature ejaculation; these were mostly the male participants who considered passage of *dhaat* in urine or sleep as a symptom of STI. Majority (74.5%) of the participants thought that STIs were curable; however, they did not know the exact place from where to procure treatment. None of them knew that drugs were available free of cost in public hospitals for treating STIs. Instead, they preferred visiting the *indigenous* doctors for the treatment of their problems. About 85.4% said that condom use could prevent STIs; of which, 46.8% answered that condom's offered 100% protection. Majority (95%) of the participants thought that having sexual relations with a single partner would prevent STIs.

Conclusion

There was an evident gap between knowledge and practices, especially with respect to the safe sexual practices of youths and use of condoms and other contraceptives, which needs to be bridged. The youths need to be provided with correct knowledge and enabling environment for behavior change to stop their undesirable practices and lead them to the road of a healthy life.

References

1. United Nations. *World Youth Report 2005*. New York, NY: Department of Economic and Social Affairs, United Nations, 2006.
2. International Institute for Population Sciences (IIPS) and Macro International. *National Family Health Survey (NFHS-3), 2005–06: India*, Volume II. Mumbai, India: IIPS, 2007.
3. United Nations. *World Youth Report 2007*. New York, NY: Department of Economic and Social Affairs, United Nations, 2008.
4. Khan M, Khan I, Mukherji N. Men's attitude towards sexuality and their sexual behaviour: observation from rural Gujarat. Paper presented at the workshop on Male Involvement in Reproductive Health and Contraception, Population Council, Baroda; April 30–May 7, 1997.
5. Kumar A, Mehra N, Badhan SK, Gulati N. Hetero sexual behaviour and condom usages in an urban population of Delhi, India. AIDS Care 1997;9(3):311–8.
6. Abraham L. *Risk Behaviour and Misperceptions Among Low-Income College Students of Mumbai Towards Adulthood*. Department of Reproductive Health and Research, World Health Organization, 2003. pp. 73–7.
7. Chauhan SL, Joshi B. I*mproving Service Utilization by Adolescents Through Urban Health Posts in Mumbai Duration: 2005–2008*. Mumbai, India: Health Department, Municipal Corporation of Greater Mumbai, 2008.
8. Jaswal S. Construction of sexuality and its implications in adolescent and young men in Thane, India. In: *Enhancing Male Parternership in Sexual and Reproductive Health*. Geneva: World Health Organization, Special Programme of Research, Development and Research Training in Human Reproduction, 2005. pp. 213–39.

How to cite this article: Raut AV, Pakhare A. Youth and sexual health: a cross-sectional study from an urban slum of Mumbai. Int J Med Sci Public Health 2016;5:138-141

Source of Support: Nil, **Conflict of Interest:** None declared.