



Unsafe Sex-A Serious Concern among Underprivileged Youth in Delhi

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Abstract

Premarital sex in adolescence mainly involves high risk partners or multiple partners posing a challenge to reproductive health and control of sexually transmitted infections & HIV/ AIDS. Present study was carried out in a resettlement colony of East Delhi among unmarried males of 15-24 years to find out their sexual habits and practices.

818 subjects were studied through surveying 50% of households in the colony. 58% of the subjects did not have knowledge of unsafe sex. Almost 30% of the youth were engaged in sexual intercourse. Mean age of first sexual exposure was 16.1 years (median-16 years). More than three fourth of subjects who had history of sexual exposure were inconsistent in using of condoms.

Keywords: Adolescents, Adolescent health, Youth sexuality, Unsafe sex, HIV/ AIDS.

Introduction

The unsafe sexual practices are becoming major concerns in today's youth not only in context of STDs/ HIV/ AIDS, but the psychosocial stress is also paramount due to lack of adequate sexual health awareness, prejudices, misbeliefs and stigma. Moreover, peer pressure also plays an important role in wrong decision making, unhealthy behavior and sexual practices in this age. Therefore the reproductive and sexual health concerns of male youth population need to be addressed more effectively.

Male youth of 15 to 24 years constitute roughly 9.9% of population in India.¹ Evidence suggests that 15-30% of young males and almost 10% of young females have premarital sexual exposure or relation in their adolescent age.² Unprotected sex may lead to unwanted pregnancy and unsafe abortion in girls which may prove detrimental. Casual sex and relations with sex workers are also often reported in young males. As much as 50% of new HIV infections occur in young people in age group of 15-24 years mainly through unprotected sex.³ This epidemic is now shifting from high risk groups such as sex workers to general population. Male reproductive health issues are now a big challenge particularly when women and child health is the prime concern at national level. The youths of

urban slums and resettlement colonies in India mostly prevailed by multifaceted social and health problems consisting of unemployment, school dropouts, substance abuse, unsafe sexual practices and so on. School based studies though have been a major source of information, yet they can not reflect the actual scenario in the community, particularly about sex related health issues. The present study was therefore carried out in the underprivileged population of Kalyanpuri-a resettlement colony of East Delhi to bridge the information gap on sex related issues in male youths.

Material and Methods

This community based cross sectional study was conducted during 2011-13 at Kalyanpuri resettlement colony of East Delhi. This resettlement colony is one of the field practice areas of Department of Community Medicine, Lady Hardinge Medical College, Delhi. It has an estimated population of 25,747 in total, spread over 4612 households in 11 blocks, each having approximately 3000 to 5000 population. 50% of households from each block (total 2306) were covered and all the unmarried males of age 15-24 years from selected households were eligible for the study. There

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were 886 subjects in total among the selected households, out of which 68 either did not give consent or were not found available during the survey, and so finally 818 subjects were enrolled for the study.

Data from all the enrolled subjects were collected and recorded in the pretested interview schedule. If a subject was not available at the time of visit, two more attempts were made to contact him and even after two visits if the subject was not available, the next house was visited. Data was entered and analyzed, using SPSS version 12. Chi square test was applied to find out whether any significant association was present between variables.

Results

Majority of the study subjects (55.7%) were adolescents (15-19) and maximum (13.5%) representation was made by the age group of 15 years. Mean age of the subjects was 19.01 ± 2.89 years. The participants were predominantly Hindus (85.7%). Sikhs, Muslims and Christians were 9%, 3.8% and 1.5% respectively.

They mostly (76.7%) belonged to socioeconomically underprivileged families (upper lower and lower socioeconomic class) and 41.8% were illiterate to primary educated, whereas 33.9% was educated up to middle class and 13.6% up to secondary level. Half of the subjects were unemployed and were also not

studying whereas 21.6% were studying. 4.3% were studying as well as engaged in some works and 28.1% were only working.

Out of 818 subjects interviewed, 341 (58.3%) had no knowledge about unsafe sex. Unawareness of unsafe sex was significantly more (p<0.001) in younger group (71.5%) compared to older group (41.7%). Literacy of subjects was found to have statistically significant direct association with knowledge of unsafe sex. It was the illiterate and just literate who bore the major brunt of unawareness (82.3%). The knowledge significantly improved with the improvement in literacy (p<0.001) of subjects (Table 1).

In-depth interview was carried out among the study subjects regarding their sexual behavior. Out of 818 subjects, 242 (29.6%) were engaged in sexual intercourse. Mean age of first sexual exposure was 16.1 years (median-16 years). Proportion of sexual exposure was higher in the older age group (>=20) subjects compared to their younger (<= 20) counterparts (i.e. 39.8% vs 21.5%) and the difference was statistically significant (p< 0.001) (Table 2). It was further found that 71.5% of sexually exposed subjects had multiple partners and 4 out of 242 subjects used to visit commercial sex workers too.

Mean age of first sexual exposure ± SD = 16 ± 1.86 years

Median age of first sexual exposure = 16 years

Background Characteristics	Knowledge of unsafe sex			P value
	Present (%)	Absent (%)	Total	
Age Group				<0.001
15-19 Yrs	130 (28.5)	326 (71.5)	456	
20-24 Yrs	211 (58.3)	151 (41.7)	362	
Literacy Level				<0.001
Illiterate-Just Literate	14 (17.7)	65 (82.3)	79	
Primary-Middle	183 (33.9)	357 (66.1)	540	
Secondary-Graduate	144 (72.4)	55 (27.6)	199	

Table 1. Knowledge of unsafe sex according to age and literacy of study subjects (N=818)

Background Characteristics	Sexual Exposure			P value
	Yes (%)	No (%)	Total	
Age Group				<0.001
15-19 Years	98 (21.5)	358 (78.5)	456	
20-24 Years	144 (39.8)	218 (60.2)	362	
Socioeconomic Status				<0.223
Lower & Upper Lower	179 (28.5)	449 (71.5)	628	
Lower Middle	51 (31.5)	111 (68.5)	162	
Upper & Upper Middle	12 (42.9)	16 (57.1)	28	
Working Status				<0.001
Working	112 (48.7)	118 (51.3)	230	
Not Working	130 (22.1)	458 (77.9)	588	

Table 2. Sexual exposure among subjects on the basis of age, socioeconomic and working status

Type of Contraception	Number	Percentage
Condom	42	17.4
OCPS	13	5.4
E-Pill	2	0.8
None	185	76.4
Total	242	100

Table 3. Contraception used by study subjects and their partners during sexual intercourse in preceding one year (N=242)

Age Group	Regularly used (%)	Not regularly used (%)	Total
15-19 yrs	22 (22.4)	76 (77.6)	98
20-24 yrs	40 (27.8)	104 (72.2)	144
Total	62 (25.6)	180 (74.4)	242

Table 4. Regularity in using contraception during sexual exposure of subjects in last one year (N=242)

42.9% of the subjects in upper & upper middle socio-economic class experienced sexual exposure and proportion of exposure increased linearly with the improvement of socioeconomic status, though the relation was not statistically significant. The proportion of exposure (48.7%) was significantly higher ($p < 0.001$) among the working people compared to those who were non-working (22.1%) i.e. either studying or unemployed (Table 3).

185 (76.4%) subjects engaged in their first sexual intercourse without any contraceptive protection. Only 42 (17.4%) subjects used condom at first exposure and irregular use of it was quite common (77.4%) while having sexual intercourse. Youth in the age group of 15-19 years were more irregular than males in the age group of 20-24 years in using a method of contraception (Table 4).

Discussion

The issue related to premarital reproductive health and sexual habits is a rising concern in India because of fast urbanization, breaking down of joint families and degradation of overall moral values. Compared to school or college based studies, the community surveys are more informative as they capture the school dropouts and working youths too. In the present study, sample size is a good representative of the community as 50% of the houses were covered proportionately from all the blocks.

Having sexual exposure in 30% of the unmarried youth, 16 years being the mean age at first exposure in present study is an alarming serious issue as far as unsafe sex, unwanted pregnancies and HIV/ AIDS & STIs are concerned. In the previous studies done in urban slums, sexual exposure ranged from 7.5%⁴ to 31.7%.⁵ National surveys too have taken the issues in serious note and included premarital sex as one of the important

component of their survey data. As for example, National Family Health Survey-3⁶ also found 8.6% and 17% of unmarried men having sexual intercourse in the age group of 15-19 and 20-24 years respectively. Average age of first sexual exposure is also found to be shifting towards middle adolescent age in our study (16 years) in comparison to late adolescence (18 years) reported by previous study.⁷ Declining influence of family, fast urban life, easy accessibility to electronic media, declining family bondage and rising peer influence have a collective role in this major change in adolescent sexual behavior. Also, low standard of life, common school dropout and close neighborhood relationship in resettlement colonies might have led to early sexual debut among the youth in the present study. It was also evident in our study that more than 70% of the sexually exposed youth indulged in multiple sexual partners. Previous studies too suggest that young people who are sexually active were mostly involved with high risk partners or multiple partners.^{2,8,9} With improving socioeconomic status, the proportion of sexual exposure increased among the study subjects. The subjects who were employed and earning had more sexual exposure in comparison to those who were not employed. Similar result was observed by Abraham et al.¹⁰ in Mumbai where employed youth were found to have more sexual experience in comparison to unemployed youth. Likewise Fernando¹¹ in Sri Lanka reported higher percentage of men in upper income brackets reporting sexual experiences.

Though condom usage has received considerable attention in the fight against STDs and HIV/ AIDS and preventing unwanted pregnancies, still its under utilization in spite of wide availability remains a big challenge. In our study, only 17.4% of sexually exposed subjects reported to have used condom during their first sexual engagement while irregular use of it was quite rampant (75%) in the past one year from the time of

survey. Various other studies also reported high proportion of youth with inconsistent use of condom.^{7,10,12} NFHS-3 too reported only 14.1% youth to have used condoms during their first sexual act.

The Government of India has expressed its concern on adolescent health through various policies and strategies namely National Health Policy 2000 and 2002, National Youth Policy 2003, Reproductive and Child Health Programme-phase2, National AIDS Prevention and Control Policy 2000, Strategy on Adolescent Sex and Reproductive Health etc. But still the youth health issues could not gather that expected pace particularly when implementation of services is taken into account. Scaling up more youth friendly services particularly at the peripheral level is therefore the need of the moment in perspective of STIs, HIV/ AIDS prevention and reduction in unwanted pregnancies.

Conflict of Interest: Nil

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