

Impact Factor: 3.1 (UIF) DRJI Value: 5.9 (B+)

# Perceptions about Sexual and Reproductive Health: Rural-Urban Differences

Dr. BALWAN SINGH Assistant Professor Department of Geography Govt. College, Matak Majri, Karnal India

### Introduction

If adolescence is considered as a period of great turmoil, the need for studying this group becomes even more significant. Reproductive health or Sex is usually not a matter of overt discussion in India, but the threat of AIDS as a killer disease has made it legitimate topic of allusion in Indian mass media. Much of the underlying assumptions behind the allusions are based on myths and stereotypes which may be far removed from real fact (Nag Moni, 1994). As pointed out by Mane and Maitra (1992), -relatively little is known about the sexual behavior and attitude towards different aspects and forms of sexual activity in India. It is true that the AIDS pandemic has aroused interest in sexuality and sexual behavior research because in India. the mode of transmission is mainly heterosexual. Adolescents, however, are not viewed as a priority target group because it is believed that they are not sexually active. The need for studying this group, however, needs to be recognized because adolescence, just like childhood, could provide the key to understanding several aspects of adult behavior.

# Study Area:

The study was carried out in Ajmer district of Rajasthan. Rajasthan has been chosen since it is one of most critical state regarding various demographic, socio-cultural, economic and infrastructural parameters. Ajmer district is located in the center of Rajasthan state between 25° 38° and 26°58° north latitudes and 73° 54° and 75° 22° east longitudes. It is bounded on the north by Nagaur district, on the south by Bhilwara district, on the east by Jaipur and Tonk districts and on the west by Pali district. Ajmer district has a triangular shape.

# **Objective:**

The study attempted to elicit the adolescents' attitude and practices regarding various aspects of reproductive health, particularly sex and sexuality, such as attitude towards relationship with opposite sex, perception about conception and virginity, exposure to pornographic literature, sexual experiences, condom use, awareness about modes and transmission as well as preventive measures of HIV/AIDS and understanding about the safe sex.

# 1. Conception and Virginity: Perceptions

Several false perceptions are there among adolescents regarding conception and virginity. Such false perceptions are found to be more among rural residents than urban ones, except for the issues related to pregnancy and menstruation. Table 1 shows that most of the adolescents do not know that menstruation gets discontinued during pregnancy, and such proportion is significantly higher among rural respondents. A probable explanation of the low awareness among rural respondents on this issue may be that many of them are not aware of even the phenomenon of menstruation. Menstruation is an issue that is not discussed publicly.

Nearly 42 per cent of rural respondents and 14 per cent of urban respondents believe that a girl can get pregnant simply by kissing. Only 40 per cent of rural and 59 per cent of urban respondents know that a woman can get pregnant even after having one penetrative sex. The lack of awareness about this issue indicates towards low-risk perception about sexual activities. The low-risk perception on such issues is a serious concern since the low-risk perception may lead to high-risk behaviour among adolescents.

Table 1: Perception about Conception and Virginity

Issues	Number	Percent
Rural	N=150	
Menstruation continues during pregnancy	100	66.7
It can be found whether a girl/woman ever had sexual relationship	119	79.3
A girl can get pregnant simply by kissing	63	42.0
It can be found whether a boy/man ever had sexual relationship	116	77.3
A women can get pregnant even after one intercourse	60	40.0
Urban	N=150	
Menstruation continues during pregnancy	62	41.3
It can be found whether a girl/woman ever had sexual relationship	104	69.3
A girl can get pregnant simply by kissing	21	14.0
It can be found whether a boy/man ever had sexual relationship	104	69.3
A women can get pregnant even after one intercourse	89	59.3

Source: Field Work.

More than 77 per cent of the rural respondents believe that it can be found out whether a girl/women or boy/men ever had sexual relationship. A large proportion of urban respondents also have such belief. There are several beliefs in this regard. During the discussions with adolescent boys, some stated that it might be found out by medical tests, while some other stated

that it may be found out by physical appearance and walkingstyle. It is a perception among some of the adolescent boys that the walking-style of a girl changes when she starts having sex.

**Test Statistics** 

Issues	Rural	Urban	Z*
			Value
Menstruation continues during pregnancy	66.7	41.3	4.344
It can be found whether a girl/woman ever had sexual relationship	79.3	69.3	1.974
A girl can get pregnant simply by kissing	42.0	14.0	5.401
It can be found whether a boy/man ever had sexual relationship	77.3	69.3	1.560
A women can get pregnant even after one intercourse	40.0	59.3	-3.378

Source: Field Work.

Note: \* Alpha = 0.05, two tailed. Z (critical) =  $\pm$  1.96.

To assess the significance of the difference in proportions among rural and urban respondents regarding the perception on different issues of conception and virginity, Z test was applied. The Z values indicate the urban and rural respondents differ significantly (p<0.05) regarding all aspects except the perception that —it can be found whether a boy/man ever had sexual relationship.

Misconceptions and misbelieves on sexual issues are not uncommon among adolescent both in rural and urban areas. It was found that lack of adequate information and opportunities prompted these young people to turn to literature (often pornographic), experimentation with prostitutes, friends or relatives of opposite sex and at times the same sex, and observation of sexual activities and masturbation.

The level of misconceptions is quite higher in rural areas mainly because of lack of access to correct and timely information on reproductive health issues. The sources from where they get information are not reliable. Even those who go to school, are not able to get adequate information on reproductive health issues. Moreover, they do not have access to

the mass media also, which could contribute to dissemination of such information.

# 2. Friendship with Opposite Sex: Opinion

Contemporary society is modified first by the clash between adolescents and their elders and secondly by the new generation's members carrying enough of their adolescent experiences to alter adult life. Each generation does not maintain its adolescent views and behaviours throughout life. Adolescent behaviour changes not merely as a result of the reactions of young people but also as a result of those of the old. and these changes arise from the pre-existing society as well as from external influences (Caldwell et al., 1998). However, their and perceptions are important determinants of behaviours. A study conducted by Selvanet al. (2001) revealed that those adolescents who follow traditional sexual norms tend not to involve in actual sexual behaviour. However, the peer group norms were significant variables for intended sexual and actual sexual behaviour.

The respondents in this study were asked about how far they approve the friendship. The main was to understand the attitude of adolescents towards friendship with opposite sex. It was found that half of the rural respondents and 70 per cent of the urban respondents approved friendship of girls with boys (Table 2). The approval for sexual relation of girls with boys before marriage was quite higher among the urban respondents (30 per cent) as compared to their rural counterparts (only 3 per cent). Similarly, 44 per cent of the urban respondents approved the sexual relations of boys before marriage, while the corresponding figure for rural areas was only 6 per cent. A small proportion of rural and urban respondents also approved extramarital relationship of men and women, but the proportion was quite small in both the areas.

Table 2: Opinion about Friendship with Opposite Sex

(Percentage of adolescents approving....)

Balwan Singh- Perceptions about Sexual and Reproductive Health: Rural-Urban Differences

Percentage of adolescents approving	Number	Percent
Rural	N=150	
Friendship of girls with boys	75	50.0
Sexual relation of girls before marriage	5	3.3
Sexual relation of boys before marriage	9	6.0
Extramarital relations of men or women	1	0.7
Urban	N=150	
Friendship of girls with boys	105	70.0
Sexual relation of girls before marriage	45	30.0
Sexual relation of boys before marriage	66	44.0
Extramarital relations of men or women	3	2.0

Source: Field Work.

The Z values after setting alpha at the 0.05 level indicate that the difference between the proportions urban and rural adolescents was significant regarding the attitude towards sexual relation with opposite sex before marriage. However, the difference in proportions regarding the attitude towards friendship with opposite sex and extramarital relationship was not significant. These findings suggest that the residential status may have an impact on the attitude of boys and girls regarding premarital relationships.

**Test Statistics** 

Percentage of adolescents approving	Rural	Urban	Z*
			Value
	N=150	N=150	
Friendship of girls with boys	50.0	70.0	-3.536
Sexual relation of girls before marriage	3.0	30.0	-6.299
Sexual relation of boys before marriage	6.0	44.0	-7.600
Extramarital relations of men or women	0.7	2.0	-0.975

Source: Field Work.

Note: \* Alpha = 0.05, two tailed. Z (critical) =  $\pm$  1.96.

## 3. Pornographic Literature/Blue Film: Exposure

Most societies have always regarded any distribution of pornography as potentially dangerous and corrupting, particularly to younger people. Pornography is explicit sexual writing or visual materials, often considered obscene. It is believed that more than inciting them to indulge in criminal and deviant behaviour, pornographic material causes insecurity in people's minds by producing distorted standards. People may believe that whatever is shown in pornography is the real thing and try to imitate them in real life. This makes them lose their self-confidence and affects their otherwise normal sexual response.

To get information on sex and related issues, many times adolescents refer to sex magazines, pornographic photo albums, adult movies and such other means. This study revealed that the exposure to the pornographic literature and blue films was significantly higher among urban respondents as compared to rural ones (Table 3).

Table 3: Exposure to Pornographic Literature/Blue Film

	Percent		
Adolescent Groups	Number	Percent	
Seen Blue film	N=150		
Rural	2	1.3	
Urban	20	13.3	
Z Value*	-3.995	-3.995	
Read Sexual Literature	N=150		
Rural	9	6.0	
Urban	32	21.3	
Z Value*	-3.801		

Source: Field Work.

Note: \* Alpha = 0.05, two tailed. Z (critical) =  $\pm$  1.96.

Nearly 1.3 per cent of the rural respondents had seen blue films and 6 per cent had seen or read pornographic literature. The corresponding figures for urban respondents were 13.3 per cent and 21.3 per cent respectively.

The test of difference in proportions (of exposure to pornographic literature/films) between rural and urban adolescents shows a significant difference in these two geographical locations.

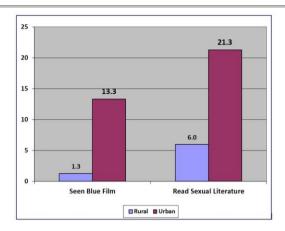


Figure 1: Exposure to Pornographic Literature/Films (%)

## 4. Sexual Experiences

Sexual expression is an important element of being an adult and young people do not perceive problems that may come in future, especially when they concern them as sexual beings. Young boys and girls experience sexuality in diverse ways. They arrived at a common consensus that sexual activity (in terms of sexual intercourse) among youth is on increase especially in urban areas. A few recent studies indicate, however, that the practice is not that uncommon in both educated and uneducated and in both urban and rural populations.

In the study area, 18 per cent of rural respondents reported having penetrative sex and 26 per cent had experienced touching of private parts (Table 4). Kissing and hugging was reported by 28 per cent, while holding hand was reported by 34 per cent of the rural respondents.

Table 4 also indicates that a slightly higher proportion of urban respondents are involved in sexual activities as compared to their rural counterparts. 22 per cent of the urban respondents reported having penetrative sex and around one-third reported experiencing touching of private parts. Kissing

and hugging was reported by 40 per cent, while holding hands was reported by 44 per cent of the urban respondents.

Table. 4: Sexual Experiences among Adolescents

Experiences	Number	Percent
Rural	N=150	
Holding hands	51	34.0
Kissing/Hugging	42	28.0
Touching body parts	39	26.0
Intercourse	27	18.0
Urban	N=100	
Holding hands	66	44.0
Kissing/Hugging	60	40.0
Touching body parts	50	33.3
Intercourse	33	22.0

Source: Field Work.

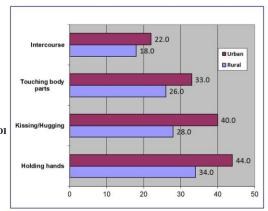
Note: Multiple Response.

#### **Test Statistics**

Experiences	Z*
Holding hands	-1.775
Kissing/Hugging	-2.194
Touching body parts	-1.329
Intercourse	-0.866

Source: Field Work.

Note: \* Alpha = 0.05, two tailed. Z (critical) =  $\pm$  1.96.



EUROPEAN ACADI

Figure 2: Sexual Experiences (%)

The test statistics indicate that the geographical location in terms of urban and rural residence seems to have influence on the sexual activities of boys, although these differences are not statistically significant (p<0.05).

It came out during the study that young boys and girls are more likely to have sexual intercourse if they believe their friends have already done so because sexual initiation is a planned activity for these young adolescents. The main motivation for adolescents to participate in sexual activity is not because it is something, but because they do not want to be left behind among the peers. Such tendency is stronger in case of urban residents that rural once because of exposure the mass media and modern culture.

It seems that an important factor in risky reproductive health-related behaviour concerns the increasing significance of peer pressure. Growing social acceptance of premarital sex plays a major role in reproductive health-related decision-making among adolescents and other young people. As adolescence is a developmental period of physical transition and identity formation, the struggle for individual autonomy and the social construct of masculinity or femininity, render teenagers susceptible to peer pressure. The influence of peer pressure is increasing in the context of the erosion of traditional parental control over premarital sexual behaviour and the declining role of family members in providing adolescents with premarital instruction and advice on appropriate sexual and

marital behaviour. Increasing peer pressure and decline in parental control is more a serious problem in urban areas.

The discussions revealed that the common reasons why adolescents indulge in sexual behaviour are as follows:

- Physical pleasure
- A means of communication
- A search for a new experience
- An index of personal maturity
- A need to conform to peers
- A challenge to parents or society
- Reward or punishment
- An escape from loneliness
- An escape from pressure
- A means to show power and masculinity

Most of the adolescents stated that they were not aware of the probable consequences of involving in sexual activities. If they would have information about the risk involved in such activity, they would have averted the situation. The rural respondents also indicated lack of negotiation skills as one of the major reasons for involving in unintentional sexual activity.

# 5. Age at Initiation of Sexual Activities

The mean age at first penetrative sex was found to be 16.7 years among urban respondents and 16.8 years among rural residents (Table 5). Nearly 14 per cent of urban and 16 per cent of rural respondents had first penetrative sex before attaining 15 years of age.

Table 5: Mean Age at First Sexual Relation (of those who had intercourse)

11101004120,	
	Mean Age and
	Standard Deviation

Balwan Singh- Perceptions about Sexual and Reproductive Health: Rural-Urban Differences

Urban	$16.7 \pm 1.0$
Rural	$16.8 \pm 1.1$
Total	16.8 ± 1.1

Source: Field Work.

This indicates that although there is not much difference among the rural and urban boys in the age of initiating sexual activities, but still it starts slightly earlier among those living in urban areas.

The means and standard deviation values indicate that the geographical location in terms of urban and rural residence does not have a significant impact on the age of initiating sexual activities.

#### 6. Masturbation

The term *masturbation* is derived from the Latin word *masturbari*, which means, —to populate oneself. Masturbation generally means the stimulation of the sex organs to obtain pleasure. Boys as well as girls indulge in it. Perhaps no other act of sex has been associated with as many myths and misconceptions as masturbation. The act of masturbation creates an inferiority complex, a feeling of guilt and sin. Masturbation may be regarded as a sort of imitation of real intercourse. The big and real difference is that it is entirely self-centred, while real love-making is very much a shared experience.

In this study, boys were asked about their knowledge and practice regarding masturbation. Nearly 15 per cent of the urban and 17 per cent of the rural adolescent boys reported practicing masturbation, although it seems to be under reported.

It was also found that boys have several misconceptions associated with masturbation. Only a small proportion of rural boys was aware that it is a normal activity, (only 1.3 per cent), although it was 13 per cent in case of urban boys. Nearly 77 per cent of the rural and 57 per cent of the urban boys perceive that

masturbation causes weakness in the body. Around 29 per cent of the rural and 19 per cent of the urban respondents perceive that it can cause problem in erection of genital organ. Genital deformities, decline in fertility, etc. were also stated as perceived ill-effects of masturbation. It may be noted that the prevalence of misconceptions about masturbation was quite high, and it was specifically higher in the rural areas as compared to urban areas.

During the discussions also, some of the wrong perceptions expressed by adolescents were as follows:

- Only the young, the immature and the unmarried practice masturbation.
- Only men practice it.
- It leads to weakness, insanity, impotence, homosexuality and dark circles around eyes.
- People who masturbate are not sexually normal.
- Frequent masturbation can lead to sexual inadequacy.
- Regular masturbation will lead to shrinkage of the penis.

Table 6: Perceived Ill-Effects of Masturbation

Perceptions	Number	Percent	
Rural	N=150		
No side effect (normal)	2	1.3	
Genital gets curved	26	17.3	
Genital gets less erection	44	29.3	
Weakness in body	116	77.3	
Decreases reproductively	40	26.7	
Other	20	13.3	
Urban	N=150	N=150	
No side effect (normal)	19	12.7	
Genital gets curved	11	7.3	
Genital gets less erection	29	19.3	
Weakness in body	85	56.7	
Decreases reproductively	25	16.7	
Other	23	15.3	

Source: Field Work.

Note: Multiple responses. May not add to 100.0.

Adolescent boys fear that it will cause weakness. —100 drops of blood make one drop of semen — it is a famous myth. Some of them reported that since they have started it they feel mentally and physically weak. The erotic pleasure makes them seek it repeatedly and the guilt deepens. Some believe it will make them unfit for normal heterosexual relationships later in life with their partners. Others fear it will harm them — how precisely—they are not able to define. Such myths and misconceptions were reported at all places, irrespective of the geographical locations.

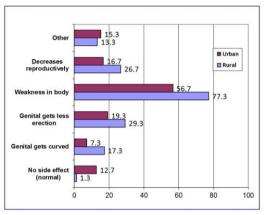


Figure 3: Perceived Ill-Effects of Masturbation (%)

It emerged out of the discussions that the probable reason for having such misconceptions could be the lack of reliable and complete information on such issues. Most of the adolescents are dependent on unreliable literature, which rather increases their misconceptions than clarifying the things. The misconceptions and wrong information rotates from one to another person in their peer groups. The reasons why such misconceptions are higher in rural areas is mainly the lack of accessibility to the information and services. Rural boys specifically do not have means to verify the information even if they perceive it wrong.

#### Conclusion:

The creation of a global economy and the growth of town led to new jobs, many of which require education beyond the primary level and presented adolescents and young adults with the leverage to loosen parental control. The studies indicate that the circumstances of adolescents in developing countries with respect to sexual behaviour and knowledge vary tremendously both across and within the regions. The formation of a global teenage culture of music and fashion has been of major importance. Of greater importance is the export of the Western concept of companionate heterosexual relations before and during marriage. Globally, a teenage culture is developing. Films, sound and video cassettes, television and radio have spread the same fashion in music and clothes, and thereby also the appearance of a revolt against parents. Much of this change occurs during adulthood as an adjustment to demand made by the evolving global economy and society.

#### **BIBLIOGRAPHY:**

- Blanc, K. Ann and Way A. Ann. 1998. "Sexual Behaviour and Contraceptive Knowledge and Use among Adolescents in Developing Countries." *Studies in Family Planning* 29(2).
- Mane, Purnia and Shubhada A. Maitra. 1992. AIDS Prevention: The Socio-Cultural Context in India. Bombay: Tata Institute of Social Sciences.
- Nag, Moni.1994. "Sexual Behaviour and AIDS in India: State-of-the-Art." *The Indian Journal of Social Work* LV(4).
- Selvan, M.S., M.W. Ross, A.S Kapadia, R. Mathai and S. Hira. 2001. "Study of Perceived Norms, Beliefs and Intended Sexual Behviour among Higher Secondary School Students in India." *AIDS CARE* 13(6): 779-788.