

Religious distributions of knowledge and practices of sexual behaviors among young married women in India

Abhijit Basu Biswas¹, Md Illias Kanchan Sk², Chiman Kumar Sinha³, Md Firoz Sk⁴, Ankit Anand⁵

¹State Routine Immunization MIS and Communication Manager, UNICEF, Assam, India, ²Department of Population Policies and Programmes, International Institute for Population Sciences, Mumbai, Maharashtra, India, ³Department of Migration and Urban Studies, International Institute for Population Sciences, Mumbai, Maharashtra, India, ⁴Senior Research Analyst, Kotak Education Foundation, Mumbai, Maharashtra, India, ⁵Population Research Centre, Institute for Social and Economic Change, Bengaluru, Karnataka, India

Correspondence to: Abhijit Basu Biswas, E-mail: abhijitresearch78@gmail.com

Received: January 20, 2017; **Accepted:** March 15, 2017

ABSTRACT

Background: Sexually transmitted infections (STIs) remain one of the determinants of HIV transmission in India. Most interestingly, women have little knowledge of their basic physiological functions, which is a risk factor for STI and HIV. **Objectives:** This study aimed to find the sexual behaviors and practices among young married women of various religions of the country and their knowledge and attitude toward sexuality. **Materials and Methods:** The data source for this study was the third round of the National Family Health Survey-3, conducted in 2005-2006. Bivariate analysis and Chi-square test were performed. **Results:** Around 5% of women had known that they were in ovulation period only during their periods. It was also found that 30.8% of women did not have any knowledge about their ovulation. Hindu women (5.4%) acquired more knowledge about their ovulation period during their first menstruation as compared to the other religions. Knowledge of ovulation after completion of the period was 26.8% among Muslims, 23% among Hindu, and 19.5% among other religious communities. The use of the traditional contraceptive method was high among Muslims compared to the non-Muslims. More than 14% of women had experienced their first sexual intercourse before marriage. **Conclusion:** There is an urgent need for educating young women on the promotion of safe sex and provision of knowledge on physiological functions of the human body.

KEY WORDS: Young Married Women; Religion; Sexual Behavior; Knowledge; Practices

INTRODUCTION

Sexually transmitted disease or sexually transmitted infection (STI) is one of the determinants of HIV transmission. In India, it is estimated that 5% of the adult population have symptoms suggestive of STIs.^[1] There is a gamut of complications arising out of reproductive tract infections including STIs affecting both health and fertility.

These two infections are responsible for infant mortality (congenital and tertiary syphilis), post-pubertal and puerperal sepsis, fetal and perinatal death, cervical cancer, infertility, chronic physical pain, emotional distress, and social rejection in women. Generalized infections can result in peri-orbital infections and other disseminated infections. About 340 million new cases of largely treatable sexually transmitted bacterial infections occur annually, 100 million of them affect sexually active young men and women.^[1] Many go untreated due to difficulties in the diagnosis and lack of access to competent, affordable services. Nearly about one-third of STIs globally occur among people younger than 25 years of age.^[2] The World Health Organization estimated that 4,00,000 new cases of STIs occur daily in the South East Asian Region.^[3] The Centers for Disease Control estimates that 19 million new

Access this article online

Website: <http://www.ijmsph.com>

DOI: 10.5455/ijmsph.2017.0101415032017

Quick Response code



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infections occur each year, almost half of them among young people aged 15-24 years.^[4]

The STIs and diseases can have severe consequences, especially in women, if not treated. Refraining from sexual activity to certain extent can prevent it, and some contraceptive devices such as condoms could be used. Many of the STIs go undiagnosed, as they are asymptomatic. Hence, they remain untreated, though the WHO recommends the syndrome-based management in resource-constrained settings.^[5] Preventing their transmission is crucial. Risk can be reduced by adopting safe sex behavior. Promotion of safe sex behavior should be incorporated into programs and as a policy should be encouraged as well.^[6] As most of these illnesses progress to chronic state and remain with the women for the rest of their lives, the importance of early detection and management becomes evident. The reported prevalence rate of symptoms of STI is diverse among Indian women. Therefore, the present study was undertaken to find the sexual behaviors and practices among young married women of various religions of India and their knowledge and attitude toward sexuality.

MATERIALS AND METHODS

The data source for this study was the third round of the National Family Health Survey-3, conducted in 2005-2006. Samples were obtained from young married women aged 15-24 years. All respondents were sexually active at some point of time. The total sample size was 23,989 women aged 15-24 years.

Statistical Analysis

The data were analyzed using SPSS version 20. The bivariate techniques were used to understand the knowledge and practices of sexual behaviors among young married women. Chi-square test was also used to test the association between religion and the use of family planning methods.

RESULTS

Table 1 shows the knowledge of women about the ovulatory or menstrual cycle. It shows that only 4.9% of women had known that they were in ovulatory period only during her period. Some women (23.3%) knew that it was only after the end of the period. However, 24.6% of women had knowledge about their ovulatory cycle at any point of time. It was also found that 30.8% of women did not have any knowledge about their ovulation. As far as religion is concerned, it had been found that 4.3% of Muslim and 5.4% of Hindu women acquire knowledge about their ovulation period during their first menstruation cycle, whereas in case of other religion adolescent women, it was only 2.4%.

Similarly, 26.8% of Muslims, 23% of Hindus, and 19.5% of women of other religious communities got such knowledge after completion of their period. It was also observed that 22.5% of Muslims, 25.3% of Hindus, and 23.6% of women of other religious communities had knowledge about their ovulatory cycle, whereas 29.3% of Muslims, 30.4% of Hindus, and 36.7% of women of other religious communities did not have any knowledge about their ovulatory cycle. Another important variable is the current contraceptive method. Since most of the women were married and have experience of sexual intercourse, their knowledge regarding the contraceptives is important to look after.

As shown in Table 2, we found that 59.6% of women were currently not using any contraception methods, whereas 61.4% of Muslims, 58.4% of Hindus, and 66% of women of other religious communities were not using any methods as contraception. Overall, about 6% of the total women used oral contraceptive pills (OCPs) as family planning measures. Use of OCPs was highest among women belonging to Muslim community with about 8.4%, followed by 7% among other religions, and 5.3% among Hindus. Nearly 2% of women used intrauterine devices (IUDs) in total, but it was highest (4.2%) among other religious communities followed by Muslims (2.5%) and Hindus (2%). About 7% of young married women's husband used condoms and this was found highest among Muslims (8%), followed by Hindus (7%), and others (6%). Female sterilization was about 17%, whereas among Hindus, its use was nearly 20%. Periodic abstinence was reported by 4% of young married women and found highest among Muslims (5%). Chi-square test was statistically significant between religion and family planning use.

Traditional methods accounted for 7%, and much higher among Muslims with 9%, followed by Hindus and others with 7 and 6%, respectively.

Table 3 shows that 14% of mothers had experienced sexual intercourse before marriage. It was also found that women of other religions had experienced similarly (i.e. 26%), and the proportion was higher among Hindu and Muslim women in this context. In their sexual life, it was also observed that 14% of mothers had sexual intercourse between the last 5 months and 8 months, whereas 21% of mothers reported such type of experience between the last 8 months and 1 year.

DISCUSSION

This study tried to find the sexual behaviors and practices among the young married women of various religions of India and their knowledge and attitude toward sexuality. Around 5% of women have known that they were in ovulation period only during their period. Some women (23.3%) knew that it was only after the end of the period. However, nearly about

Table 1: Percentage distribution of knowledge of ovulatory cycle among young married women by religion in India

Religion	During their period	After period ended	Middle of the cycle	Before period begins	At any time	Other	Don't know
Hindu	5.4	23.0	13.6	2.1	25.3	0.2	30.4
Muslim	4.3	26.8	14.2	2.3	22.5	0.6	29.3
Others	2.4	19.5	15.9	2.0	23.6	0.3	36.4
Total	4.9	23.3	13.9	2.1	24.6	0.3	30.8

Table 2: Percentage distribution of young married women currently using contraceptive methods in India by religion

Religion	Type of contraception									
	Modern method						Traditional method			
	Not using	Pill	IUD	Injections	Condom	Female sterilization	Male sterilization	Periodic abstinence	Withdrawal	Other
Hindu	58.4	5.3	2.0	0.1	6.7	19.9	0.3	4.5	2.6	0.2
Muslim	61.4	8.4	2.5	0.3	8.0	9.8	0.0	4.7	4.7	0.0
Others	66.0	7.0	4.2	0.5	6.0	10.0	0.2	3.1	2.9	0.0
Total	59.6	6.0	2.3	0.2	6.9	17.2	0.2	4.4	3.0	0.2

IUD: Intrauterine device

Table 3: Percentage distribution of sexual behavior of young married women in India

Experience of first sexual intercourse (in %)	
Before marriage	14.3
At first union	85.7
Time since last intercourse (in %) (days)	
0-145	60.6
146-245	14.4
246-365	21.0
1 year before	4.0
Sterilization	17.5

one-quarter of women had knowledge about their ovulatory cycle at any point of time. It was also found that 30.8% of women did not have any knowledge about their ovulation. Around 4.3% of Muslim and 5.4% of Hindu women acquired knowledge about their ovulation period during their first menstruation, whereas in the case of women from other religions, it was only 2.4%. Knowledge of ovulatory period after completion of the period was 26.8% among Muslims, 23% among Hindus, and 19.5% among other religious communities. Knowledge about ovulatory cycles among Muslims was 22.5% and it was 25.3% and 23.6% among Hindus and other religious communities, respectively. In the present study, majority of young married women (nearly 60%) had not used birth control measures during their physical intimacy. The usage of the traditional contraceptive method was found as high in number among Muslims as compared to non-Muslims. More than 14% of women had experienced their first sexual intercourse before marriage. In their sexual life, it was also observed that majority of women (60.6%) had sexual intercourse within 145 days, whereas 21% of women reported such type of experience between the last 246 days and 365 days.

The present study did not find any significant difference among various religions regarding the knowledge of ovulatory cycle.^[7-9] This is comparable to the findings of other studies which reported that the respondents belonging to the Muslim religion were significantly less aware about the knowledge of ovulatory cycle.^[10-12] In the present study, the knowledge of ovulatory cycle among young married women was quite low which was in conformity with the other findings.^[8,9,13] However, these findings were in dissonance with others.^[14,15]

The current use of contraceptive methods among young married women was almost similar for Hindus (41%) and Muslims (39%).^[13,16] Contrary to our results, other studies have also revealed lower contraceptive use among Muslims.^[17,18] Comparable findings for the current use have been reported in a study where acceptance of family planning was slightly higher in Muslims than in Hindus.^[19] The prevalence of female sterilization was found to be more among Hindus (20%) than Muslims (10%) which was also reported in other studies.^[16,20] The usage of pills, IUDs, and condoms was higher among Muslims (19%) as reported by Nazish,^[16] National Family Health Survey.^[21] This study also confirmed similar to other studies^[13,16] that the traditional contraceptive methods were more popular among Muslim couples compared to Hindu couples. Our study also revealed that more than 14% of women had experienced their first sexual intercourse before marriage. These results of the present study are in conformity with the findings of other studies.^[7]

This study is descriptive in nature and explored how religious beliefs can influence sexual behavior. The results are based on a cross-sectional household survey, and because of that, the direction of the relationship cannot be established. The sexual behavior is self-reported, and due to sensitivity of the topic, it may be affected by the response bias.

CONCLUSION

The present study helps us to conclude that the knowledge of ovulatory cycle and the current use of contraceptives were almost similar among Hindus and Muslims, though significant differences existed for modern and traditional methods of contraceptives among them. The risk of STI is high among adolescents due to various biological and social factors. Sexual activities during the period of ovulation increase the risk of teenage pregnancy. Teenage pregnancy contributes to maternal and infant mortality. As is evident from the results of the study, the knowledge of ovulatory cycle among young married women was quite low. Therefore, there is an urgent need for educating young women on the promotion of safe sex and provision of knowledge on physiological functions of the human body.

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How to cite this article: Biswas AB, Kanchan SkMI, Sinha CK, Firoz SkM, Anand A. Religious distributions of knowledge and practices of sexual behaviors among young married women in India. *Int J Med Sci Public Health* 2017;6(6):1115-1118.

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