

The Health Issues of Youth: Sexuality and Hiv/Aids

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Abstract:

AIDS cases reported from all over the country revealed that fifty percent of the total male and female falls within the age range of 15-29 years which has a great implications for the overall socio-economic development of the country. There is a great need of knowledge and services on sexual and reproductive health.

Most of the youth in the age group of 15-25 are more vulnerable to HIV infection in India. And most of them had their first sexual experience with female sex worker without using condom because the main reason is that they are unaware and unconscious about its consequences. Generally, young boys and girls are used to seek sexual pleasure without bothering about proper and constantly use of precautionary method.

In India, more than 85 percent of the reported AIDS cases in the sexually active and economically productive 15 and 45 year old age groups. The main source of HIV infection of new cases occurs through unprotected heterosexual sex, mainly within adolescents and young people group. Besides, young boys and adolescents girls responsible for countless new HIV infections due to their unauthentic information related to the sexuality.

Present research paper focused on the sources of information about the sex and getting fulfill the sexual pleasure or lust responsible for their severe health issues related due to unsafe sex, HIV/AIDS and STDs due to which majority of the youth may get infected with HIV virus as well as sexually transmitted infections too.

Key words: sexuality, sexual pleasure, sexually transmitted infections, sex, HIV/AIDS, STDs, unsafe sexual practice, etc.

“Precaution is better than cure.”

Introduction:

Youths are like sign-posts because they reflect the situation of the society. According to UNESCO (United Nations Education, Scientific and Cultural Organisation), the youth constitutes people between 15 and 24 years of age. The spread of HIV among young people in India is a growing cause for concern. It has been pointed out that a large number of reported AIDS patients in India are below the age of 24 years and have contracted the disease through sex. The surveillance data show that a large percentage of the infected persons is between the age of 20-40 years. The trend shows that many of those infected have contracted the virus early in life. Studies conducted in different parts of India (Abraham, 2001) revealed that the average age for men with HIV to be 28 years and women to be 25 years. Nearly 34 percent of HIV cases were within the age group of 16-25 years. Other studies reported that 25

percent (19-23 years), and 19 percent (average age 19 years) of males were sexually active. A survey among college students in Mumbai showed similar trends in sexual behaviour. An important finding of these studies is the age at which sexual activity is initiated. It ranges between 16-18 years among males and even earlier among females. Thus, it appears from these studies that sexual activity among adolescents is much higher and begins at an earlier age than what is commonly believed. As per the statistics given by the Indian Red Cross Society there are above 500 male youth (12-25 years) visiting Red Light Area in a day in Nagpur city (Waghmare, 2013).

Today, however, young women and men are staying in school longer and marrying later. With

puberty starting earlier, largely because of better nutrition, youth now reach sexual maturity long before they are able to act on it in a socially acceptable manner—that is, through officially sanctioned marriage. During this extended period of adolescence, young people may have sexual relationships before marriage, putting them at risk of sexually transmitted infections, unintended pregnancies, unsafe abortions, and other problems that result from largely hidden activity. Investing in young people to ensure they are healthy and productive will boost nations' ability to prosper and achieve their development goals. The extent to which the region's largest youth population in history will achieve its full potential depends on how well governments and civil societies adapt to meet young people's needs. Educational systems need to give students a quality education to prepare them for the global economy; labor markets must expand to provide jobs for their new entrants; housing markets must meet the demands of couples wanting to marry; and health services must adapt to the needs of a constituency they have largely overlooked.

Young people receive little education on sexual and reproductive health issues, relying largely on their peers for information. Because of social disapproval of sexual relations outside of marriage, survey data on young people's sexual activity are limited. More than one-fourth of young women saw family and the media as the most desirable sources of information on puberty and sexuality, closely followed by the Internet; other sources, such as friends and school, barely registered. For young men, however, the media and street life were by far their preferred sources of information. More than three-fifths of youth considered sexually transmitted infections and AIDS to be the most important subjects to understand; other issues such as family planning, reproduction, or sexual desires or preferences were seen as less important. While urban women showed a greater interest in information about HIV than their rural counterparts, other preferences related to information varied little according to location (Farzaneh Roudi-Fahimi And Shereen El Feki, 2011).

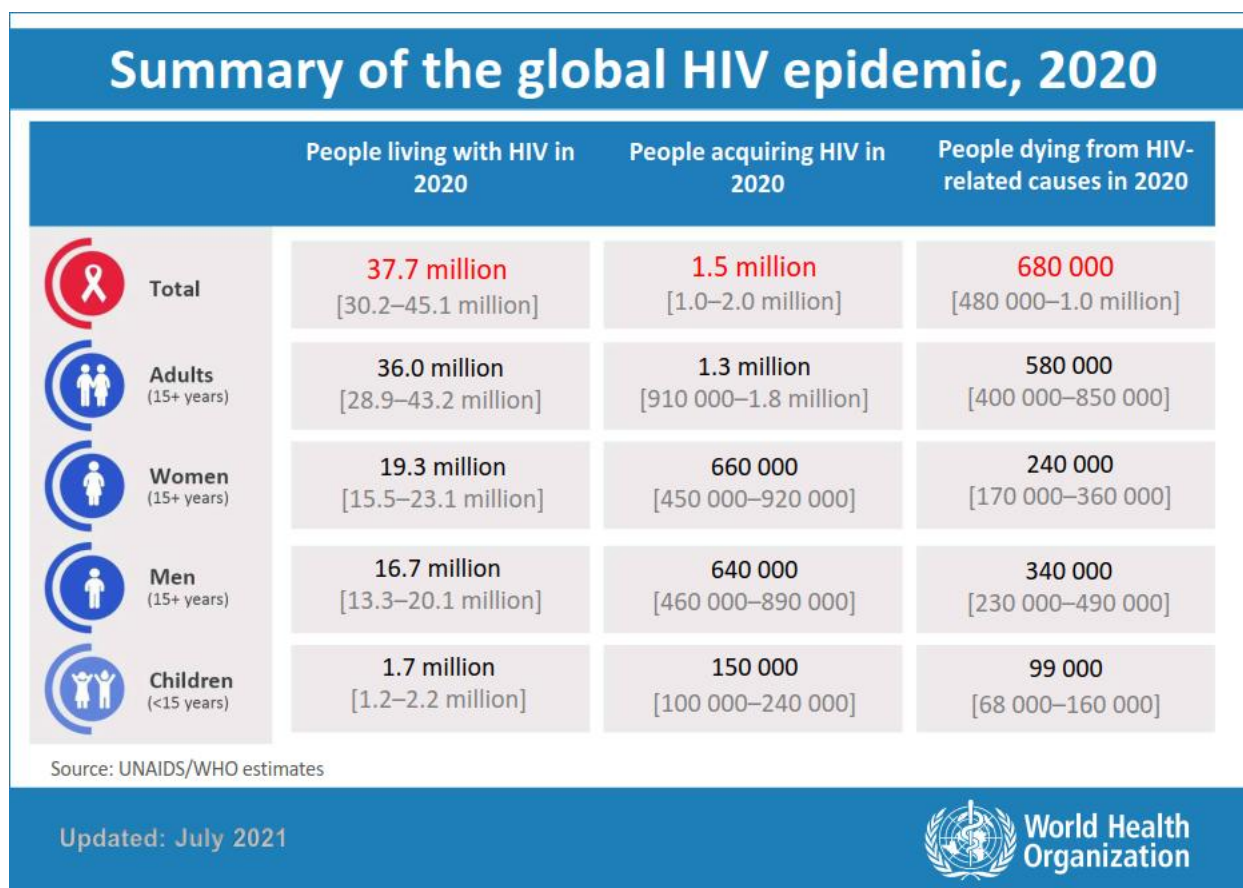
Sexuality and Practice of Premarital Sex:

In India, STDs rank third among the major communicable disease groups. However, it is a fact that around 25 percent of the total STD cases are teenage boys. A study conducted among the clients of a clinic found that three-fourth of the clients were in the age group of 18-19 years. The RTIs and STIs are closely related to sexual practice and behaviour, and their role in making a person vulnerable to HIV infection has now been well established. These facts indicate that sexual behaviour of the youth has serious health implications. The growing literature on sexuality in the last few decades shows that sexuality is a complex

concept as it encompasses not only the biological and psychological, but also the social and cultural dimensions of sexual identity and sexual behaviour.

Anamika was in B.A. IInd year in L.A.D. college in Nagpur. When her classmate's friend proposed to her for "Loveship". And the proposal clearly meant an offer not only for romantic affair to a relationship that was included sexual relation. This is one of those incidents, which shows common feeling of intimate interactions among the youth. This need means getting intimate with the partner is become the priority instead of becoming career oriented. Yet, there is a less possibility in case of the number of partners.

A survey conducted among male and female students (14-28 years) of a few colleges in Madras city (Chennai) regarding sexual behaviour and attitude is quite revealing. Out of 1120 students (634 male and 486 female) about 61 % male and 48 % of female students stated that they had their first sexual experiences before they attained 25 years since 96 % of male students and 93 % of female students were unmarried, it can be presumed that the majority of male students and a substantial minority of female students had already experienced premarital sex (Nag., 1994).



Socio-economic and Cultural Environment:

Three sets of factors strongly influenced the course of the emerging HIV/AIDS epidemic in different parts of India—sexual contact, contaminated blood and patterns of injection drug use. However, the complex epidemic that has emerged in India is primarily one of heterosexual transmission, fuelled by an active sex industry and interacting with less studied patterns of

bisexual and / or injecting behavior. These factors are aggravated due to several social, economic and cultural factors.

Research Methods:

The type of study was an analytical. Analytical study is a system of procedures and techniques of analysis applied to quantitative data. It is also known as the statistical method. The study was concentrate on analyzing data in depth and examining relationships from various angles by bringing in as many relevant variables as possible in the analysis plan. Nagpur city was the area of research. There were total 960 students/ units of the study from the eight social work institutions taken for the study.

The sample of 400 students was taken for the study by applying probability sampling design with simple random sampling method. For collecting primary data researcher interviewed 50 respondents (MSW I & II) 25 from each class of selected colleges. Secondary data was collected through the voluntary organizations working in the field of HIV/AIDS, Books, Journals, News Clippings, etc.

Sociodemographic profile of the students:

Maximum students were in the age group of 20-30 years; Very few students belonged to the Muslim religion; More than half students' mother tongue was Marathi; more than one fourth students done their bachelor degree in Social Work; very few of the respondents' family was engaged in agriculture occupation; only one fourth students type of family were joint family; one fourth students were came from other state.

Students' source of information about HIV/AIDS (Multi-response question):

In the present study students had the different source of information about HIV/AIDS such as 270 students out of 400 were admitted that they got informed by maczins/blue books; 269 students said that through the T. V. only they came to know about the HIV/AIDS. On the other hand 281 students stated that their source of information was internet and it is obvious also because of its speedy as well as frequently use by most of the students. But it was not strengeful thing that above 50% students' source of information was their classmate/friends, actually these are primary and believable source of information for them. Besides, they are always getting insufficient and unclear knowledge from their friends. Very few students admitted that their parent was the source of information about HIV/AIDS. Academic level if we go through the data then we came to know that only 192 students got the information about HIV/AIDS from their teachers because they were not feel free to discuss more about the topic openly. 254 students were replied that seminar/workshop/conferences related to the HIV/AIDS also the source of information about the HIV/AIDS for them. And 225 students said that voluntary organizations/projects worked in the field of HIV/AIDS were the source of information of the HIV/AIDS, this is possible due to their field work placement in such organizations/projects. Consequently, social work students getting benefited by awareness programmes organized by the voluntary organization for the community people. And students also participate in organizing the same programme.

Further students were shared that they hesitate to discuss anything or query related to HIV/AIDS, STDs with their parents as well as teachers. They would like to depend on their friends and more convenient source is internet, blue material, etc. However, teachers should treat them friendly in such sensitive matter so that students can approach easily and get clarify about the basic knowledge about HIV/AIDS, STDs, and unsafe behavior as well as its impact on their life. Somewhere teachers/professors are not established that space for students yet.

One study revealed that maximum young male and female were depending on the friends (peer group) and media for the information about HIV/AIDS. Only 10.0% young boys and girls were depends on their teachers. On the other hand 2.0% male and 9.0 % female were depends on their family member for seeking information about HIV/AIDS and sexuality. 89.0% male and female were depending on T. V. for information about HIV/AIDS and other sexual practices (Dhar, 2010).

Another study elaborated that 40.0% students were depend on print media (Maczins, News paper, etc.) for the information about HIV/AIDS. On the other hand 30.0% students said that they were depending on group discussion, peer group discussion and movies (Tapnikar, 2007).

Bhende (1994) in his study 25.0% girls and 32.0% boys heard about HIV/AIDS through T.V. only. 3.0% girls and 32.0% boys discussed with their friends about HIV/AIDS.

In the present study students had an opinion about the different sources of getting fulfill the sexual pleasure. Majority of the students stated that they can have sexual pleasure though female sex workers and to intimate with their sexual partner (girl friend/boy friend). Besides, some of them expressed that rape also the option for getting instant sexual pleasure, if those who doesn't have sexual partner at all.

It has been seen based on the secondary data that Mostly youth ever having sexual intercourse in the age group of 20-24 years. Most of the studies revealed that youth are having sexual pleasure with more than one source such as sex with female sex workers, aunties, sexual partner (girl friend/boy friend). Youth are found careless due to non-consistent use of condom with multiple sexual partners even with commercial sex workers. On the other hand youth those who are injecting drug users and sharing the needles /syringes for injecting, they are more provoked to unsafe sexual relationship with multiple sexual partners including MSM (Men having sex with Men) and consequently getting affected due to the sexually transmitted infections and HIV infections as well. Genital and anal ulcers were also high among the MSM population of youth.

Male-to-male Sex:

'Homosexual' is a medical term invented in 1869 by Austrian clinical psychologist Karoly Maria Kertbeny to define a person who has sex with a partner of their own sex. Male-to-male Sex is morally proscribed behavior, forcing men who have sex with men (MSM) underground. Studies among relatively small samples of MSM in Mumbai in the early 1990s recorded levels of HIV infection ranging between 3 and 15 per cent (Nag 1996). However, because, homosexuality is socially unacceptable in India, many of these men are married or

have regular female partners. In one study among truck drivers, between a third and a half of the respondents said that they had oral or anal sex with other men and that they also had sex with women (Rao et al. 1994).

The risk of sexually transmitted diseases is higher in sexual relationships with multiple partners. The curiosity and attraction may get intimate with more than one sexual partner among the youth. Male homosexual relationship mostly carries a higher risk of HIV transmission than heterosexual or lesbian relationship because of a higher occurrence of anal intercourse among male homosexuals and also due to the higher chances of multiple partnerships among them.

Sex Education and Youth:

Socio-cultural based norms which are prohibited to pre-marital sexual relation has its own disadvantages, therefore, in India diseases like sexually transmitted diseases, AIDS, unwanted pregnancies, induced abortions and the number of single mother increases in alarming rate. The fact is that though the youngsters know the things in theory they may try to practice them actually for the sake of sexual pleasure. The major reasons for the increase in premarital sex in India include westernization, industrialization, and coeducation mass impact of mass media, entertainment and social change.

The essential need of sex education in the present situation and due to stigma, misconception not allowing the sex education into school and colleges responsible for increasing HIV infection among the youth. Youth shared misconceptions about physical and sexual changes and thus getting curious visits to CSWs for fulfill their sexual pleasure or satisfaction. They must guide for their doubts, misconceptions and other psycho-social changes.

Condom use and sexual abstinence two effective means of preventing sexual transmission of HIV infection are to use condoms (with knowledge and continuity) during sexual intercourse and to abstain from sex. Dating culture as well as Rev party allows more freedom to get into sexual activity. Thus, it has to be properly channelized by providing healthy environment within family as well as society.

Recommendations:

It is important to note that while youth may be at special risk of HIV infection, they also present an opportunity for preventing the epidemic.

- Well designed programmes of sex education, involving message about sex as well as abstinence.
- Health campaign for youths sexual health.
- Participation of youth in development and implementation leads to beneficial results.
- Effective counseling services can change the attitudes and behaviours of the youth.
- Life skill approaches may enhance youth knowledge, skills etc.
- Mass media can take lead role in changing social norms which will helpful for the prevention of HIV.
- Students and school, colleges combiningly design and implementing curriculum for the prevention of HIV.

- Youngster can play effective role working with slum dwellers in urban as well as setting with rural youth in rural setting through voluntary organization.
- Strictly implementation of laws and rules against child prostitution and other malpractices, sexual affecenias etc.

Social Work Intervention:

The above discussion which shows the intensity of the health issues related to the youth and their sexuality can be controlled and prevented through the **professional social work intervention** so that health issues of the youth can be guided and prevented by the social workers. Effective health care must be provided. Health care includes Family planning information and services; Safe pregnancy and delivery services; Post-abortion care; Prevention and treatment of sexually transmitted infections, including HIV; Treatment of reproductive tract infections; and information and counseling on sexuality, reproductive health, and responsible parenthood.

Conclusion:

The present research paper reveals that ignorance of students responsible for their insufficient information about the safe sexual intercourse and due to which possible consequences such as STDs, HIV/AIDS. Because they are not fully aware about the reliable source of information about the HIV/AIDS .Teachers and professors must take initiative to save our future generation by making them aware about safe sex, HIV/AIDS and behavior change. Half knowledge always dangerous and because of that there must be clear as well as basic information about safe sex is the essential need of today's generation.

Majority of the HIV infected cases are young boys and girls only. Because not only adults but adolescent also and teenager too are curious to experiment of sexual intercourse for getting sexual pleasure sometimes under the peer pressure and most of the time under the wrong impression of blue films, blue books, magazines, etc., without thinking about its implications. Girls are generally unwillingly practiced unsafe sexual act for the sake of money. Students must guided by their teachers for getting sex education so that they can protect themselves from HIV/AIDS and STDs which is known as third main cause of death in the world. Youth are having sexual pleasure with multiple partners by having sexual intercourse more than one source such as sex with female sex workers, aunties, and sexual partner.

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