

# The Sexual Health of Adolescence: An Inquiry into the Sexual Awareness, Attitude, and Behaviour of Institutionalized Male Adolescents

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## Abstract

“Sexual health is an integral part of overall health, well-being, and quality of life” (WHO, 2022). It encompasses all sexual dimensions such as sexuality, sexual development, sexual decisions, sexual orientation, sexual behaviors, and sexual hygiene. Discussions and discourses regarding adolescent sexuality are significantly less in our society. In the wake of an alarming increase in sexual crimes in our society, it is imperative to discuss adolescents’ sexual health needs in India, particularly Kerala. In 2021, Kerala Police reported 3549 cases under the POCSO Act (Kerala police, 2022). In cases reported among minors, it has been found that there is a growing influence of immature sexual behaviors and decisions due to ignorance in handling relationships and difficulty making decisions about sexual matters.

This study has been conducted among institutionalized male adolescents in the Thrissur and Ernakulam districts of Kerala. There were no studies carried out among institutionalized children on sexual health in India. This study focuses on awareness, attitude, and behavior among institutionalized male adolescents on their sexual health. A descriptive study was carried out among 265 samples from Child Care Institutions (CCIs) using a self-administrated questionnaire. The study results reveal that institutionalized male adolescents have a basic understanding of terms related to physical body developments but no more profound understanding of sexual developments and sexual health matters. The study identified several misconceptions regarding menstruation, masturbation, and pornography. This study’s findings would be insightful to the government authorities, institutional authorities, parents, teachers, social workers and scientists, educational administrators, curriculum planners, activists, and NGOs working for children, to pay attention to the sexual health of adolescents.

**Keywords:** Sexual Health, Sexuality, Institutionalized male adolescents, Sexuality education.

## INTRODUCTION

The World Health Organization (WHO) explains, “As their individual development and social contribution will shape the future of the world, investment in adolescents’ health, nutrition and education is the foundation for national development” (UNICEF, 1990). Accordingly, adolescents’ sexual health and

sexuality education are very significant. Sexual health is defined as an approach to sexuality founded on inaccurate knowledge, personal awareness, and self-acceptance where one’s behavior, values, and emotions are congruent and integrated within a person’s more comprehensive personality structure and self-definition (Robinson et al., 2002). According to

the current working definition, “sexual health is a state of physical, emotional, mental and social well-being concerning sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships and the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled” (WHO, 2006).

Sex is a basic instinct of being human; thus, sexuality cannot be separated from other aspects of life (Kalkute., 2015). Sex is considered taboo in the Indian socio-cultural setting (Kotecha, 2009; Aggarwal, O. et al., 2000). Discussion on sexual health will be incomplete without sexuality. “Sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies important behaviors and outcomes related to sexual health” (WHO, 2006). Adolescent sexuality is a fundamental feature of adolescent development (Scott-sheldon and Johnson, 2013), and it is the sexual dimension of personality. “The working definition of sexuality is....a central aspect of being human throughout life encompasses sex, gender identities, roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006). The sexuality of an individual varies across ages, and that sexuality at one age is determined by childhood experiences (Drury & Bukowski., 2013). The development of sexuality is a crucial biopsychosocial development (Kar S K et al., 2015).

Sexuality is a universal phenomenon, and it has a vital role to play throughout our lifespan. Among all stages, adolescence is a significant

period when the sexuality of an individual gets shaped and determined. Adolescence is a highly dynamic period characterized by rapid growth and development (Kumar R. et al., 2017). Adolescence is a vital phase of growth and development between the ages of 10 and 19 years (Parida, 2012). The World Health Organization (WHO) defines “an adolescent as any person between ages 10 and 19”. Adolescence can be broadly divided into three stages: Early (10–13 years), middle (14–16 years), and late (17–19 years) (Kar S K et al., 2015). By the onset of puberty (around 11 to 12 years of age), the adolescents are subjected to physical changes (secondary sex characteristics), achieve reproductive capacity, psychological changes, and changes in social life (Wekerle et al., 2013). Studies say the sudden changes in adolescence may put adolescents under stress (Kar S K et al., 2015). During late adolescence, they acquire an emotional sense of self and social involvement, peer connection, and sexual attraction (Kar S K et al., 2015). Institutionalized children grow up without a family and in a very particular environment of institutions. “‘Institutional care’ is a type of residential care for large groups of children” (Hope and Homes for Children, 2019). “Child Care Institutes” is the current usage of “orphanages” and “children’s homes.

“Sexual knowledge, attitude, and behavior of institutionalized male adolescents are the primary focuses of this study. “Sexual knowledge is a collection of information and refers to the knowledge and awareness of the individual about sex and sexuality (including physiological aspects, reproduction, performance, and individual sexual behavior)” (Soltani F. et al., 2017). ‘Sexual attitude refers to how accepting people are of sexual activity for themselves or others’ (Dantala, 2018). “Sexual attitude refers to the attitude one has toward sexuality or sexual behaviors, which could be either liberal or conservative” (Avasthi et al., 1992). Sexual behavior is chiefly interpersonal (Drury & Bukowski, 2013). “Sexual behaviors of adolescents depend on their knowledge about sex, attitudes, and sources of influence” (Dutt, 2017). An adolescent’s sexual behavior and intrapersonal

experience result from social influences he or she is exposed to (Drury & Bukowski, 2013). Adolescents can internalize norms and values of sexual behaviors from the social context in which they grow (Larsson, 2002).

The need for sexuality education is explicit through the studies conducted in this area. It is evident that even in the 21st-century, adolescents and young adults in India are not clear about sexuality. They are ignorant about sex, the human body, and the reproductive system. In this changing world, many youngsters are involved in sexual activities early (Gupta N, 2004). Sexually active adolescents engage in immature sexual activities and practices that lead to hazards to sexual health (Dutt & Manjula, 2017). Currently, many adolescents are sexually active and engage in sexual activities without having accurate and adequate knowledge of reproductive and sexual health, sexual risk behaviors, and consequences (Kuberan 2017, Dutt 2017). Sexual attitude has changed, and many youngsters engage in premarital sex nowadays (Dantala, 2018). Lack of knowledge of sexuality and sexual health leads adolescents to risk unintended early pregnancy or STDs (Kuberan, 2017). A person who has better knowledge of sexuality possesses a generous and positive attitude towards sexuality (Dutt & Manjula, 2017).

Discussions on sexual health matters are higher among boys than girls. Friends and pornography would be the primary source of information on sexuality, though misconceptions also will be high. An increasing trend in sexual crimes and abuses against children should be addressed and prevented. Discussions and discourses are happening about the need for sexuality education. However, viable execution of it did not happen yet due to some social, cultural, and political reasons. In the modern world, everyone keeps realizing the need for sexuality education among children. May research be conducted among the young population regarding reproductive health and sexual health. Most of the studies conducted are based on schools. There is no study on sexual health conducted among institutionalized children. The

researcher believes that the dynamics and exposure to sexuality and sexual matters might be different for the children who live in the family environment

## OBJECTIVES OF THE STUDY

- To study the socio-demographic profile of institutionalized male adolescents.
- To explore the awareness of institutionalized male adolescents on sexual health
- To understand the knowledge of physical and sexual developments and changes in adolescence among institutionalized male adolescents.
- To identify the psychological changes and concerns of institutionalized male adolescents.
- To understand the different practices or behaviors of adolescents residing in institutional care.
- To check the awareness of sexual abuse of institutionalized male adolescents.
- To realize the need for sexuality education among institutionalized male adolescents.

## RESEARCH QUESTIONS

- Do the institutionalized male adolescents have adequate knowledge of their sexual health?
- What are the different sexual practices and behaviors of institutionalized male adolescents?
- Whether institutionalized male adolescents have adequate awareness of sexual abuse?
- Is sexuality education required among institutionalized male adolescents?

## METHODOLOGY

### Sample

The sample comprised 265 institutionalized male adolescents in the Thrissur and Ernakulam districts of Kerala state between 12-19. The samples were selected based on the census method from Child Care Institutions (CCIs) of the Thrissur and Ernakulam districts.

### Tool for data collection

self-administrated questionnaire was used for data collection.

### The procedure of data collection

Methods of data collection: The researcher collected data from all the male adolescents residing in Child Care Institutions of Thrissur and Ernakulam districts. The researcher used a survey method to collect data for this study.

The researcher has taken the permission for data collection from each institution separately and collected the data. Permission to conduct study obtained from the head (directors/secretary) of each CCIs. The researcher visited each institution one by one. Where sat all the children together and gave each one a questionnaire. Then researcher explained the questionnaire to them and recorded the answers themselves. Informed consent has been obtained from each respondent prior to the data collection. It is clearly informed that every data collected from them will be kept confidential and used only for research purposes. Moreover finally, the researcher clarified all the doubts raised from their side while and after filling out the questionnaire.

## INCLUSION AND EXCLUSION CRITERIA

### Inclusion criteria:

- Male adolescent children between the ages of 12-19 resided in CCIs of the Thrissur and Ernakulam districts.

- All the institutions functioning during the COVID pandemic were included in this study.

- Samples were selected irrespective of religious background.

### Exclusion criteria:

- Male adolescent children below the age of 12.
- Male adolescents residing in government children's homes, observation homes, and safety homes were excluded.
- Male adolescent children who cannot understand the Malayalam language (Eg: children from other states).
- Adolescent children of other genders were excluded from this study.
- Institutions that were closed, deinstitutionalized, and not working during the COVID pandemic time were excluded from this study.

## RESULTS

### Socio-demographic profile

Age- 23.4% belonged to the age of 16, and 21.9% belonged to 15. 16.2% of respondents belonged to the age groups of 14 and 17. 15.5% of adolescents in this study belonged to the age of 13. Only 3%, 2.3%, and 1.5% of respondents belonged to 18, 12, and 19, respectively. Accordingly, most (61.5%) of the respondents in this study belonged to 'middle adolescence,' which means the age group of 14 to 16. Moreover, 20.7% and 17.8% of respondents belong to 'late' (17-19) and 'early' (10-13) adolescence.

Educational qualification- 75.3% of respondents in this study belong to high school classes. Among them, 32.8% were studying in 10th standard. 22.5% and 20% of respondents were studying in eighth and ninth standard, respectively. 19% of respondents in this study belong to higher secondary school classes. Among them, 10.2% belong to plus one class, and 8.7% belong to plus two. Besides, 4.2%

belongs to ITI. 94.3% of respondents were studying in cohabitated (mixed) schools.

Parental status- 55.3% of respondents have both parents. 28% have an only mother, and 5.3% have an only father. 11.4% of respondents in this study have no parents. The majority of children growing up in residential care have living parents.

Institutional facilities- Most (90.6%) institutions have a TV. Half (50.2%) of the respondents have access to mobile phones, and 30.6% have access to computers. 73.6% of institutions have internet facilities. 94.3% provide newspaper facilities for children. 61.5% and 88.3% have magazines and books, respectively. Most (97.7%) of the CCIs have a dormitory for their inmates.

Exposure to sexuality education classes and sexual information

Only 38.3% of respondents attended the sessions on sexuality, while 61.7% were not. Among those classes, 35.5% were handled by teachers. Other sessions were run by counselors, doctors, psychologists, priests, and experts. 65.3% opined that the sessions were organized at schools, and 29.6% say it is organized in the institution. Adolescence, changes in adolescence, human body, sexuality, reproduction, drug addiction, aggression, sexual atrocities against children, good touch, bad touch, and sexual abuse were covered under these sessions. 77.7% opined that lessons about sexuality were taught in schools. However, at the same time, 67.7% discoursed that teachers were not explaining things clearly about sexuality in classes.

Less than half (41.2%) of the respondents opined that movies helped them to get sexual information. They got some ideas of sexuality or sexual behaviors from films such as romance, kissing, hugging, human body, love, affair, consent, sexual crimes, friendship, rape, sexual atrocities, sex, etc.

Knowledge of adolescence and adolescent changes

76.2% know that they belong to 'adolescent age' now. 10.9% of respondents consider

themselves as a 'child.' Hence 90.9% know that the 'adolescents' belong to 10-19. The majority (77%) of the respondents were aware or heard of physical changes, and 61.5% were aware or heard of psychological changes in adolescence. Similarly, 54% were aware or heard of sexual differences in adolescence. 71% were aware or heard of emotional changes in adolescence.

Knowledge of Sexual Health

Awareness of the terms related to Sexuality Health

Only 20% of adolescents know or hear of 'nocturnal emission.' Most (84.5%) of the respondents were aware or heard of 'sexuality.' Less than half (41%) of adolescents were aware or heard of 'menstruation.' Most (85.2%) of adolescents were aware or heard of 'pregnancy.' More than half (63.3%) of adolescents were aware or heard of 'masturbation.' Less than half (46%) of adolescents were aware or heard of 'pornography' and 'contraceptives' (41.5%). Likewise, more than half (56.6%) of adolescents were aware or heard of STDs.

Awareness of the terms related to sex organs

Most (83.3%) adolescents were aware or heard of 'penis,' but only 45.2% were aware or heard of 'vagina.' 54.3% of adolescents were aware or heard of 'gonads,' 68.6% were familiar with or heard of 'the ovary,' and 60% were aware or heard of 'ovum.' Half (51.6%) of the adolescents were aware or heard of 'semen,' and 67.1% were aware or heard of 'sperm cell.' 59.6% know about the reproduction process (reproduction occurs in human beings When sperm and egg unite after sexual intercourse). Meanwhile, 30.2% have no idea about it. 42.6% correctly identified that vagina is the body part where from baby comes out. 11.3% and 7.5% of respondents believe it happens through the anus and navel. 38.5% answered that they 'do not know' about it.

Knowledge of physical changes in adolescence

Most (85.3%) of the respondents know that significant physical changes of adolescence in males, such as gaining height and weight,

enlargement of sex organs, the appearance of hair in body parts, and change in voice, are the significant physical changes that happen in boys during adolescence. Only 41.9% of adolescent males are aware of significant physical changes in adolescence in females. 52.3% of them were not aware of the significant physical changes such as an increase in height and weight, enlargement of breasts, development of sex organs, and appearance of hair in body parts are the significant physical changes in girls during adolescence. 36.9% said that 'boys do not need to know about girls' physical and mental changes.' However, 42.3% opined that they needed to know it. 20.8% kept their answer 'neutral.' 34.3% of respondents answered that physical changes would not happen to boys and girls at the same age. 26.4% think it happens to boys and girls at the same age. 39.2% have no idea about it.

#### Knowledge of psychological changes in adolescence

41.1% opined that "sometimes adolescents may feel difficult to adjust to the changes of adolescence." 32.1% of respondents do not think like that or did not feel any difficulties during adolescence. 26.8% responded as 'do not know' to this statement. Similarly, 54.7% of respondents felt fear or doubt when sudden changes happened in the body during adolescence. 22.6% of them did not feel like that. 22.6% of them were not aware or did not notice it. 68.6% agreed with the statement that "concerns about body shape often arise among teenagers." 10.9% disagreed with the statement, and 20.4% kept their answer 'neutral.'

#### Nocturnal emission

Nocturnal emission is one of the significant sexual developments in adolescence among males. Nocturnal emission is an involuntary ejaculation that occurs during a nocturnal dream, known as a wet dream (American Psychological Association). Only 23.8% of respondents know nocturnal emission in males during adolescence. 69.4% do not know of it. Similarly, only 28.7% of respondents accurately answered the statement "nocturnal

emission is the process of the first ejaculation of semen." 63.8% do not know of it. Only 26.1% of respondents think that nocturnal emission (Wet dream) signifies attaining physical maturity among males. 68.6% do not know of it. Nocturnal emission (wet dream) is a natural thing that happens in adolescence. Only 32.9% think so. 16.3% believe that it is not a natural process. 50.9% of respondents kept their responses 'neutral'.

#### Misconception on 'Nocturnal emission.'

7.9% think that 'Nocturnal emission is a disease.' 33.6% disagree with this statement. 58.5% kept their response as 'neutral'.

#### Menstruation

Only 39.2% of the respondents know 'menstruation' in females. 56.6% were not aware of it. 4.2% of them do not think menstruation happens in females during adolescence. 28.3% believe that 'menarche' (first menstrual cycle) signifies attaining physical maturity among girls. 68.3% marked as 'do not know' for this statement. 32.1% of respondents believe that there is a relationship between menstruation and pregnancy. 63.4% of them were 'do not know' about this. 4.5% of them think there is no relationship between menstruation and pregnancy. 18.1% of respondents know that 'missing a menstrual period is a reliable early indication of pregnancy. Nevertheless, 75.8% of respondents were not aware of this. 6% of them think that it is a wrong statement. 45.6% of adolescents agreed with the statement that 'boys need to know about menstruation. However, 30.9% do not want to know about it. 23.4% marked their response as 'neutral.'

#### Misconceptions about 'Menstruation'

17.4% of institutionalized adolescent males think that a girl is unclean during menstruation. 28.7% have the right idea that a girl is not unclean during that period. 54% of them have no idea or no comments on this statement. 21.1% of respondents believe that 'impure blood is expelled from girls' bodies during menstruation. Only 18.1% do not have that

misconception, and 60.8% were not aware or did not respond to this.

#### Masturbation

53.2% of respondents know that 'masturbation is attaining pleasure by stimulating one's sex organ.' Only 6.8% refused the statement. 40% do not know about it. 56.6% of adolescents think that "masturbation is a normal part of adolescence." However, 9.4% do not feel like that. 34% were not aware of this.

#### Misconceptions about 'Masturbation'

34.3% believe that 'masturbation is a wrong act.' However, 36.3% do not consider masturbation a wrong act. 29.4% do not know about this. 40% believe that 'when masturbating, the body loses energy.' Nevertheless, 11.3% do not believe this. 48.7% were not aware of it. 33.2% believe that 'masturbation causes acne,' but 17.4% do not think so. Whereas 49.4% were not aware of it. 31.3% believe that 'masturbation can help reduce sexual violence against women.' 15.1% do not believe this. 53.6% were not aware of it. 27.2% wrongly believe that 'masturbation can lead to sexual problems in the future.' 18.1% marked disagreement with this statement. 54.7% were not aware of it. 24.9% wrongly believe that 'masturbation can lead to illness or mental illnesses. Only 18.1% have the right understanding of it. 57% were not aware of it. 20.7% wrongly believe that 'masturbation can cause sexually transmitted diseases.' 26.4% do not believe this. 52.8% marked as 'neutral' for this statement. 31.7% think that 'after masturbation, you will feel tired throughout the day.' 17.7% do not think like that. 50.6% marked as 'neutral' for this statement. 24.9% think that 'masturbation can increase the amount of semen in the body.' 14.3% do not think like that. 60.8% marked as 'neutral' for this statement.

#### Pornography

46.4% believe that 'watching and reading pornography is bad. 26.4% of respondents do not consider it a bad practice. 27.2% marked as 'neutral' for this statement. 47.1% think that 'men and women are badly portrayed in

pornography.' 18.5% do not think like that. 34.3% did not respond to this. 43% think that "pornography creates a bad attitude towards women." 21.1% do not think like that. 35.8% have no comments on the statement.

#### Misconceptions regarding pornography

29% believe that 'accurate sex education is also obtained through pornography.' 21.5% were accurately aware that pornography is not a reliable source of sex education. 49.4% marked as 'neutral' for this statement. 34% of respondents were accurately aware that 'pornography can lead to misconceptions about sex.' 19.6% believe that there is no chance for misconceptions through pornography. 46.4% marked as 'neutral' for this statement.

#### Sexual abuse

77% of institutionalized males were aware of sexual abuse. They know that 'sexual abuse is when someone touches a private part of our body without our consent. 18.1% of them were not aware of 'sexual abuse.' 74.7% were rightly aware that 'when sexual abuse occurs, tell them 'no' and run away or tell someone loyal adult about the incident.' 23.4% of them were not aware of it. 14.4% of institutionalized adolescent male children in this study experienced sexual abuse in their life. It could be touched in private parts without their consent.

#### Primary sources of information regarding sexuality

78.4% did not get information on 'nocturnal emission' from anywhere. Only 9% heard it from 'friends.' Friends (38.4%), Teachers (32.8%), TV & internet (25.6%) were the primary source of information on 'sexuality.' 15% did not get information about this from anywhere. 54.3% of respondents did not get information about 'menstruation' from anywhere. Only 18% received it from teachers and followed by friends (13.2%). 29.4% and 29% of respondents got information about 'pregnancy' from teachers and TV/internet. Friends (14.7%) were another important source of information regarding this. 16.2% did not receive any information regarding this from

anywhere. Friends (43%) were the primary source of information on ‘masturbation’ for the institutionalized male adolescents. Following this, 8.3% of respondents knew of this from TV/internet. Only 6.4% of respondents got received this information from teachers. 32.8% didn’t receive information about ‘masturbation’ from any sources. 55% of respondents didn’t get any information about pornography from any sources. 21.1% of respondents heard of it from friends. TV/internet (14.7%) is another source of information about pornography. More than half (53.2%) of the respondents did not get information about contraceptives from any sources. Only 18.8% of respondents heard it from friends. 14.7% received it from TV/internet. 42.6% didn’t get any information about STDs from any sources. 24.9% knew it from teachers. 12% of respondents heard this from friends and through TV/the internet.

26.3% of respondents opined that friend would be the suitable person to tell you about sexuality. 24% would like to reliable on a counsellor, and 18.7% on a doctor. Only 12.6% prefer ‘teachers’ as their mentors. Following this, mother (6.9%), experts (5.4%), caretaker (1.9%), siblings (1.9%), father (1.1%), relatives (0.8%), and internet (0.4%) are the believable sources of information on sexuality for adolescents.

#### Need for Sex education

More than half (60.4%) of the respondents were hesitant to ask teachers or elders about sex. Only 20.4% were ready to ask teachers or elders about sex, and 19.2% kept their answer ‘neutral.’ 57.4% think that “sexual health and sex education are children’s rights.” 14.8% do not consider sexual health and sex education as their rights. 27.9% kept their answer as ‘neutral.’

Only a few respondents were not hesitant to ask teachers or elders about sex in this study. Children are reluctant to ask adults about sex because they do not get a means to discuss sex anywhere since childhood. Because teachers do not explain things to children in detail, they are reluctant to ask teachers about sex. More than half of the institutionalized adolescents

consider ‘sexual health and sex education are their rights’, showing the need for sexuality education. Studies reveal that the dimensions of sexuality that should be focused on among adolescence are shifting. Topics being covered in the studies of adolescent sexuality are changing.

## DISCUSSIONS

According to the respondents of this study, exposure to sexuality education classes was significantly less, and teachers are not playing a significant role in explaining and clarifying sexual information. Hence, most institutionalized children think they do not even get any advantage from biology classes regarding sexuality.

Most institutionalized male adolescents were aware of ‘adolescence.’ Similarly, more than half of the respondents of this study had come across physical, psychological, sexual, and emotional changes during adolescence. This understanding would be a part of their knowledge about ‘changes in adolescence.’ In most cases, adolescents were heard of these changes from somewhere. They do not know what exactly happens with those changes.

More than half of the respondents in this study knew the reproduction process. At the same time, a very significant share of adolescents is even not aware of it. Most of the respondents in this study were aware or had heard of ‘pregnancy.’ Correspondingly; a cross-sectional study found that 76 percent of boys knew how pregnancy occurs (Singh P B et al., 2014). A study result reveals that most boys (88%) and 58% of girls knew that a female conceives through sexual intercourse (Kumar R et al., 2000). In this study, less than half of the respondents correctly identified that the vagina is the body part where from baby comes out. Deshmukh, D.D & Chaniana, S.S (2020) found that only 38% of girls knew that babies are delivered through the vagina. This study shows that institutionalized male adolescents have better awareness regarding this than girls.



Most respondents know significant physical changes (developments of primary and secondary sex characteristics) in adolescence in males. Studies reveal that many adolescents were aware of pubertal changes such as an increase in height, change in voice, breast development and the onset of menstruation in girls, night emission, and growth of facial hair in boys, growth of hair in private parts, and development of sex organs (Chayal, V. et al., 2016; Sheoran P. et al. 2016; Kotecha, P V, et al., 2009; Parida, P K, 2012). At the same time, most adolescent boys were unaware or wrongly informed about sexual organs and their functioning (Nayar M. et al., 2007). A reluctant approach was observed among the respondents towards the physical changes and developments (developments of primary and secondary sex characteristics) in females during adolescence.

The majority of the respondents in this study found felt challenging to adjust to the changes of adolescence. Similarly, more than half of the respondents had fear or doubt while sudden changes happened in the body during adolescence. Likewise, most of them had concerned about body shape during adolescent development. Only half of the adolescents considered pubertal changes a normal phenomenon, whereas few considered those changes unhealthy and felt guilty and shy (Chayal V. et al., 2016). Sathe & Sathe (2005) reported that adolescent boys and girls were embarrassed by pubertal changes. Similarly, another study shows that one-fourth of adolescents do not like the changes in the body as part of puberty (Dhungal U. et al., 2012).

Significantly few respondents were aware of 'nocturnal emission in this study.' Contrary to this, Chayal, V. et al. (2016) reported that most adolescent male students heard of night emissions. A study found that awareness/discussion regarding nocturnal emission was among 20.1% of respondents (Kumar D. et al., 2017). Many studies reported that adolescent boys experienced nocturnal emissions during pubertal changes (Ramadugu et al., 2011; Sathe & Sathe, 2005; Sharmila S P et al., 2002). Respondents who think that nocturnal emission (Wet dream) is the sign of attaining physical maturity among males are

also less. In a study, half of the adolescents believed that nocturnal emission is a sign of masculinity (Singh P B et al., 2014). The number of institutionalized male adolescents who think that 'nocturnal emission is normal in adolescence is negligible. Some of the study results concluded that adolescent boys considered nocturnal emission a normal process (Singh P B et al., 2014; Khuswah S & Mittal A, 2007). This study has not reflected those misconceptions about 'nocturnal emission' have not been reflected profoundly. Nevertheless, many misconceptions regarding it were reported in previous studies. A minimum number of adolescents consider it a waste of semen, perversion, dangerous, and dirty, leading to weakness and tiredness (Sathe & Sathe, 2000). Similarly, Singh P B et al. (2014) found that few (11%) percent of adolescents think that nocturnal emission is harmful to the body. Many rural adolescent boys consider nocturnal emission a reproductive health problem (Kumar R et al., 2000).

Awareness of 'menstruation' is deficient in institutionalized male adolescents. Similarly, a study result substantiates that knowledge of menstruation is poor among male adolescents (Goswami & Rai, 2018). Studies depict that male adolescents do not know much about the relationship between menstruation and pregnancy (Goswami & Rai, 2018, Jain, M. et al., 2014). Very few institutionalized adolescent males think that a girl is unclean during menstruation and 'impure blood is expelled from girls' bodies. However, more than half of them do not know about these. A study result shows that the majority of the adolescent students, i.e., 59%, believed that girls are impure/dirty during their menses (Deshmukh, D.D & Chaniana, S.S, 2020). Most of the respondents of this study were not interested in knowing about sexual developments in females.

Masturbation is one of the standard sexual practices or behavior in adolescence. Awareness of 'masturbation' is better among the respondents. In a study, most adolescent male students have heard of it (Chayal V. et al., 2016). Even if they had heard of it, most

respondents do not know the exact terminology of 'masturbation.' In reality, most of them were aware of it, but in different local usages. A significant reason for this is that friends are the primary source of information about 'masturbation.' A study result reveals that 42.6% of boys and 20.1% of girls had good knowledge about masturbation (Ramadugu et al., 2011). In a study, Sigh P B et al. (2014) revealed that 81% of adolescents had prior knowledge about 'masturbation.' Similarly, a study shows that 62.2% of late adolescent boys knew the same (Sathe & Sathe, 2000). Most respondents in this study consider 'masturbation' a normal part of adolescence. This result was consistent with a study done by Sathe & Sathe (2000) that a similar percentage (52%) of late adolescents consider masturbation normal. Almost half of them consider it abnormal (Sathe & Sathe, 2005; Mohammadi M R et al., 2006). Studies regarding masturbation reveal that boys were engaged in masturbation more than girls (Goswami & Rai, 2018; Akoijam, B.S. et al., 2015; Ramadugu et al., 2011). The frequency of masturbation was higher among boys than girls (Chayal V. et al., 2016; Ramadugu et al., 2011). Approximately half of the late adolescents revealed that they were involved in masturbation (Sathe & Sathe, 2000). The mean age of the first experience of masturbation was 15 years (Sigh P B et al., 2014; Sathe & Sathe, 2000).

One of the most common misconceptions about sexuality among teens is masturbation. Few adolescents in this study believe that 'masturbation is a wrong act.' Deshmukh, D.D & Chaniana, S.S (2020) reveal that 71% of boys believe masturbation is sinful. Most adolescents were worried about excessive masturbation (Ray. S et al., 2012). Many believe that 'when masturbating, the body loses energy.' In a study, 14% of boys were concerned about its effects on health (Ramadugu et al., 2011). Similarly, there is a belief among late adolescents that masturbation is harmful (Joshi P. 2010 & Lal, S.S. et al., 2000). Few among them wrongly believe that 'masturbation can lead to sexual problems in the future.' A similar kind of thinking was

observed in studies that very few adolescents believe masturbation leads to impotence (Singh P B et al., 2014), and 85% of adolescent boys wrongly believed that 'masturbation causes weakness in future.' (Deshmukh, D.D & Chaniana, S.S, 2020). Few of them wrongly believed that 'masturbation can lead to illness or mental illnesses. This finding is relational with a study done by Sathe & Sathe (2005) that many adolescents consider it leads to disease. Other major misconceptions about masturbation include body aches, fatigue, weakness, lethargy, decreased concentration, guilt, acne, and change in the penis shape (Ramadugu et al., 2011; Sharmila S P, 2002, Sathe & Sathe, 2005). Adolescent boys have a misconception that the size and shape of the penis change because of masturbation and cause fatigue and weakness (Sathe and Sathe, 2000). Ray. S et al. (2012) found that feelings of guilt after masturbation were higher among urban adolescents. Chayal, V. et al. (2016) also pointed out that adolescents reported feeling shy and guilty after doing masturbation.

Misconceptions were there concerning pornography. The majority of the respondents do not know whether 'accurate sex education is also obtained through pornography' and 'pornography can lead to misconceptions about sex.' This is because 55% of respondents did not receive any idea about pornography or information they got from their friends. A study found that 47 percent of adolescent males watch pornography on the internet (Sigh P B et al., 2014). Most urban adolescent boys use pornographic materials and romantic thoughts as stimuli for masturbation (Ray. S et al., 2012). A very high percentage (72%) of adolescents accepted viewing pornographic videos through the internet and mobile (75%), followed by CD/ DVD/ Video (33%), TV (26%) and magazine (7.5%) and other sources (5%) (Tiwari V K et al., 2015).

Most institutionalized male adolescents in this study have adequate awareness of sexual abuse. Few of them from this study reported that they had been sexually abused. In Kerala, 3549 cases were registered under the POCSO Act in 2021. It was 3019 in 2020 and 3609 in 2019. Three thousand one hundred eighty cases were

registered in 2018 and 2697 in 2017, and 2122 in 2016. The number of cases reported in 2015 was 1583 (Kerala police, 2022). In a study, 7.84% of boys and 13.53% of girls reported sexual abuse (Ramadugu et al., 2011). A higher percentage of boys who have been sexually abused were more likely to have sex than those not abused (Sashi Kumar, 2012).

Adolescents did not get accurate information about sexuality from any sources. At least they get information about sexuality from friends, TV/internet, and teachers. However, apart from schools, Child Care Institutions are also taking initiatives to impart sexuality education to in-house children. So, institutionalized children may have the chance to get information from both schools and institutions. It may positively help them.

In this study, most institutionalized male adolescents prefer their friends as suitable people to tell them about sexuality. Previous studies also depict that boys choose their peers or friends to discuss personal problems and sexual matters (Sathe and Sathe, 2000; Kalkute J. et al., 2015; Sigh P B et al., 2014; Kumar, R et al., 2000). Similarly, counselors and doctors are second and third preferable sources of information on sexuality. Similar thoughts identified in a study, adolescents believe that doctors are the best person or sources to educate about sex and sexuality (Ramadugu et al., 2011; Kumar R et al., 2017). The next priority has been given to teachers and mothers as their preferred sources. The minor importance has shown to the internet, relatives, fathers, siblings, caretakers, and other resource persons among institutionalized male adolescents. Jain M. et al. (2014) reported that more than half of students still were reluctant to discuss matters regarding sexual issues with their parents or counselors. Adolescents least prefer parents to impart sexual information (Kumar R et al. 2017). A study conducted by Ramadugu et al. (2011) found that books were the second- best-preferred source of sexual information for adolescents. 65% of the respondents said health personnel, 21.6% suggested school teachers, and 12.5% suggested physical instructors as appropriate

for sexual education (Akoijam, B.S. et al., 2015).

The need for sexuality education is evident in the present scenario. Few facts from recent studies strengthen the need for it. Most adolescents lack access to information on sexual matters, reproductive and sexual health, and rights and sexuality education (Kotecha, 2009). Only a very few adolescents were aware of 'nocturnal emission'- one of the fundamental sexual developments in males. Chayal V. et al. (2016) found that most adolescent male children felt shy and guilty about 'night emission.' Rai, A.K., et al. 2015) have found that youth men had anxiety about nocturnal emissions. Adolescents have become more sexually active in recent years. There is a shift in the early initiation of sexual debut (Kalkute, 2015). Social media influences and plays a vital role in making adolescents aware of sexual matters. Studies reveal that male adolescents were engaged in sexual intercourse and sexual activities more than females (Joshi P, 2010; Aggarwal, O. et al., 2000; Sashi Kumar, 2012; Singh P B et al., 2014; Akoijam, B.S. et al., 2015). Singh P B (2014) argued that most boys first have sexual intercourse between 14 to 16 years. The mean age of initial sexual intercourse among boys was 15.25 years (Sashi Kumar, 2012). Aggarwal (2000) found that the mean age of initial intercourse was 17.5 years.

## **ETHICAL CLEARANCE**

Ethical clearance certificate approved and received from the Ethical Sub-committee of Central University of Tamil Nadu, Thiruvavur. The research proposal with necessary documents (tools, consent form, and information about the study) was submitted to the Ethical Sub-committee of the Central University of Tamil Nadu, Thiruvavur. The ethical committee, after the scrutiny, approved the research study and granted ethical clearance to pursue the research study (IHESC No: CUTN/IHESC/2021-007 R2), letter dated July 13, 2021). The respondents were briefed about the objectives of the research study. Informed consent was sought before involving the

adolescents in this study. The anonymity of the respondents was maintained throughout the data collection, and the information provided by them was kept confidential. The respondents were also told that participation in this study is purely voluntary, and the participants can withdraw at any point in time from this study. The researcher submitted a copy of the ethical clearance certificate and a permission letter to each CCIs for the data collection.

## CONCLUSION

Adolescents' sexual needs and problems during this era are different from those of the past. They need to be discussed and resolved promptly. This study highlights the need for sex education, as it has in previous studies. In this study, the 'do not know' response to many statements related to sex is evidence that they do not have accurate knowledge. Many issues related to the sexual health of teens need to be addressed. Misconceptions are momentous, one of them. This study also points out the need for sexuality education as a mandatory part of the curriculum to "no children shall get misinformed about sexuality and no children shall be engaged in sexual activities without knowing about and its consequences at an early age."

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