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Attitudes, beliefs, and norms about sex and sexuality among young Indian male adults: A qualitative study

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Abstract

Objective: Little is known about the risky sexual behaviors, attitudes, beliefs, and sources of information regarding sexual health among young adult Indian males. Currently, students in Indian secondary schools do not receive a structured comprehensive sexual health education. This qualitative study explored the sources of information, knowledge, and attitudes around sexual behaviors among young men in Mysore, India. **Materials and Methods:** Between May and June 2011, 23 semi-structured qualitative in-depth interviews with males aged 18–25 years were conducted to explore their views on sexual norms, attitudes, and their sources of information to gain knowledge about sexual health. Interviews were audio recorded and transcribed verbatim. Thematic analyses were conducted. **Results:** Participants shared a desire for quality sex education in schools but described their current sexual health curriculum as inadequate. Since social taboos dictated the space in which students gained awareness on sexual topics, the participants resorted to the outside information from both reliable and unreliable sources. **Conclusions:** These findings have important implications for laying the groundwork for culturally specific sexual health education interventions to meet the needs of a growing youth population in India.

Key words: Attitudes, India, males, sexual health

INTRODUCTION

In 2009, the Ministry of Human Resources Development proposed the Adolescence Education Program, a comprehensive sex education program that would be implemented in school curricula across India. A parliamentary committee rejected the proposal, stating that the “Social and cultural ethos are such that sex education has absolutely no place in [India].”^[1] The

resistance to sex education in schools and the poor understanding of reproductive health^[2] can potentially leave young adults unprepared for the transition into adult life.

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The current literature on sexual health in the region has primarily focused on female reproductive health issues given the relatively high rates of child marriage among girls,^[3] and the associated mortality risks of childbearing compared to women in their twenties.^[4] While sexual activity for girls usually commences within the context of marriage, with a strong emphasis on chastity, less can be inferred about young adult Indian males.^[2] The research on young adult Indian males has been primarily quantitative and focused on categorical behaviors as opposed to awareness and norms. In a self-administered questionnaire, roughly one-in-four unmarried adolescent boys had engaged in sexual relationships.^[5-7]

Risky sexual practices are of primary focus for public health researchers as unsafe sex is the second most important risk factor for disability and death in the world's poorest communities.^[8] This study investigated premarital awareness, attitudes about sex, sources of information regarding sexual health, and to a lesser extent, sexual behaviors. Given the paucity of data in India, comprehensive reviews conducted to this date have not been systematic. Therefore, we used similar developing countries, such as Nepal and Bangladesh, in order to develop an overview relating to sexual behaviors and norms among Indian young adults.^[9] The in-depth nature of the study design allowed for a deeper assessment of such issues and the exploration of the young adults' perspectives based on personal experiences. Such experiences can provide a view into gender and sexual scripts, which can be operationalized as a means of preventing risky sexual behaviors.^[10] These insights can, in turn, better guide suggestions for sexual health promotion among young people in India through a comprehensive sexual education plan.

MATERIALS AND METHODS

Study location and participants

This study was conducted in Mysore City, the administrative capital of Mysore district, located in the southern part of the state of Karnataka, India. The district has a population of 3,001,127, of which 41.5% live in urban and 58.5% live in rural areas. Hindus constitute 87.4% of the population, Muslims 8.9%, and the remaining comprises Christians, Buddhists, and other religious groups. Kannada and Urdu are the dominant languages, and 72.6% of the population are literate.^[11]

Between May and June 2011, 23 in-depth interviews were conducted with young adult males recruited from local colleges in Mysore, India. The (Public Health Research Institute of India) staff distributed flyers across college campuses and recruited potential participants. Additional participants were identified through snowball sampling by asking recruited participants to refer friends/colleagues,

who met the study's criteria. In order to be included in the study, participants had to be over 18 years of age, be able to speak English, be willing to have their interview audio recorded, and have the ability to undergo informed consent process.

Study procedures

A gender-matched male facilitator conducted all the interviews. For the first three interviews, a researcher knowledgeable about the local community and culture was present to assist in the interpretation and translation of any terminology specific to Indian vernacular. A modified version of an interview guide used for similar previous investigations with females was used in this study.^[12] The interview guide contained the following sections: (i) sexual development, (ii) sexual experience, and (iii) subsequent sexual behaviors. The modified version took into account-specific questions regarding sexual health and sexual norms: (i) sources of information, (ii) school sex education, (iii) talking about sex with friends, (iv) gender roles, (v) dating, (vi) sexual activity/sexual risk taking/risk prevention, and, (vii) sexual health services.

After identifying potential participants, interviews were scheduled on institute premises. The interviews were conducted in English, using a semi-structured, open-ended dialogue, which lasted between 60 and 90 min. All participants were explicitly assured at the beginning of each in-depth interview that they were not expected to disclose their own sexual behavior or risk-taking, but instead to describe behaviors, they perceived as normal for their peers and local community. All interviews were recorded and transcribed verbatim. Respondents received INR 200 (approximately \$5 USD in 2011) as compensation for their time and travel. The protocol for this study was approved by the institutional review boards at University of Michigan and Public Health Research Institute of India.

Analysis

Grounded theory guided the identification of important themes in the transcripts relating to adult males' norms, attitudes, and perceptions of sexual health. Concepts relevant to the study were developed and provisionally verified through a systematic review of the data.^[13] This methodology allowed for themes to be identified and explored bidirectionally, with early themes derived from analyzed data being tested against subsequently analyzed the data.^[14]

RESULTS

The average age was 21.7 years (range 18–25), and 18 participants had completed their secondary school and just started college, whereas another five had college-level education, and two were pursuing graduate level education. Two-thirds ($n = 15$) of the participants identified themselves as Hindu (63%) and the remainder as Muslim (37%). While

nine of the participants were raised in urban settings, the remainder ($n = 14$) had moved from rural settings to urban areas in order to pursue their bachelor's or graduate degrees.

The following themes regarding sources of information and sexual behavior norms were identified:

Sexual health education was viewed as being necessary for young adult males: Most participants supported the idea of having sexual health education in schools, which they characterized as being "necessary."

"When they are 13 through 15 [years of age], it should be necessary to learn about these things. This is the age for men and women to learn something, men like to know about women, so if each and everyone know these things, ...It's better to know how to have sex, protection, awareness, it's very important." (18-year-old male)

"It is necessary for the students and school because after that [leaving school]...they don't know about sex and may have problems about their life, so it is necessary." (20-year-old male)

The current school sex education was inadequate and did not meet the young adult males' desire for information: Participants felt that sex education in schools was inadequate and did not meet their desire for information. The interviews revealed a general dissatisfaction with the current quality of sex education, with some participants stating that their schools did not have any sexual health education in their curriculum.

"First of all, there was no sex education whatsoever in our own curriculum." (21-year-old male)

"Especially in India we don't have proper formal sex education included in our schools and our academic curriculum." (21-year-old male)

Certain topics, such as HIV, may be taught in some schools, but are covered very briefly.

"I remember in my ninth standard, there was this awareness for HIV; there was a separate class that was informing about the sexual issues, and once they had given such kind of lectures, but only once, it took one and a half hour. Other than that we never had any sexual education in our school" (24-year-old male)

Participants who stated that they had received a formal sexual health education were mostly biology or medical students. However, they characterized their education as strictly scientific in nature.

"No sex education, wherever I studied, except from biology. It's all biological and scientific, all chromosomes, very general. No open education." (18-year-old male)
"Reproductive and anatomy of plants and animals, that's all I studied." (24-year-old male)

While participants were aware of the sensitivity of the subject, their own attitudes toward the subject combined with that of their instructors, made sexual education pedagogy more difficult.

"Actually, they used to skip these topics...Anatomy, I actually learned here [at Medical School]. Here they teach in detail, but in PUC (pre-University Courses), no...if a teacher tries to tell something [regarding sexual issues] he is laughed at, laughed at in the sense not as mockery but students feel very shy, you know, to just listen, because they think it's highly personal stuff..." (22-year-old male)

The young adult males' desire for information was mainly fulfilled through the use of unreliable sources: When faced with inadequate education, many participants turned to outside sources for information on sexual topics, which some participants described as being unreliable:

"It's highly insufficient... So I guess we should give more importance to sex education in schools, otherwise, lot of things come through friends, it will all be misleading, most of it will be misleading. People have some very big fancy thoughts about sex, so they will be thinking about it in fantastic terms, it won't be real. When they actually have sex... when it comes time to it, ...when it comes to reality... things break down. It should be more important." (20-year-old male)

While all participants used a mixture of sources for information on sexual topics, the most frequently used sources were peers and the Internet:

"Actually, it's a problem that they don't teach sex education in schools or anything, so how I learnedis because of the internet and some of the books, and it was like... we friends sit and talk about it., and it's a serious issue ...and we make fun of it, but when we actually know... exactly what it is.... it's really a vast ocean., things we have to know, and in India., I'll tell you, because of this narrow-mindedness of the people, it's a problem..." (21-year-old male)

"Only friends, only friends. What is the benefit of sex, other benefits...what are the disadvantages of sex without condoms." (18-year-old male)

However, most participants themselves admitted that their friends were not the most reliable source for information on sex:

“I think a lot of misconceptions arise when you hit puberty, ...because there are a lot of people out there giving you rubbish [information], like say,...your senior, or people who are older than you, giving a lot of junk [information] from say, your peers, that’s what I think.” (22-year-old male)

DISCUSSION

The findings from the study provided insight into the sources of information used by young adult males in Mysore, India. These interviews showed that young adult Indian males viewed sex education in schools as being important and necessary. However, sexual health education was either absent or inadequate, which, in turn, led the young adult males to use unreliable sources, such as their peers and the Internet for information. As cultural norms dictate the means by which sexual topics can be discussed, a culturally appropriate pedagogy might remove the need for young adult Indian males to turn to unreliable sources for crucial information about sexual health. Future research should aim to learn more about the specific Indian context without relying on the data from the neighboring developing countries.

It is important to acknowledge that this study has several limitations that may affect the interpretation of the results. Since the sample size consisted of a small group of young adult males, the data are not generalizable to other populations. We cannot rule out the possibility that additional important themes might have emerged if more interviews had been conducted. It is possible that participants may have been hesitant to voice their true beliefs due to the fear of displaying a poor image of themselves and their peers to the facilitators. Despite these limitations, these formative findings contribute to a conceptual framework to better understand the issues relating to the culture of discussing sexual topics among young adult Indian males. The in-depth, qualitative nature was conducive to exploring the realities of the discussion around sexual issues and has implications in planning future research and interventions.

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Conflicts of interest

There are no conflicts of interest.

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