# Knowledge, Attitude and Behaviour on Adolescence Sexuality among Post Graduate Social Work Students: A Gender-Based Analysis

Ameer Hamza<sup>1</sup>, Suchismita Mishra<sup>2</sup>, Dharma Reddy<sup>3</sup>, Janardhana<sup>4</sup>

<sup>1</sup>Associate Professor, Department of Psychiatric Social Work, NIMHANS, Bangalore <sup>2</sup>Research Assistant, ICMR project, Department of Psychiatric Social Work, NIMHANS, Bangalore <sup>3</sup>Ph.D. Scholar (ICMR-SRF), Department of Psychiatric Social Work, NIMHANS, Bangalore <sup>4</sup>Associate Professor, Department of Psychiatric Social Work, NIMHANS, Bangalore

#### Abstract

Background: Scientific knowledge, attitude and behaviour about adolescence sexuality among Social Work students is an important factor considering rapid transformation in Indian Society due to westernization. Appropriate skills among Social Work trainees would help in dealing with sexuality related problems among adolescents. However there is little documented evidence about the attitude, knowledge and behaviour of adolescence sexuality among the social work students.

Aim: To elicit information on knowledge, attitude and behaviour on adolescence sexuality among post graduate social work students of Bangalore city through the gender lens.

Methodology: Six post graduate social work colleges were selected from Bangalore city, after a pilot study. Fifteen 15 students from each college were selected randomly as study participants. Self-administered questionnaire with 32 statements was used to get the information related to attitude, behaviour and knowledge on adolescence sexuality. Chi-square test was used to find out the association between boys and girls on knowledge, attitude and behaviour about adolescence sexuality.

Results: Participants responded to 32 statements on adolescence sexuality with option as agree and disagree. The results showed that some opinions were significantly associated with students gender - (i) Most parents are not comfortable talking with their adolescents about sex (p=0.037), (ii) I think the young people have been given too much information about sex (p=0.037), (iii) After marriage having sex is the mandatory law for all adolescents (p=0.000), (iv) Peers, books, and magazines are the most frequently used source of sex information (p=0.052) and (v) After first time intercourse, the girl will not be pregnant (0.028).

Conclusion: The study found that the gender of the Social Work student has influence on the knowledge, attitude and behaviour on adolescence sexuality. There is an immediate need to develop gender sensitive training manual for Social Work students on adolescence sexuality.

# I. INTRODUCTION

bout one-fifth of India's population is in the Adolescent age group of 10–19 years [1]. Thirty-five percent of the population is under age of 15 years [2]. It is expected that this age group will continue to grow reaching over 214 million by 2020 [3]. The Indian Council of Medical Research (ICMR) study showed that knowledge and awareness about puberty, menstruation, physical changes in the body, reproduction, contraception, pregnancy, childbearing, reproductive tract infections, sexually transmitted infections (STIs), and HIV was low among boys and girls, especially in younger adolescents aged 10-14. Among the younger adolescents, 40 percent had little knowledge about the sex organs and most girls had not been informed about menarche prior to its onset. Half of the adolescents were not aware of condoms and were confused about the various modes of HIV/AIDS transmission [3].

In a recent survey of youth aged 15–24 in six states, 15% of men and 4% of women reported having had premarital sex [4, 5]. Approximately 12–25 percent of all STI cases are among teenage boys [6]. A study in 2000 in Madras found that 13 percent of male school-going adolescents and 10 percent of female school-going adolescents clearly approved of premarital sex. The study also revealed that 14 percent of the students, both boys and girls, stated that premarital sex is allowable for males only [7].

According to UNICEF the state of worlds' children it was highlighted that most sexual activity begin in adolescence, 3% of adolescence male and 8% of adolescence female has sex before age 15 [8]). This shows the adolescents vulnerability to various sexual diseases. In this regard, Das and Pal [9] suggested that regular surveys on sexual attitudes, knowledge, and behaviors are essential in understanding the epidemic of sexually transmitted diseases. Men and women may have different attitudes, and these attitudes may depends on the gender of the adolescent [10].

Social Work teaching institutions in India have been mushrooming in recent days. Majority of the social workers would intervene with individuals, groups and communities including adolescents to tackle various sexuality problems. However, most of the social work universities curriculum does not cover comprehensively about sexuality related problems. Hence, it is important to study the gender wise post graduate Social Work trainee's knowledge, attitude and behaviour which is need of the hour.

#### II. MATERIAL AND METHODS

The study aimed at comparing the gender differences on adolescence sexuality among post graduate social work trainees. The study was carried out among post graduate social work trainees studying in Bangalore, India from September 2013 to October 2013.

# **Participants**

A non – probability convenience sampling with a quantitative descriptive method was used. The selection criteria for participants required that they be Post graduate Social work students and willingness to participate. There were no exclusion criteria. Six post graduate colleges of social work from Bangalore and 15 students from each college were selected. The total respondents participated in the study were 90, comprised of 46 boys and 44 girls.

#### Measures

# 1. Socio Demographic Questionnaire

The socio demographic questionnaire elicited on six aspects of the participants background: Age, gender, religion, caste, domicile and family income of the respondents.

# 2. Questionnaire on Knowledge about Sexuality

The questionnaire was developed by the researchers after reviewing literature on sexuality. This self-administered questionnaire had 32 statements with agree and disagree responses. The statements comprehensively cover the knowledge about adolescence sexuality in Indian context.

### Procedure

Both the Socio demographic questionnaire and questionnaire on knowledge about sexuality were distributed to the post graduate social work students in a group setting in a common place such as lecture halls. One author (PDR) verbally explained the aims and method of the research and how to completed questionnaires. The willing participants then completed both questionnaires in about 20 minutes.

#### Ethical considerations

Permission was obtained from the administrators of the colleges to carry out the study. Participants were informed of the study's aims and procedures so that they could decide if they were willing to participate. It was explicitly explained that students' responses would have no influence on their semester exams. After students agreed

to participate verbally the researcher gave them the confidential questionnaire. Data collection tools contained no identifying information and thus kept individual responses confidential.

# Statistical analysis

The data were analysed using statistical software and results were presented in narratives and tables. Descriptive (frequency and percentage) and inferential statistics (chi-square test) were used to interpret the data. Statistical significance was assumed at p<0.05.

# III. RESULTS

A total of 90 post graduate social work trainees (46 male and 44 female) participated. The gender wise comparison of post graduate social work trainees knowledge on adolescence sexuality was carried out. There were significant differences between male and female on five statements which would described in detailed below.

Table 1 depicts that mean age of the respondents was 24.4 (2.6) years. The mean annual family income was Rs. 25,254 (8400). Male respondents were 46, little higher than female respondents 44. Majority of the respondents belongs to Hindu 76, forward caste 47, and urban background 33.

Table 2 presents the gender-wise association towards adolescence sexuality among post graduate social work trainees. Majority of boys (44) differed that "Most parents are not comfortable talking with their adolescents about sex" compare to girls (36) which was statistically significant with p=.037. More boys 37 (80%) agreed than girls 26 (59.5%) on a statement that "I think the young people have been given too much information about sex" was statistically significant with p=0.037. Similarly more number of boys agreed that 26 (56.8) compared to girls 36 (82.9) on a statement that "After marriage having sex is the mandatory law for all adolescents" with significant value p=0.000.

Majority of the boys 93.5 than girls 79.5% were agreed that "Peers, books, and magazines are the most frequently used source of sex information" was significant with p=0.052. The key finding of this study that, majority of the girls 41 (93.0%) than 35 (76.1%) disagreed to the statement that "After first time intercourse the girl will not be pregnant" with significance of p=0.028.

Most of the boys (61.9%) felt that the extra marital sex is never excusable compare to girls (46.3%). There was also gender variation on the item that there is not much sexual restriction among young people, boys (47.7%) and girls (61.9%) agreed. Majority of the boys (73.3%) felt that young people indulge in sex too much. The boys (76.1%) and girls (68.2%) strongly felt that pornography should be totally banned. Unfortunately, still the boys (76.1%) and girls (68.2%) felt that the masturbation is not good for

health, it impacts on fertility. Still many boys (43.5%) and girls (48.7%) felt that Oral sex is safer than sexual intercourse because you can't get pregnant or catch an STI. Majority of boys (72.1%) and girls (70.7%) agreed that peers pressure influences a lot on adolescents to engage in sex. At the same time they also acknowledge that adolescence stage is full of risk taking behavior which prompts them to get engage in early sexual activity.

# IV. DISCUSSION

From this finding it can be assume that as girls perceive that their parents feel comfortable to discuss about sex issue, the mother must be communicate freely about sexuality issue to their daughters in Indian culture. In this regard, the father who supposed to be discussed about sex with their boy child due to various cultural reasons the father does not proactively involve. Wilson and Koo also found similar findings from their study where they stated fathers communicated less about sexual topics than mothers did. Fathers also had lower levels of many characteristics that facilitate communication about sex (e.g., lower self-efficacy and lower expectations that talking to their children about sex would have positive outcomes) [11]. Parents, particularly fathers, were not an important source of information for the study respondents [12].

From this finding, it can be assumed that due to cultural restrictions imposed on girls for movement, girls are not provided that much source than their male counterpart. Adolescent boys appeared to have higher awareness due to the exposure to get the information about sex than girls. In this regard, Vincent found from their study in rural India that adolescent boys appeared to have higher awareness and more detailed knowledge of HIV/AIDS compared with adolescent girls [13].

The gender factor is highly significant ((*p*=0.000) to the statement on "After marriage having sex is the mandatory law for all adolescents". More number of boys 26 (56.8) were agreed with regard to this statement where as more number of girls (36 (82.9) disagreed with this statement. This may be due to the cultural reason persisting in Indian culture which undermines the self willingness to engage in sexual activity. However, Boys had more liberal attitudes towards premarital sex as compared to the girls [14]. Support to this study finding, Baumeister highlighted that women have less permissive attitude towards sex than men. Probably this is the reason behind that in Indian culture girls cannot decide their own about engage in sexual activity [15].

In this regard Jaya and Michael found from their study that Books and magazines were popular sources of information, with 64% of males and 49% of females reporting that they used these sources [12]. The current study also highlighted that boys were found to be more

agreed than the girls. Many studies supported that peer is an important source to seek sexual information [16].

The gender factor is significantly related to the statement on and the level of significance is p=0.028. More number of boys i.e. 35 (76.1) out of 46 were disagreed where as maximum number of girls i.e. 41 (93.0) out of 44 were disagreed with regard to the above statement. It can be assume from this finding that girls were more aware about the knowledge towards pregnancy. Similar findings were expressed by Ramanuj where he stated that more number of females than males were aware about reproductive health system [17].

# V. CONCLUSION

In summary this study confirms that gender of the trainees impacts on their knowledge, attitude and behaviour with regard to adolescence sexuality. The findings indicate that gender differences exist in some issues which may be due to various social cultural reasons. By understanding these differences, it can be helpful in design the intervention study with targeting each gender group. This study proposes that the gender of the trainee and the trainer should be taken into consideration in future intervention study. This study also highlights that the content of the intervention should be gender specific and if required separate intervention should be done for boys and girls so that the programme can reach each and everyone.

Table 1: Socio Demographic details of the participants

Variable	Response	Frequency (%) / Mean (SD)
Age		24.4 (2.6)
Annual Family Income		25,254 (8400)
Gender	Male	46 ()
	Female	44 ()
Religion	Hindu	76 ()
	Muslim	8 ()
	Christian	6 ()
Caste	Forward caste	47 ()
	Scheduled Caste	13 ()
	Scheduled tribe	2 ()
	Backward class	18 ()
Domicile	Urban	33 ()
	Semi Urban	24 ()
	Rural	23 ()

Table 2: Gender-wise association towards adolescence sexuality among post graduate social work trainees

Variable	Response	Male (46)	Female (44)	$\chi^2$	P value
Most parents are not comfortable talking wi	Agree	44 (95.7)	36 (81.8)	4.358	.037
their adolescent children about sex.	Disagree	02 (4.3)	08 (18.2)		
If a female client tells you she is sometimes attracted to other women, it is your	Agree	18 (37.8)	23 (52.3)	1.889	0.169
responsibility to tell her to ignore these feelings and that one day, she will want a husband	Disagree	28 (62.2)	21 (47.7)		
If a male client tells you he is attracted to	Agree	14 (28.9%)	18 (40.9%)	1.416	0.234
other men, it is your responsibility to discourage male homosexual behavior	Disagree	32 (71.1%)	26 (59.1%)		
I think that increased sexual freedom undermines Indian culture	Agree	23 (50.00)	20 (43.6)	.341	.559
undermines indian culture	Disagree	23 (50.00)	24 (56.4)		
I think young people have been given too much information about sex	Agree	37 (80.00)	26 (59.5)	4.347	.037
much information about sex	Disagree	09 (20.00)	17 (40.5%)		
Sex education should be restricted within the	Agree	10 (22.2)	11(25.00)	.095	.758
home	Disagree	36 (77.8)	33 (75.00)		
Older people do not need to have sex	Agree	04 (8.9)	06 (14.00)	.560	.454
	Disagree	42(91.1)	38 (86.00)		
Sex education should be given only when people are ready for marriage	Agree	05 (10.9)	03 (06.8)	.456	.500
people are ready for marriage	Disagree	41 (89.1)	41 (93.2)		
Pre-marital sex may be a sign of a decaying social order.	Agree	30 (65.00)	26 (58.5)	.358	.550
social order.	Disagree	16 (35.00)	18 (41.5)		
Extramarital sex is never excusable	Agree	28 (61.9)	20 (46.3)	2.025	.155
	Disagree	12 (38.1)	24 (53.7)		
I think there is too much sexual freedom given to teenagers these days	Agree	26 (55.6)	25 (55.8)	.001 <sup>a</sup>	.981
given to teenagers these days	Disagree	20 (44.4)	19 (44.2)		
I think there is not much sexual restriction among young people	Agree	22(47.7)	27 (61.9)	1.743	.187
among young people	Disagree	24 (52.3)	17 (31.1)		
I think young people indulge in sex too much	Agree	34 (73.3)	27 (60.5)	1.648 <sup>a</sup>	.199
	Disagree	12 (26.7)	17 (39.5)		
I think the only proper way to have sex is through intercourse	Agree	19 (40.9)	20 (45.2)	.164	.685
anough intercourse	Disagree	27 (59.1)	24 (54.8)		

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Movies today are too sexually explicit	Agree	35 (76.1)	36 (81.8)	.444	.505
	Disagree	11 (23.9%)	8 (18.2)		
Pornography should be totally banned	Agree	35 (76.1)	30 (68.2)	.701	.403
	Disagree	11 (23.9)	14 (31.8)		
Masturbation is not good for health, it	Agree	35 (76.1)	30 (68.2)	.701	.403
impacts on fertility	Disagree	11 (23.9%)	14 (31.8)		
After marriage having sex is mandatory by	Agree	26 (56.8)	8 (17.1)	14.282	.000
law for all adolescents	Disagree	20 (43.2)	36 (82.9)		
Abstinence is the only solution for the	Agree	15 (32.6%)	16 (38.1%)	.290	.590
adolescents for safe sex	Disagree	31(67.4%)	26 (61.9%)		
Oral sex is safer than sexual intercourse	Agree	20 (43.5)	21(48.7%)	233 <sup>a</sup>	.629
because you can't get pregnant or catch an STI	Disagree	26 (56.5)	23 (51.3%)		
Age appropriate for having sex for male and	Agree	35 (76.1%)	30(69.0%)	.548 <sup>a</sup>	.459
female is 18 years	Disagree	11 (23.9%)	14 (31.0%)		
Boys are more involved in sex as compare to	Agree	28 (60.5)	20 (45.5)	1.966 <sup>a</sup>	.161
girls	Disagree	18 (39.5)	24 (54.5)		
Peers, books, and magazines are more	Agree	43 (93.5)	35 (79.5)	3.778	.052
frequently used sources of sex information	Disagree	3 (6.5)	9 (20.5)		
Peers pressure influences a lot on adolescents	Agree	33 (72.1)	31 (70.7)	.019 <sup>a</sup>	.890
to engage in sex.	Disagree	13 (27.9)	13 (29.3)		
Adolescents under 18 do not have right to buy condoms to keep healthy sexual life.	Agree	21 (45.7)	16 (36.4)	.801 <sup>a</sup>	.371
ouy condoms to keep heartny sexual me.	Disagree	25 (54.3)	28 (63.6)		
Adolescence stage is full of risk taking	Agree	34 (73.2)	38 (85.4)	1.855 <sup>a</sup>	.173
behavior which prompts them to get engage in early sexual activity	Disagree	12 (26.8)	6 (14.6)		
Love and dating influences adolescence with	Agree	34 (73.8)	37 (83.7)	1.250 <sup>a</sup>	.263
regard to sexuality	Disagree	12 (26.2)	7 (16.3)		
After first time intercourse the girl will not be	Agree	11 (23.9)	3 (7.0)	4.809	.028
pregnant	Disagree	35 (76.1)	41 (93.0)		
Nocturnal emission is a problem for most	Agree	25 (53.7)	30 (65.9)	1.268	.260
adolescents	Disagree	21 (46.3)	14 (34.1)		
Having sex while standing prevents	Agree	10 (22.2)	10 (22.7)	003	.954

pregnancy	Disagree	36 (77.8)	34 (77.3)		
Risky sexual behvaiour leads adolescents to get HIV/AIDS.	Agree	46 (100.00)	44 (100.00)		
	Disagree	00	00		
Condoms are only for boys who have sex with more than one girl	Agree	4 (8.7%)	9 (20.5)	2.516	.113
	Disagree	42 (91.3)	35 (79.5)		

# REFERECENS

- Registrar General and Census Commissioner I. Provisional population totals. Ministry of Home Affairs. New Delhi: Government of India; 2011.
- [2]. National Family Health Survey I. 2007.
- [3]. Gupta SD. Adolescent And Youth Reproductive Health In India. Jaipur: USAID and Indian Institute of Health Management Research 2003.
- [4]. Santhya KG et al. Pre-marital sexual relations among youth in India: findings from the Youth in India: Situation and Needs study. paper presented at the XXVI International Union for the Scientific Study of Population conference Sept. 27-Oct. 2, 2009.; Marrakech, Morocco.
- [5]. International Institute for Population Sciences (IIPS) and Population Council. Mumbai II. Romance and sex before marriage among young women and men in India. Youth in India: Situation and Needs 2006-2007, Policy Brief No 34, 2010.
- [6]. Ramasubban., Radhika., editors. "Patriarchy and the Risks of STD and HIV Transmission to Women." In Women's Health in India, Oxford: Oxford University Press; 1995.
- [7]. Sirur RR, editor. Reproductive and Sexual Health Education for Adolescents: Need Assessment. New Delhi: Discovery Publishing House; 2000.
- [8]. The State Of The World's Children 2012 Children in an Urban World. UNICEF. 2012.
- [9]. Das P, Pal. R., Pal S. Awareness on Psychosomatic Health among Adolescent Girls of Three Schools in North Kolkata. Indian Journal of Psychiatry. 2010;52:355-59.

- [10]. Mullen S. Parent-adolescent Reproductive Health Communication in Lomé, Togo: Does It Make a Difference? New Orleans, LA, USA.: Tulane University 2001.
- [11]. Wilson EK, Koo PK. Mothers, Fathers, Sons, and Daughters: Gender Differences in Factors Associated with Parent-child Communication about Sexual Topics. Reproductive Health. 2010:7:31
- [12] Jaya., Michelle J.H. Premarital Romantic Partnerships in Delhi, India. International Perspectives on Sexual and Reproductive Health. 2009;35(2):97-104.
- [13]. Vincent GR, Soletti AB, Burnette D, Sharma S, Leavitt S, McCarthy K. Parent-Adolescent Communication About Sex in Rural India: U.S.-India Collaboration to Prevent Adolescent HIV. Qual Health Res. 2012;22(6):788-800.
- [14]. Ghule M. Evolving a Model for Improving Reproductive Health Among Rural College Youth in Maharashtra. In: World Health Organization., editor.; 2004-2006.
- [15] Baumeister RF, Catanese KR, Vohs KD. Is There a Gender Difference in Strength of Sex Drive? Theoretical Views, Conceptual Distinctions, and a Review of Relevant Evidence. Personality and Social Psychology Review. 2001;5(3): 242-73.
- [16]. Kaiser Family Foundation. Sex Education in America. 2000a.
- [17] Ramanuj VB, Bala DV. Knowledge and Needs about Various Aspects Related to Adolescent Health in School Going Adolescents. Healthline. 2010;1(1):7-11.