

Sources of Information and Norms Regarding Sexual Issues Among
Indian Male Young Adults

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A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of Bachelor of Science
with Honors in Psychology from the
University of Michigan

2012

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Abstract

Little is known about the risky sexual behavior, attitudes, beliefs, and sources of information among Indian young adults, especially males. In most of India, students currently are not provided structured, comprehensive sexual health or sexuality education in secondary schools (Sengupta, 2009). To explore these predictors for sexual behavior, qualitative data were collected via in-depth interviews among 23 young adult males (18-25 years) of various religious and socioeconomic backgrounds. Participants shared their desire for quality sex education in schools and that social taboos heavily dictate the space in which awareness of sexual topics is gathered from both reliable and unreliable sources. These findings have important implications for laying the groundwork for culturally specific education interventions to meet the need of a distinct youth population.

Keywords: males, attitudes, sexual issues, India

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In 2009, in a courageous attempt to adjust educational policy in India, the Ministry of Human Resources Development proposed the Adolescence Education Program, a comprehensive sex education program that would be implemented into school curricula across the country. A parliamentary committee rejected the proposal, citing that the ‘social and cultural ethos are such that sex education has absolutely no place in [India]’ (Sengupta, 2009). This response from elected officials speaks to the current conversation about sexual education and sexual issues in general in India, a conversation that is dominated by the social unacceptability to discuss such topics in public, let alone in schools.

The resistance to sex education in schools, combined with a formative phase of adolescence and young adulthood, can leave young people unprepared for the realities of being an adult, specifically with regard to sexual behavior. Behaviors developed during these years have lasting implications for individual and public health (Van Look, 2003). The understanding of reproductive health in general and young adult reproductive health is considered to be poor in India, and most needs are not adequately addressed (Jejeebhoy, 1998). Given the paucity of data, comprehensive reviews have not been systematic and have had to turn to ‘similar’ developing countries like Nepal and Bangladesh to develop an overview of the current situation relating to adolescent and young adult sexual behaviors and norms (Joshi & Chauhan, 2011). To compound the lack of data, the sociocultural context, designs and methodologies have been limited to self-administered questionnaires (for example, Sehgal, Shama, & Bhattacharya 1992) and self-selected samples from magazines (Savara & Sridhar, 1991).

The parliament's ambivalence with regard to implementing sex education on a nationwide scale on the grounds of its contradicting the 'social and cultural ethos' of the country tells of the importance of socialization and social acceptability in influencing sexual behavior attitudes and behavioral choices. Social rules that dictate these attitudes and behaviors are closely related to cultural scripts or norms (Simon & Gagnon, 1984). The present study aimed to explore these scripts as presented by young adult males to determine the scale to which social norms dictate behavior and how socially unacceptable behavior is pursued and treated.

Current literature on sexual health in the region has focused primarily on female reproductive health issues, given the relatively high rates of child marriage among girls (Adhikari, 2003) and associated risks of child bearing, which can double the risk of death in girls ages 15-19 compared to women in their twenties (Population Reference Bureau, 2000). Studies have examined the precarious situation of adolescent women, as they tend to have limited education, skills, and opportunities for employment in comparison to men (George, 2003; Jejeebhoy, 1998). The restriction on women's education has especially justified a great deal of exploration, particularly in awareness of safe sex practices and sexually transmitted infections (Bhende, 1995). Extra effort paid towards women's empowerment is also justified by the patriarchal family structure that leaves women with relatively little power, especially those young and newly married girls (Karve, 1965). Sexual activity for girls does usually commence within the context of marriage, consistent with a strong emphasis on 'purity' and chastity; however, less can be inferred about males (Jejeebhoy, 1998).

The research on males has been primarily quantitative and has focused on categorical behaviors as opposed to norms and scripts. The available data does however encourage further analysis of steps leading up to and including sexual behavior. In self-administered

questionnaires, roughly one in four to one in five unmarried adolescent boys has engaged in sexual relations (Goparaju, 1993; Savara & Sridhar, 1994; Watsa, 1993). Risky sexual practices have also been studied. In one collaborative study across several centers, 19 percent of sexually active young men admitted relations with a sex worker (Watsa, 1993). Goparaju noted the number of partners and circumstances for sexual behavior: Two-thirds of respondents reported having had multiple partners-an average of four- before marriage, and that these encounters were, for the most part, spontaneous, depending on ‘opportunities for privacy’ (1993). Sexual risk taking has also been of primary focus to public health researchers: Unsafe sex is the second most important risk factor for disability and death in the world’s poorest communities (Glasier et al., 2006).

The current study seeks to investigate pre-marital sexual awareness and attitudes and, to a lesser extent, sexual behavior. The in-depth nature of the design allows for deeper assessment of such issues as perceptions of sexual relations and sexual responsibility among young males, and the myriad of sociocultural factors young people face in addressing these kinds of issues or learning more. In-depth interviews provided space for a semi-structured, open-ended dialogue to take place. This atmosphere is conducive to young adult perspective based on personal experience, which can provide a view into gender and sexual scripts that are operationalized as a means for pursuing or preventing sexual behavior (MacDonald et al., 2011). These insights can in turn better guide suggestions for sexual health promotion among young people in India.

Method

Participants

Participants were young-adult males from local colleges and universities in Mysore, India. Several of the participants referred one or more of their peers to the study after completing the interviews themselves. All participants were males ($M_{\text{age}} = 21.7$ years, age range: 18-25 years), and currently residents of Mysore.

Though demographic information was not directly acquired through questionnaires implemented before the interviews, the investigators asked directly or inferred about identifying information that was relevant to the study. Approximately two-thirds (15) of the participants identified as Hindu (63%) and the remaining participants (9) identified as Muslim (37%). The participants also had various backgrounds and levels of study (participants did not provide exact educational demographics). The backgrounds included some secondary school completed, some university or college-level schooling completed, and some graduate level education being pursued. A majority of the participants were raised in urban settings, while the remaining were raised in rural settings and moved to Mysore to pursue their bachelor's or graduate degrees. All participants could understand and speak English, though it was at least second to the various local languages spoken in Mysore.

Recruitment. Colleges and universities were sought for connections to potential participants through referrals from cooperating faculty and distribution of fliers. The study also utilized the snowball effect to recruit participants. All in-depth interviews were held in the office of the Public Health Research Institute of India in Mysore, Karnataka. In total, twenty-three males participated in the study.

Measures

Interview protocol. The author was the primary interviewer for each of the participants. For three of the interviews, a full time employee at PHRI who was fluent in the local language (Kannada) was present to assist in interpretation of questions and translation of answers in case of difficulty in comprehension. A modified version of the interview guide used by PHRI for previous similar investigations with females was used in this study (Madhivanan et al, 2009). The modification of the protocol was completed in consultation with the director of PHRI. In addition to those used in this study, the original interview guide contained the following sections: (i) sexual development; (ii) sexual experience; (iii) sexual inexperience; and (iv) subsequent sexual behavior. Modification took into account relevant questions for this study. The specific grouping of questions regarding sexual health and sexual norms used in this study were the following: (i) sources of information; (ii) school sex education; (iii) talking about sex with friends; (iv) gender roles; (v) dating; (vi) sexual activity/sexual risk taking/risk prevention; and (vii) sexual health services. The questions were developed and asked in an open-ended manner and probing questions were asked to elicit greater detail from a previous important answer. It should be noted that all participants were explicitly assured at the beginning of each in-depth interview that they were not expected to disclose their own sexual behavior or risk-taking, and instead asked to describe behavior they perceived as normal for their peers and local community. Interviews were conducted and solicited as many perspectives as possible about sources of sexual information and sexual norms until saturation was reached.

Procedure

The procedure used was approved by our institutional review board at PHRI. The males, all at least 18 years, signed informed consent forms agreeing to participate in the study and receive 200 Rupees (approximately five USD) as compensation for their time. In-depth

interviews were held in a large boardroom with the participant at the head of the table while the interviewer sat on the adjacent edge. Participants were assured that only project staff would have access to the audiotapes and transcripts produced from the study. No identifying information was used during the study.

For this study the primary interviewer was a male, undergraduate level student that finalized the interview guide and who had received brief awareness training over the course of two weeks from the guide's primary author, the above mentioned director of PHRI, before conducting the interviews. Each interview began with questions creating comfort for the participants and provided space for the participants to ask any questions before the formal in-depth interview began. The sessions ranged from 30 to 90 minutes, depending primarily on the participants' ability to comprehend questions and willingness to provide elaborate responses. Participants received full compensation regardless of the length of the session. For ease of analysis, the study required participants to understand and speak English. No interviews were conducted in the local dialects given that analysis would occur outside of India without the aid of interpreters.

Analysis of transcripts. Grounded theory guided the identification of important themes in the transcripts relating to young adult males' norms, attitudes, and perceptions of sexual health. Concepts relevant to the study can be developed and provisionally verified through systematic review of the data (O'Sullivan & Meyer-Bahlburg, 2003). This methodology allows for themes to be identified and explored bi-directionally, with early themes derived from analyzed data to be tested against subsequently analyzed data (Strauss & Corbin, 1990). A template was drafted that identified three major analytical themes (see below). Each of the themes were expanded with illustrative quotes drawn from transcripts.

Results

The following scripts regarding sources of information and sexual behavior norms were identified from the young males' in-depth interviews: (i) Unsafe sexual practices (multiple partners, unprotected sex) remain fairly infrequent but are becoming more common; (ii) School sex education is inadequate and does not meet males' desire for information, which is fulfilled mainly from peers and various forms of media (n=60 excerpts); and (iii) Sociocultural taboos heavily dictate the space and manner in which sexual issues are discussed (n=65 excerpts). These three categories are expanded below with illustrative quotes to concretize the various dimensions of the categories.

Unsafe sexual practices (multiple partners, unprotected sex) remain fairly infrequent but are becoming more common.

Participants provided answers consistent with current data that suggests unsafe sexual behavior is increasing and underreported. Participants themselves noted confusion in assessing prevalence of sexual activity and more easily identified other behaviors, like dating, that would indicate a sexual relationship might be present. One male described that sexual history is important to young people and that 'nobody's wasting time today' like they used to when people had more 'shame in themselves.' Sex that is unprotected and occurring with more than one partner is widely regarded as being on the rise throughout India. The ambivalence in defining the prevalence was apparent in figures being offered by participants, with answers ranging from sexual activity taking place among '20 to 30 percent of young people' or to answers implying sexual activity is rampant. Some participants hinted that though sexual activity is still rare, dating-type relationships are becoming much more common, and in fact, this distinguishes

Western notions of premarital relationships and those that occur in India; one participant cleverly presented this idea: “I’m just dealing with stereotypes here...in US, maybe people they go for a date, they stay at night, and maybe next day morning it ends. In India, it starts in the morning and ends at night.”

As discussed in the introduction, self-report measures on sexual behavior are unreliable in this setting and this sentiment was echoed by participants, who noted that they are sure many young males are sexually active; those relationships are simply rarely if ever disclosed.

School sex education is inadequate and does not meet males’ desire for information, which is fulfilled mainly from peers and various forms of media.

The in-depth interviews revealed an overwhelming dissatisfaction with the current level of quality of the school sex education. In many cases, the participants noted that sex education was not offered throughout their education up to their post-baccalaureate studies. Sex education however is a point of contention in current Indian politics. One participant noted that the platforms of several political parties included the continued ban on sexual education curriculum, much to the chagrin of the current adolescent population. Though many of the participants who were currently pursuing higher education did not receive sex education, they were all aware of a potential curriculum that could be offered outside of mammalian reproductive systems and the fertilization process. In many cases, even these purely biological focuses were not taught.

The perceived inadequacy of sex education is inherently related to the previously described cultural taboo. One current medical student, in response to being asked about his own high school sex education experience, answered: “Actually, they used to skip these

topics...Anatomy, I actually learned here [at Medical School]. Here they used to teach in detail, but in PUC (pre-University courses), no.” In the case a form of sex education was implemented in a school, it was likely to be received poorly: “...if a teacher try to tell something [regarding sexual issues] he is laughed at, laughed at in the sense not as a mockery but the students feel very shy, you know, to just listen, because they think it’s highly personal stuff...” One participant commented that a teacher went so far as to completely skip the class sessions included in the sexual education curriculum and replaced it with what followed that subject in the course. The participants were aware of the sensitivity of the subject and their own attitudes combined with those of teachers and school administrators made sexual education pedagogy more difficult.

To compound this inadequacy, males, as can be expected, have a genuine desire to receive formal education regarding sexual matters. One participant articulately described the potential effects of poor sexual education:

Investigator: You mentioned in the earlier part about the school sex education, how do you feel about the school sex education that’s provided?

Participant: It’s highly insufficient... So I guess we should give more importance to sex education in schools, otherwise, lot of things that comes through friends, it will all be misleading, most of it will be misleading. So, people have some very big fancy about sex, so they will be thinking about it in fantastic terms, it won’t be real. When they actually have sex, when it comes time to it, when it comes to reality, things break down. It should be more important.

The participant alludes to the genuine desire for formal sex education as a protective measure for, among other things mentioned by other participants, unrealistic expectations or ill-

preparedness. This notion of the insufficient nature of sex education resonated with other participants, all of whom pointed to different sources of information they turned to. One participant connected the void in formal education with a turn to other sources as follows: “Actually, it’s problem that they don’t teach sexual education in schools or anything, so how I learned and all is because of the internet and some of the books, and it was like we friends sit and talk about it, and it’s a serious issue and we make fun of it all, but when we actually know exactly what it is, it’s really a vast ocean, thing, we have to know, and in India, I’ll tell you, because of this narrow-mindedness of the people, it’s problem...”

Peer groups were one main alternate source of information in place of school sex education. When asked if groups of friends were comfortable speaking about sexual issues, most participants confirmed that such conversations occurred regularly if the group was especially close. In relation to these questions, one participant responded with a simple affirmation: “Yeah, if you know the person for a while, and you’re close, then yeah, it happens.” Most participants were quick to qualify who they were comfortable talking to and what specifically might be brought up: “Only friends, only friends. What is the benefit of sex, benefit...what are the disadvantages of sex without condoms...” Aside from potential objective measures that could demonstrate unreliability of peer groups in relaying sexual information, most participants themselves noted that even their friends were not the most reliable sources: “I think a lot of misconceptions as when you hit puberty, ‘cuz there’s a lot of people out there giving you rubbish, like say, your senior, or people who are older than you, getting a lot of junk from say, your peers, that’s what I think.” The participants acknowledged that friends their own age, in most cases inexperienced when it comes to sexual issues, “will be misguided...they don’t know things properly.” Most of these conversations, according to participants, revolve around desired

traits in relationship and sexual partners, and in the case an experienced male is in the group, the process of sex itself: “Sex is...one of my friend told me, sex with a woman is a very wonderful, it’s like a heaven, it’s like a great achievement.”

Participants also identified various media forms as alternate sources of information regarding sexual issues. The internet is a growingly accessible resource in urban and rural India and has become an important source to answer questions. In response to being asked where he would turn if he had a specific curiosity that was not answered by parents or school, one participant simply answered he would use Google, a widely used search engine, to ask a question and browse the resulting related web pages. Participants vaguely identified ‘the internet’ or ‘websites’ as a common resource for information. The common implication that was implied in these types of responses is that web-based searching provides the vastness of ‘knowledge’ and anonymity to learn about these topics.

Others construct sexual scripts from what they watch on television and film, as one participant described: “...some people, youngsters, watching these movies, showing a boy and a girl gets into wedlock, and they fall in love and get into wedlock at such an early age when they see it in the movies, they too get tempted to do the same way, and it has happened already in so many places like in Mysore.” One participant was explicit in identifying how visual media guides sexual scripts adopted by young people:

Participant: So because of that thing only, movies nowadays show also, movies are also such kinds, they reveal these kind of things ok with the society, so the people feel ‘oh it is a basic need, human being can’t control his emotions, so we have to have that thing,’ and even when they get close to each other, they can’t control their instinct, and mental

stimulation, so getting closer is the basic thing which happens...and sex. Compared to earlier, I don't think, I didn't get any information from my friends on those things, what I think is, it is bit to the increasing level, slightly increasing level than earlier, because they watch movies and all those things, they are having lot of influence on them.

Media forms were recurrently simultaneously characterized as unrealistic and sought after. In openly discussing these issues with an American interviewer, urban college students described the 'Westernization' of Indian pop culture, specifically with regard to the increasing permissibility for sexually provocative scenarios to be depicted. This was often times referred to as a progressive, advancing trend for Indian culture. Participants here also noted the dichotomous approaches to these issues between the older generation and the younger generation. The participants described the older generation as out of touch with the needs of the current generation. In referring to current policy makers implementing sexual education, one participant described a negative connotation around Westernization: "...I mean they are very well-informed obviously, that why they make the rules, but the thing is when it comes to the execution, whatever the government or whoever is trying to do, will be portrayed as someone who is trying to 'Westernize' stuff..."

Other young males described gaining awareness about sexual issues through a combination of peer and media sources. "The information what they get from the friends and all, that is usually about, watching porn movies, they used to get those kind of information, not that social aspect; conception, moral aspect they don't get. They just get how they can indulge, how they can have fun watching those things."

Sociocultural taboos heavily dictate the space and manner in which sexual issues are discussed.

The cultural taboo associated with sexual matters was the most important theme that developed throughout the in-depth interviews. The feelings of dissonance surrounding these discussions begin in the home and depend on parents' openness. Only one participant noted that their father was "open-minded...to talk about these things."

The stigma surrounding specifically sexual issues is related to a general sense of discomfort and hesitation on the part of males when interacting with females. "Since we live in a slightly repressed society, I think there's always that sexual tension between the way men and women interact, even to the smallest degree, it is there, and if you go to any public place, even if it's with a friend who's a girl, if I were to go to a public place, people naturally begin to assume things." Assumptions that tarnish social status were of great importance to participants. Heterosexual relationships are thus pursued superficially until a more private avenue becomes available. Participants described current dating culture as being limited to coffee shops, pizza places, and the like.

For the most part, participants attributed the taboos to elders and not themselves, citing more personal comfort in mixed-gender settings and relationships in comparison to their parents. In reflecting on society as a whole's perspective on these relationships, one participant clearly defined this tension: "I can answer in two ways: it again depends on the senior citizens, and the youths; senior citizens take it in a negative way, and youth take it in a positive way...Senior citizens take it very wrong, before marriage it's sort of sin to them, biggest sin in the world kind of thing."

Various levels of religiosity also influence the level of comfort surrounding sexual issues. Five of the males interviewed identified prescriptively with their religious backgrounds by indicating in various forms that their religious values influenced their attitudes to sexual

behavior. Spiritual convictions guided one prescriptive Hindu participant, who noted the control of sexual desire was what gave meaning to the act itself, and it should thus be reserved until marriage. One Muslim participant directly linked their religious values to the avoidance of premarital sexual behavior: “Sex means to do after marriage only...Islam says this, we have to do this only.” The strong religious values of the area were noted by all participants, who saw religion being a central deciding factor in determining policies as well as norms and expected attitudes. Any behavior outside of these expectations may be frowned upon and this greatly impacts young adult decision making.

Throughout the participants’ responses, a general preference for unblemished social status was placed over sexual health and personal well-being. This was first evident in conversations about condom usage, which was the most common contraceptive measure known among the male participants; however, desire to use condoms was highly moderated by the potential stigma attached to being seen purchasing them:

Participant: ...using condoms is important thing, that’s correct, right? But when it comes to the...when people are actually getting into sex in India, I don’t think they will be dare enough to go and buy a condom, because they feel that, ‘If I go and buy a condom my prestige will go,’ like they will, they will feel very bad about you know, getting into sexual activities, that to before marriage, they think they’re doing some sin.

Participants repeatedly identified this trend when thinking of condom vending machines or corner drug stores. When young males anticipate premarital sexual behavior, it thus comes about unprotected in many cases.

Participants also cited the primary motivational factors for protected sex via condom usage. When probed for what reasons males would wear condoms during sex, the majority of responses cited fear of pregnancy first, and secondly, to protect against STIs. The participants claimed of their peers little knowledge of how diseases spread and their effects; males were more worried about the stigma attached to impregnating a female. Participants pointed to the prevalence of abortion existing primarily in premarital, unplanned pregnancies, and one participant elucidated on how the stigma plays out in terms of socioeconomic status:

So if the poor people, they enter into such unwanted sexual acts and if the lady gets into unwanted sexual act and gets pregnant, then it's difficult for her to get abortion than easily, because she has not money with her and she'll be easily exposed to the society, and the society will harass her, whereas in the rich people, in case of rich people, they have more access to this medical services, and if they enter into this sexual acts and if the lady gets pregnant, she may get the abortion done very easily, and the boy, even if he gets caught with the act, he may just escape by giving the money, through corruption.

The taboo affects both social groups and the discomfort that results from such pregnancies is conceptualized in different ways, but usually in terms of erasing diminished social status.

Similar patterns were seen in conversations continuing the topic of addressing reproductive health concerns. When asked if there were any factors (economic, social, etc) that would keep them or their peers from seeking consultation about a reproductive health issue, the first source of hesitation was the sociocultural taboo:

Yeah, some of them feel shy, some of them are more concerned about their reputation...so they feel shy and they don't want to divulge any details to the doctor. If you go to a clinic general, a lot of people see you there; they fear if somebody sees them,

so they fear, so they hesitate to go to places like that.

Many participants spoke openly about potential dangers associated with this mindset but affirmed that young males would prefer to wait until marriage, the legal period for sex, before addressing reproductive health concerns. All other awareness would be garnered via more passive means like government-funded programming around HIV.

Discussion

Findings from the study provide insight into the sources of information among young adult males in Mysore, India and the influence of cultural values on sexual attitudes, beliefs, and awareness. In-depth interviews invited open-ended responses to general questions about sexual topics. The results, as gleaned through a grounded theory approach, were constructed wholly by participants. In most cases, participants had much more to say about certain topics, and these topics were further probed to gain the best possible understanding from the educators in this study, the participants. The interviews indicated that of what little is known about sexual topics, peers and media are the primary source. Cultural norms dictate the means by which sexual topics can be discussed. The school sex education offered to students is either absent or inadequate. The stigma surrounding sexual topics also leads to sexual health issues being ignored or underreported.

Several important implications for young adult male sexual health can be discerned from the results. Risky sexual activity is increasing despite strong cultural prohibitions. Sex education, as mentioned above, has faced resistance in being implemented in nation or statewide curricula. A growing body of evidence has shown that sex education does not increase risky sexual activity among students (Lloyd, 2008), a legitimate fear of policy makers. Gradual implementation of sex and sexuality education is crucial. Topics such as sexual arousal, desire, and the development of

intimacy must be presented in culturally-conscious manners. Such discussions can more adequately supplement established disease-focused programs focusing on AIDS awareness (Monitoring the AIDS Pandemic-MAP & the Joint United Nations Program on HIV/AIDS, 2001). Structured, culture-conscious pedagogy will remove the need for young males to turn to unreliable sources such as the media.

Given the strong influence on peers in obtaining information about sexual topics, peer-education can be investigated and pursued as a novel reliable option. Though systematic findings have not conclusively established the effectiveness of peer-led education (Mason-Jones, Matthews, Fisher, 2011), it is an option that is perhaps more conducive to Indian young adults given the heightened stigma. Theoretical frameworks guiding peer-led education remove the professional-client power structure inherent in traditional education (Kim & Free, 2008). Given the noted rift in attitudes between younger generations and current policy-shapers, young adults can be more receptive to sexual health education when it comes from their peers.

Future research should aim to learn more about the specific India context without relying on data from neighboring developing countries. Further research should also address the efficacy of existing intervention programs. Longitudinal studies with contributions from a broader sample and covering several interventions are needed to identify appropriate programs that policy makers can continue to endorse.

It is important to acknowledge several important limitations in this study. We are unable to draw conclusions about the exact extent to which the norms among the young adult males modifies sexual behavior and choices given the exploratory nature of the study. A longitudinal

design following individuals from different backgrounds receiving different interventions is necessary to more adequately understand this relationship.

The second set of limitations relate to the identity of the primary interviewer. Most importantly, the language background and perceived racial identity allowed for only English-speaking participants. When discussing educational inequities, several participants mentioned without being probed that a significant portion of young adults with different socioeconomic and cultural contexts were not eligible for the study. Rural upbringings, according to participants, leads to more conservative and sheltered attitudes regarding sexual topics. Urban settings are prone to different health risks given the higher rate of child marriage for example. Results from this study thus must be restricted to the well-educated among young adults. The outsider effect of an American-most likely perceived Caucasian interviewer could understandably lead to less than full disclosure among participants. In addition to discussing a culturally sensitive topic, participants may have prohibited themselves from sharing with full honesty for fear of shedding a poor image on themselves and their peers.

Despite these limitations, this study is significant in that it let young adults describe the culture around discussing sexual issues in their own terms. The in-depth, qualitative nature was conducive to exploring the realities of the important discussion around sexual issues, and has important implications for how the benefit of the public can be pursued. One participant noted the importance of this work. He mentioned his plans of going into social work and making a real difference in this regard. He epitomized the bright young minds of India that want to honor their rich cultural heritage and continue to advance the well-being of the youth in India:

If [I] get any opportunity to spread the awareness regarding the safe sex practices, [I] would definitely come forward to do it, because [I] think that sex is not the only important thing in life, but many people, especially youngster, get easily attracted to it and do not think of the consequences and the risks [that] will arise in future, so they easily jump into such acts. If I get the opportunity to work for it I will definitely come forward.

References

- Adhikari, R.K. (2003). "Early marriage and childbearing: Risks and consequences." In S. Bott, S. Jejeebhoy, I. Shah, and C. Puri (eds.), *Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia*. Geneva: World Health Organization.
- Bhende, A. (1994). A study of sexuality of adolescent girls and boys in Underprivileged groups in Bombay. *Ind. J. Soc. Work*. LV(4), 557-571.
- Bhende, A. (1995). Evolving a Model for AIDS Prevention Education among Underprivileged Adolescent Girls in Urban India. *Women and AIDS Research Programme Report, Series No. 5*. International Center for Research on Women, Washington DC.
- Glasier, A., Gülmezoglu A.M., Schmid, G.P., Moreno, C.G., Van Look, P.F. (2006). Sexual and reproductive health: a matter of life and death. *Lancet*, 368: 1595-1607.
- Goparaju, L. (1993) Unplanned, unsafe: Male student's sexual behaviour. Paper presented at the *Workshop on Sexual Aspects of AIDS/STD Prevention in India*. Bombay, Tata Institute of Social Sciences.
- Jejeebhoy, SJ (1998). Adolescent sexual and reproductive behavior: a review of the evidence from India. *Social Science and Medicine*, 46(10): 1275-1290.
- Joshi, B., & Chauhan, S. (2011). Determinants of youth sexual behavior: program implications for India. *Eastern Journal of Medicine*, 16: 113-121.

Kim, C. R., & Free, C. (2008). Recent evaluations of the peer-led approach in adolescent sexual health education: a systematic review. *International Family Planning Perspectives*, 34: 89-96.

Lloyd, C. B. (2008). 'The role of schools in promoting sexual and reproductive health among adolescents in developing countries. *Social determinants of sexual and reproductive health: Informing future research and programme implementation*, World Health Organization.

MacDonald, JA, Gagnon, A.J., Mitchell, C., Di Meglio, G., Rennick, J.E., Cox, J. Towards a youth perspective on sexual health and education needs. *Sex Education*, 11(4): 443-457.

Monitoring the AIDS Pandemic (MAP), Joint United Nations Program on HIV/AIDS (2001) The Status and Trends of HIV/AIDS/STI Epidemics in Asia and the Pacific, Provisional Report. Melbourne, Australia, MAP, UNAIDS. [Available at: www.unaids.org/hivaidinfo/statistics/MAP/index.html]

O'Sullivan, L.F., & Meyer-Bahlburg, H.F.L. (2003). African-American and Latina inner-city girls' reports of romantic and sexual development. *Journal of Social and Personal Relationships*, 20: 221-238.

Population Reference Bureau (2000). *The World's Youth 2000*. Washington, DC, Population Reference Bureau.

Savara, M., & Sridhar, C. R. (1991). Sex Survey. *Debonair* (October).

Savara, M., & Sridhar, C. R. (1994). Sexual behaviour amongst different occupational groups in Maharashtra, India, and the implications for AIDS education. *The Indian Journal of Social Work*, LV(4): 617-632.

Sehgal, Virendra N., A.K. Sharma & S.N. Bhattacharya. (1992). K.A.B.P. study on AIDS among school boys. Abstract. P.192 in *The 2nd International Congress on AIDS in Asia and the Pacific*. Sydney: AIDS Society of Asia and the Pacific.

Sengupta, Anindita. (2009, April 16). Parliamentary panel says no to sex education in schools. *The Times of India*. Retrieved from <http://www.timesofindia.com>

Simon, W., & Gagnon, J. H. (1984). Sexual scripts. *Society*, 22, 52-60.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory, procedures, and technique*. Newbury Park, CA: Sage.

Watsa, M.C. (1993). Attitudes and perspectives of educated, urban youth to marriage and sex. *The Journal of Family Welfare*, 39(4): 1-40.

Appendix

In-depth interview guide

Topic Focus	Core questions
Main sources of information	How do young people of your age usually find out about relationships?
	How do young people of your age usually learn about sex?
	How do young people of your age usually find out about Contraception?
	Whom or what are the most important sources of information to young people?
	Do young people of your age talk openly to other people about sex and related issues?
	Is there anyone that young people don't talk to? Don't like talking to?
	Do the sources of information vary for young men and women?
Talking about sex with friends	Do young men of your age talk about sex with friends?
	- Does this tend to be with male and/or female friends?
	- With one person or in groups?
	How do men of your age talk about it?
Do you think it's the same for women of your age?	
- How are they similar?	
- How are they different?	
Do you know if women talk about sex like men do?	

Topic Focus	Core questions
Dating	At what age do young people start dating?
	How do young people select their partners?
	Is dating encouraged / discouraged or influenced in anyway, by anyone?
	What does dating involve? What do young people who are dating do together?
	Does dating in this culture place limits on the number of partners someone can have?
	Does dating have any expectations on faithfulness between partners?
Does dating have any expectations for marriage between partners?	
School sex education <i>(where not provided)</i>	How do you feel about school teaching young people like yourselves about relationships, sex and contraception?
	Do you think young people would find the introduction of classes on sexual issues in the future useful?
	Would both young men and women find it useful?

Topic Focus	Core questions
Commencement of sexual activity	<p>What proportion of young men/women of your age do you think are sexually active?</p> <p>At what age would you say young people start having sex?</p> <p>Is it generally acceptable for young people to have sexual relations when they are not married?</p> <p>How do people react if a young woman becomes pregnant / a young man becomes a father?</p>
Abstinence	<p>Do young people of your age actively abstain from having sex?</p> <p>Do young people have techniques / ways of obtaining satisfaction while staying away from sex?</p>
Reasons for having sex	<p>Why do you think men of your age have sex?</p> <ul style="list-style-type: none"> - What do you think they get out of it? - What do you think it means to them? <p>Why do you think women of your age have sex?</p> <ul style="list-style-type: none"> - What do you think they get out of it? - What do you think it means to them? <p>What do young people think about same sex activities?</p> <ul style="list-style-type: none"> - What do others think?
Topic Focus	Core questions

	What does safe sex mean to young people?
	What do young people think about condoms?
	- What are their advantages and disadvantages?
Condoms	- Should men/women carry them around?
	Where do young men and women generally obtain their condoms from?
	What do you think would make people of your age adopt 'safer sex' practices?
	Who should be responsible for protecting against any risk during sex? Is the
Risk prevention	responsibility on men or on women for using contraception?
	Is contraception use expected?
	How do young men / women usually find out about
	services?
	Why do young men / women usually attend services?
Awareness of	Is there anything that would stop young people from going?
services	Do young men and women of your age visit the local
	services for contraception and sexual health advice?

Topic Focus	Core questions
Impression of services	<p data-bbox="467 415 1166 520">What do you think are the most important features of a sexual health service for young people?</p> <p data-bbox="467 562 1133 667">Are there differences in the needs of young men and women?</p> <p data-bbox="467 709 1211 814">Where do you think young people's sexual health services should be held (location)?</p> <p data-bbox="467 856 1091 890">Who should provide the information and advice?</p> <p data-bbox="467 932 1175 1037">How do you think the services in your locality could be improved upon?</p> <p data-bbox="467 1079 1172 1184">What do you think are the best ways of advertising and promoting services?</p> <p data-bbox="467 1226 1143 1323">Do you have any final comments about sexual health services for men?</p>

Author Note

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I would like to thank Zilka Joseph of the Center for South Asian Studies for her support leading up to my travels to India. Her approachability eased my nervousness leading up to the trip, and I never would have been introduced to my first contacts without her direction to accomplished researchers and practitioners in India.

The content of this project was possible thanks to all the people involved with PHRI. Thank you to Karl Krupp and Dr. Purnima Madhivanan for taking time from their busy schedules to meet with me and give me an opportunity that has shaped my undergraduate career. I feel very fortunate to have met world-renowned researchers and public health advocates and to have received their generous support. The loving staff at PHRI made collecting data a much easier process. Thank you to Poornima Jay and Siddhu, and to Dr. Reshma, who was a support in many ways during my time in India.

This project would not have been possible without the guidance, support, and collaboration of my mentor, Dr. Rona Carter. I had the honor and privilege of being her first student since her move to Ann Arbor. I still do not take lightly the fact that she was helpful enough to meet with a student she did not know and accept to be his mentor in a long-shot thesis. If I ever become a faculty member and am asked to serve as a mentor for any student, I will think of Dr. Carter's support for me and try to reciprocate it for other aspiring scientists.