

# An inquiry to the misconceptions of adolescent sexuality

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## Abstract

*Myths and Misconceptions about sexuality in an adolescent age is one of the important areas to be explored. This experimental study examines the level of misconceptions about sexuality in the adolescent period and also in relation with some socio demographic variables such as religion as well as region. The level of misconceptions was assessed by using a self prepared questionnaire before and after intervention i.e. pre and post measurement. The researcher adopted simple random sampling to select 60 samples via the lottery method. The results of the study exert the importance of educating the adolescents about their sexual development and suggest a threefold approach of family, school and government for a better generation*

**Keywords :** Adolescence , Misconceptions, Sexuality

## Introduction

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and 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, ethical, legal, historical, religious and spiritual factors. 'Sexuality' is the sexual dimension of the personality. It is everything that is associated with maleness or femaleness of a person. Human sexuality may be viewed as personality traits and is how people experience and express themselves as sexual beings. Sexuality includes all about our body, sex, gender, sexual activity, sexual orientation, sexual drives, values, attitudes, beliefs and ideas about life, love and healthy relationship.

Adolescent sexuality is sexual feelings, behavior and development in adolescent and a stage of human sexuality. Factors influencing sexual behavior and responses can be categorized under; social and psychological, biological, health-related, cultural, religion, age, life stage, gender, sexual orientation. By the time we reach adolescence, we already have received many messages about sexuality (Strasburger, 2005). While some adolescents might receive accurate and comprehensive information from school, their parents, and elsewhere, others might receive less information. In the absence of healthy, realistic messages about sexuality, many adolescents turn to other sources of information such as their peers, the internet, and the media (Gruber & Grube, 2000). This might leave youth without an understanding of healthy relationships, consent, boundaries, and how to engage safely in sexual behaviors.

Adolescence is also a period of curiosity and adventure. While time progress, adolescents will aware about the primary and secondary characteristics of their body. They will collect data about these changes from their own sources which are not usually right. Improper information leads to wrong knowledge as well as developing misconceptions about their sexual development. Sathe and Sathe (2005) reveal that both boys and girls, 'friends and mass media', play a major role in providing information on 'sex related matters', 'peers and older friends' are another major source of information because they are easily available and accessible to young people. They feel more free and comfortable to speak to them on sexual issues and concerns. Nearly 50% of respondents (boys 54.4% and girls 42.2%) prefer older friend to peers. Mass media (print and electronic) are the next important source of information for young people. For about 45% of boys, electronic media such as, blue films

(41.4%), cable TV (43.8%) and foreign films (48.2%) are the main source of information. Over a quarter (27.2%) of boys and 5.6% of girls get the information from yellow literature-pornography.

### Materials & Methods

The study intended to assess the misconceptions about sexuality among adolescents. The study was carried out among the same group of respondents (Pre – Post). The level of Myths & Misconceptions of the respondents of sex and sexuality was assessed by using a self prepared questionnaire before and after intervention i.e. pre and post measurement. Hence, the study is experimental in nature. The researcher prepared an intervention module for implementing among the respondents. The intervention module dealt with the major misconceptions about sexuality such as Sexually Transmitted Diseases, Pornography and Masturbation, The Self Prepared Questionnaire included 41 questions. The questionnaire was divided into 3 questions based on their socio-demographic profile and 38 questions were related to Myths & Misconceptions. The universe of the study is all Adolescent boys doing first year degree course in arts or commerce subjects, between the ages 16 to 19 from St: Thomas' college (Private), Thrissur. The researcher adopted simple random sampling to select 60 samples via the lottery method.

### Results & Discussion

The following data explains the results of the study carried out in the aspects of myths and misconceptions among the respondents before and after intervention. It also explains about the socio demographic variables as well.

#### Myths & Misconceptions among respondents (Pre – Post)

Level	Pre-intervention(F)	Percent	Post-intervention(F)	Percent
Less than 48	33	55	15	25
Greater than 48	27	45	45	75
Total	60	100	60	100

*Table 1 : Myths & Misconceptions*

Table 1 explains about respondent' level of misconceptions about sexuality before and after intervention. Here the median value is 48. The median value is calculated as benchmark because, to avoid the impact of difference between low observation and high observation. Pre-intervention result shows that, 55 percent of respondents have misconceptions regarding sexuality. And post-intervention result shows, the misconceptions about sexuality reduced in to 25 percent. Savara and Sridhar (1992), reported that for 80.3 per cent of the respondents, books were the primary source of sexuality related knowledge, followed by friends. Pornographic books were read by 41.6 per cent of the respondents, while 25 per cent watched blue films. Blume and M.J. Zembler (2010) conducted a study which reveals that, the result regarding Masturbation is when surveyed, 81% of males and 45% of females report masturbating.

This study also found that there is a high level of misconceptions among the respondents. The misconception level of the respondents before intervention was (55%). It has been changed into (25%) after the intervention. The intervention module included the misconceptions regarding pornography, STDs, masturbation, hygiene etc. The high level of misconception among adolescent students could be because of lack of proper awareness about sexuality and accessing wrong information on sexuality majorly from peer groups or friends. Other methods of accessing information are electronic media and print media. The most common sources of information are their friends, pornography etc. Often this information are wrong and unscientific. It will lead to develop misconception among adolescent boys.

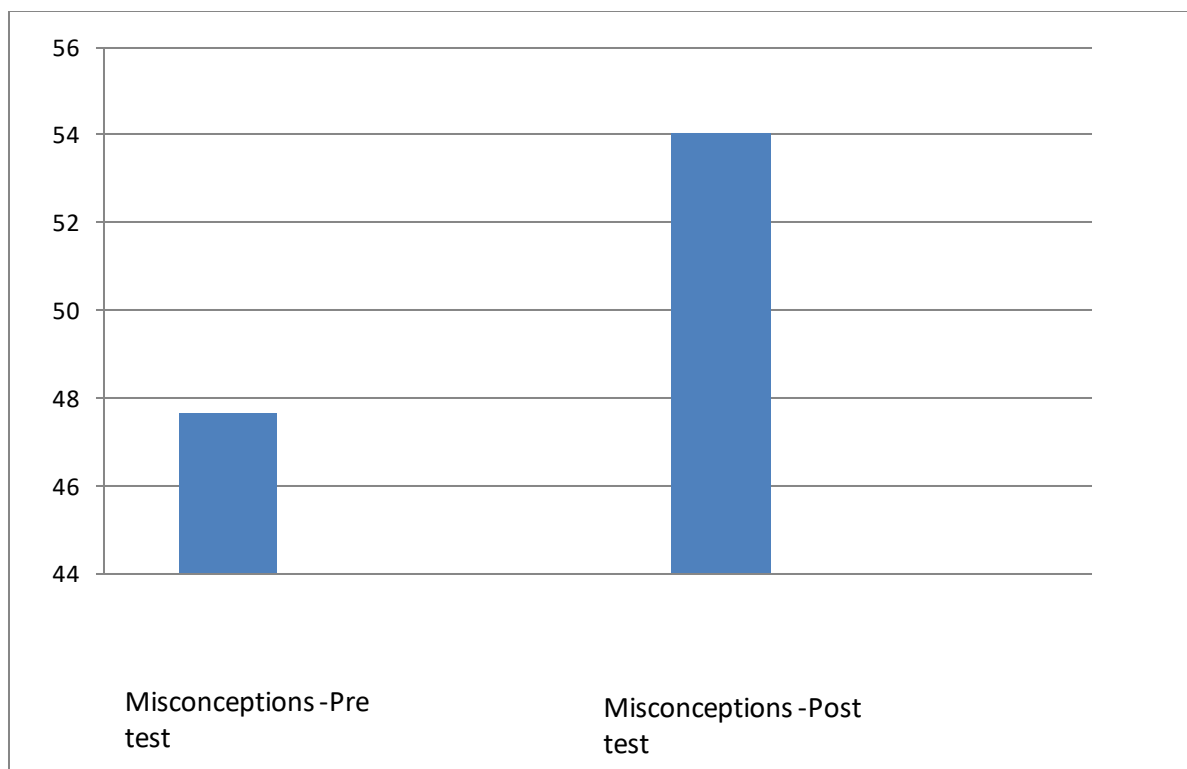


Figure 1: Mean Differences of the Pre & Post Intervention on Misconceptions

Figure 1 shows the mean and mean difference of the pre and post intervention misconceptions.

The mean value of level of misconceptions before and after intervention changed from 47.6500 to 54.0500. The mean value difference of awareness on misconceptions before and after the intervention is -6.40000. It clearly depicts the changes after the intervention.

		Paired Differences							
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	T	df	Sig. (2-tailed )
Pair 1	Misconceptions -Pre test - Misconceptions -Post test	-6.40000	9.18584	1.18589	-8.77295	-4.02705	-5.397	59	.000

		Paired Differences							
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	T	df	Sig. (2-tailed )
Pair 1	Misconceptions -Pre test - Misconceptions -Post test	-6.40000	9.18584	1.18589	-8.77295	-4.02705	-5.397	59	.000

Table 2 : Paired T Test

Table 2 indicates the result of the paired sample test (t-test) of pre and post intervention on misconceptions about sexuality among adolescent boys. When we look into the results the standard deviation is 9.18584, Mean Value – 6.40000, T Value 5.397 and P value (significant value) is 0.000.

Since the P value (0.000) is less than 0.05, we will reject the statistical hypothesis that the level of misconceptions among the respondents before and after the intervention is equal. From the mean scores of pre and post intervention is clear that the awareness level of the respondents is increased after the intervention. Hence, we can conclude that the intervention had a significant effect on the awareness level of the respondents.

Religion		Misconceptions -Pre test
Hindu	Mean	46.3704
	N	27
	Std. Deviation	5.25612
Christian	Mean	48.6970
	N	33
	Std. Deviation	4.46154
Total	Mean	47.6500
	N	60

Religion		Misconceptions -Pre test
Hindu	Mean	46.3704
	N	27
	Std. Deviation	5.25612
Christian	Mean	48.6970
	N	33
	Std. Deviation	4.46154
Total	Mean	47.6500
	N	60
	Std. Deviation	4.93285

Table 3 : Cross Tabulation of Misconceptions ( Pre – test ) and Religion

The above table 3 describes the mean values of misconceptions related to religion. The mean value of awareness on misconceptions before intervention among Hindu is 46.3704. The mean value of awareness on misconceptions before intervention among Christian is 48.6970.

Cullari *et.al.* (1990) reported in a study "*Correlates of Adolescent Sexual Behavior*", *that* 50 ninth and 66 twelfth graders in a Catholic school and 52 ninth and 40 twelfth graders in public school completed questionnaires concerning sexual knowledge and information about sexual activity. Analysis showed that 33% of Catholic and 73% of public 12th graders had previous sexual experience. Catholic school 12th graders had significantly higher scores on sex knowledge than did public school.

On contrary to the existing literature, the present study reveals that, there is no significant difference between the sexuality and religion of the respondents. The misconception level of the respondents from Christian and Hindu religion is almost equal.

Region		Misconceptions -Pre test
Urban	Mean	47.6190
	N	21
	Std. Deviation	5.11347
Rural	Mean	47.6667
	N	39
	Std. Deviation	4.90077

Total	Mean	47.6500
	N	60
	Std. Deviation	4.93285

Table 4 : Cross Tabulation of Misconceptions ( Pre – test ) and Region

The above table 4 explains the mean values of level of misconceptions related to their region. The mean value of awareness on misconceptions before intervention among urban is 47.6190. The mean value of awareness on misconceptions before intervention among respondents from rural area is 47.6667.

Balwan Singh, (2014) conducted a study of “knowledge and awareness as determinants of reproductive health: a rural – urban perspective” in Rajasthan, which reveals that, some of the rural adolescents have several misconceptions about modes of transmission of AIDS. They believe that AIDS can be transmitted by shaking hand / hugging, using public toilets or by walking with a person who is infected with AIDS. The level of knowledge regarding the modes of transmission of HIV/AIDS was found to be significantly higher among urban boys. More than half of the urban boys (54 percent) were aware that HIV/AIDS can be transmitted through unsafe sex. Most of the respondents, both in urban as well as in rural areas, feel that they are unable to get sufficient information. Only 41 per cent of the urban respondents feel that they are getting correct and sufficient information on reproductive health issues. It is interesting to note that almost 89 per cent of the rural respondents and 83 per cent of the urban respondents feel that they require more information on sexual and reproductive health issues.

On contrary to the existing literature, the present study reveals that, there is no significant difference between the awareness on sexuality and the region of the respondents. The misconception level of the respondents also equal among respondents from rural and urban region.

### Conclusion

The results of the study explain the level of misconceptions among the respondents. Adolescence is the period where develops curiosity about their body specially about the sexual aspects. The results show that more than half of the respondents were having misconceptions about their sexuality. It has been decreased into 25 % after the intervention. These results pointing out to the need of imparting sexuality education to the adolescents. While looking into the results of rural and urban population, both groups having the same level of misconceptions. These results directly tell us that we should take a preventive approach towards the upcoming generation in terms of their sexual development.

A threefold approach must be initiated which consists of parents, teachers and government. As we already know, family is the first school and parents are the first teachers. They can teach their children about the bodily changes and sexual development when they grow. Along with the regular classes, teachers can also educate about their sexual development and bodily changes when they grow into an adult. Government can incorporate sex education in the present curriculum of the schools and teachers must be trained in imparting the education. Government can also initiate programs through public health programmes of NHM, ICDS & PHC. With these joint efforts, let us make our upcoming generations are more healthy and competent.

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