International Journal of Medical Research Professionals
P-ISSN: 2454-6356; E-ISSN: 2454-6364
DOI: 10.21276/ijmrp

IJMRP

Original Research Article.

Study on High Risk Behaviour among Adolescents Male and Females of Agra Urban Slums

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ABSTRACT

Background: India estimates third highest number of HIV infections in the world Adolescents often face significant barrier to getting the information education and services they need. Since discussing reproductive and sexual matter freely is still a taboo in our society. Most of the literature reports that majority of married or unmarried people had experienced their first sex encounter before age 20. The most of the countries developed or developing especially those with high prevalence of HIV/AIDS. The intervention in India are directed more towards high risk groups rather than adolescents, there has been an increase in efforts to raise awareness on issues of HIV/AIDS and to influence preventive behaviour particularly regarding sexual activity in vulnerable age group.

Methods: The study was performed among adolescents of 13-19years age group residing in randomly selected urban slums of Agra city. Personal in-depth interview of adolescent's boys and girls was conducted using a structured questionnaire.

Results: Gutkha chewing habit appeared as an futuristic epidemic as 15.0% of adolescents Gutkha chewer, out of which 84.44% were males, the majority of the adolescents 71.67% had never seen pornographic films. The 88% of adolescents said that they believe in religious customs and taboos, out of which majority 51.89% were males. The sex with unknown status partner majority of adolescents 52% male said to have sex only with use of condom, 43.33% expressed "no sex relation.

Conclusions: The reproductive health education should be a part of curriculum in all schools. Public awareness programme should be directed to society. Apart from government sectors, the AIDS education should be programme activity of the local health agencies, NGO's, media agencies.

Keywords: High Risk Behaviour, HIV/AIDS, Pornographic Films, Alcohol, Gutkha.

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Article History:

Received: 24-03-2019, **Revised:** 29-04-2019, **Accepted:** 26-05-2019

Access this article online	
Website: www.ijmrp.com	Quick Response code
DOI: 10.21276/ijmrp.2019.5.3.028	

INTRODUCTION

Adolescence the word means to grow, to mature in Latin. It is a period of transition from childhood to adulthood. 20.9% of the Indian population consists of Adolescents.[1] Young people are especially vulnerable to infection as sexual activity begins in adolescence. Majority of people and studies from across the globe have established that the vast majority of young people have no idea how HIV/AIDS is transmitted or how to protect themselves from the disease.[2] When equipped with knowledge and skills, young people can however play a strong role in the response to the epidemic The spread of HIV/AIDS relies primarily on private human behavior, even if individuals everywhere had the full benefit of measures to reduce vulnerability and full access to the tools and skill to prevent transmission, it is illusory to think that all the spread would stop.[3] Adolescents' 10-19 years of age accounting for nearly 23% of the population of India are ex-posed to the risk of being victims of HIV/AIDS.[4]

The intervention in India are directed more towards high risk groups rather than adolescents, there has been an increase in efforts to raise awareness on issues of HIV/AIDS and to influence preventive behavior particularly regarding sexual activity in vulnerable age group.

It goes without saying that HIV/AIDS is as much about social phenomena as it is about biological and medical concerns. In view of which the present study is an attempt to understand social phenomena high risk behavior regarding HIV/AIDS correlates among adolescents.

MATERIALS AND METHODS

The study was conducted from June 2004 to July 2005. It was approved by ethical committee S.N. Medical College Agra. The informed written consent was taken from all study participants.

The study was performed on adolescent boys and girls of 13-19 years age group residing in randomly selected urban slums of Agra city, attached to Department of Social and Preventive Medicine, S. N. Medical College Agra. The slums attached to urban health centre (Jattu bazaar, Anand Nagar, and Shiv Nagar) were taken up for the study purpose. Random sampling technique was adopted for selecting the areas.

Systematic Random sampling technique was adopted for selection of adolescents for achieving the desired sample size. The information was collected by personal in-depth interview of Adolescents boys and girls in predesigned, pretested questionnaire and appropriate statistical test was applied. The sample size for study was calculated by applying the formula $n=4PQ/L^2$. Where n = no. of sample, P is the prevalence, Q=100 – P and L is permissible error. P = Prior prevalence of awareness recorded among rural woman of U.P. i.e. 27.6%. as reported by NACO was taken.[5] On this basis sample size came out to be 263. 5. It was thus decided to include 300 adolescents.

Table 1: Distribution of Adolescents according to personal habit indirectly indicating psychosocial environment

Personal habits	Male (150)		Female (150)		Total		Grand total	Test of significance
	Yes	No	Yes	No	Yes	No		
Smokers	8	142	2	148	10	290	300	(χ^2 =3.72,df=1,
(Bidi/ cigarette)	(5.33)	(94.67)	(1.33)	(98.67)	(3.33)	(96.67)		p>0.05) (χ^2
Drinkers	2	148	0	150	2	298	300	=24.90, df=1,
(Alcohol)	(1.33)	(98.67)	(0.0)	(100.0)	(10.67)	(99.33)		p<0.05)
Gutkha	38	112	7	143	45	255	300	
Chewers	(25.33)	(74.67)	(4.67)	(95.33)	(15.0)	(85.0)		

Table 2: Adolescents ever seen pornographic films and read pornographic literature according to sex

	Male n_1 = 150		Female n_2 = 150		Total (300)		Test
Seen porn films	**n**	**%**	**n**	**%**	**n**	**%**	(χ^2 =78.15,
Yes	77	51.33	8	5.33	85	28.33	df=1, p<0.0001)
No	73	48.67	142	66.05	215	71.67	
Read porn literature	**n**	**%**	**n**	**%**	**n**	**%**	(χ^2 =31.298; df
Yes	50	33.33	11	7.33	61	20.33	=1; p<0.0001)
No	100	66.67	139	92.67	239	79.67	

Table 3: Faith in religious customs, taboos according to sex which helps in Prevention of HIV/AIDS and high risk behaviour

	Male n_1 = 150		Female n_2 = 150		Total (300)		Test of significance
Belief in religious customs/ taboos	**n**	**%**	**n**	**%**	**n**	**%**	(χ^2 =3.154; df=1;
Yes	137	91.33	127	84.66	264	88.0	p>0.05)
No	13	8.66	23	15.33	36	12.0	
Sex with friend							
Yes	14	(9.33)	6	(4.0)	20	(6.67	χ^2=3.429; df=1;
No	136	(90.67)	144	(96.0)	280	(93.33)	p>.05
Sex have multiple sex partner							
Yes	12	8.0	3	2	15	5.0	χ^2 =5.684; df=1;
No	138	92	147	98	285	95	p<.05
Make friend drinker/ smoker							
Yes	13	8.67	3	2.0	16	5.33	χ^2 =6.602; df=1;
No	137	91.33	147	98	269	89.67	p<.05

Table 4: Male adolescent's attitude towards high-risk behaviour

What to do when come in Sexual contact of Unknown Status Partner	n = 150	%
1 Ensure use of condom	78	52
2 Sex without Condom	7	4.67
3 Will Avoid Sex	65	43.33

RESULTS

Table 1 depicts that Gutkha chewing habit appeared as an futuristic epidemic as 15.0% of adolescents Gutkha chewer, out of which 84.44% were males, 15.56% were females. The difference was statistically significant (p<0.05). 1.33% male respondents were in habit of drinking occasionally. Regarding smoking 5.33% of male and only 1.33% female respondents reported yes, statistically no significance (p>0.05).

Table 2 depicts that while assessing the high-risk behaviour of adolescents on the merit of seeing pornographic films, the majority of the adolescents 71.67% had never seen pornographic films, out of which majority was of 66.05% females. Overall 28.33% had ever seen pornographic films in the past, of which majority were males 90.5%. The difference between male and female was found statistically significant (p<0.0001).

Table 2 also shows that though majority of adolescents 79.67% had never read the pornographic literature, of which majority 58.16% were females, but 33.33% of adolescent's male and 7.33% females had ever read the pornographic literature in the past, the percentage of male was significantly higher than the females (p<0.0001).

Table 3 shows that out of total 300 adolescent's majority 88% of adolescents said that they believe in religious customs and taboos, out of which majority 51.89% were males and 48.11% were females. The males and females' views had no statistical significance (p>0.05).

Table 3 also shows that, regarding the attitude towards sexual contact before marriage the majority 93.33% adolescents said no, out of which 70.0% were males and 30.0% were females. The difference between male and female was not statistically significant (p>.05). Regarding the multi-partner sexuality, the majority of adolescents 95.0% reported no, out of which majority were 51.58% females and 48.42% males. The difference between male and female was found statistically significant (p<.05). Regarding the drinking and smoking the majority of adolescents 89.67% reported no, out of which majority were 54.64% females and 45.35% males difference between male and female was found statistically significant (p<.05).

Table 4 shows while assessing attitude towards high risk behaviour on the basis of having sex with unknown status partner majority of adolescents 52% male said to have sex only with use of condom, 43.33% expressed "no sex relation" on the other hand only 4.67% said they can have sex without condom.

DISCUSSION

The Gutkha chewing habit in 15% of the adolescents appeared as an epidemic out of which majority 84.44% were males, 15.56% were females. Bhowate et al.[6], in their study reported that 66.3% of the population chewed tobacco in the form of betel quid. While the predominant habit in men was the chewing of betel quid with tobacco (34.4%) and gutkha (23.0%), followed by cigarette smoking plus chewing (9.5%), the habits that were predominant among women related to chewing (betel quid with tobacco 51.9%, betel quid without tobacco 33.1%, and areca nut chewing 9.8%). The habits of chewing gutkha among women were minimal which is similar to our study. Maher et al.[7], from Pakistan also reported a similar finding in their study. Regarding smoking 5.33% of male and only 1.33% female respondents reported yes, in contrast the study by J. Kishore among adolescents indicated smoking was present in 25.1% of urban village adolescents.[8] Narain et al I year 2011 did school survey in urban area of Noida city among aged 11-19 years found out that prevalence of any kind of tobacco use was 11.2 %, 8.8% were ever smokers, 4.6% ever tobacco chewers, 3.7% were exclusive smokers and 2.5% were exclusive tobacco chewers.[9] Tobacco use is still important risk behaviour among adolescent students as seen in the study in Ahmedabad done by Monark Vyas.[10] In another study by P. Mohanan et.al[11] prevalence of smoking among students within the previous six months was 7.1%. Among male students, the prevalence was found to be 11.8% and among female students it was found to be 2.2%.

The 1.33% male respondents were in habit of drinking occasionally. In contrast the study of Ningomban et.al[12] in urban area of Imphal, Manipur showed that 15.6% of adolescents aged 15-19 year had ever used alcohol. Somewhat similar findings were found in a study by P. Mohanan et.al[11] in Udupi district, Karnataka which says 5.1% of the respondents had consumed alcohol in the previous six months. Among female participants, the prevalence of alcohol consumption was 1.4% and among male participants it was 4.9%.

While assessing the high-risk behavior of adolescents on the merit of seeing pornographic films, the majority of the adolescents 77.67% had never seen pornographic films, out of which majority was of 66.05% females. Overall 28.33% had ever seen pornographic films in the past, of which majority were males 90.5%. This was in contrast to a study done by Debra K Braun et.al[13] of the participants, 96% had Internet access, and 55.4% reported ever visiting a pornographic website this may be due to increased internet access & more of a cultural difference. In the present study it was found the majority of adolescents 79.67% had never read the pornographic literature, out of which majority 58.16% were females. 33.33% of adolescent's male and 7.33% females had ever read the pornographic literature in the past. Similar findings were found in study conducted by S Jain & Annop Khanna[14] in Ajmer, Rajasthan were nearly 25% of the boys & less than 1% of girls have seen pornographic movies while over 12% of girls & 29 % of boys have seen or read pornographic literature.

The high-risk attitude towards sexual contact before marriage the majority 93.33% adolescents said no, out of which 70.0% were males and 30.0% were females. The difference between male and female was not statistically significant (p>.05). Similar to the result was also found in the study conducted by P. Mohanan[11] which says 5.5 % of students responded that they had had sexual intercourse at least once in the previous six months. While another study from Mumbai by Abraham L[15] showed that 47% of males and 13% of females had had any sexual experience; 26% and 3%, respectively, had had intercourse. This may be explained because of more exposure cultural liberalization in metro cities.

CONCLUSION

The reproductive health education should be a part of curriculum in all schools. There should be classroom-based education programme on HIV/AIDS and STDs and the class teacher should be properly trained for educating the students effectively.

Public awareness programme should be directed to society. Apart from government sectors, the AIDS education should be programme activity of the local health agencies, NGO's, media agencies (both mass & folk) and involving the educational

institutions, as well as the community at large for an effective education programme with a interpersonal communication strategy. There should rationale counseling and implementation of IEC activities geared from time to time. There should be further operational research into new strategies or their combinations which could be crucial in prevention and control

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Source of Support: Nil.

Conflict of Interest: None Declared.

Cite this article as: Umesh K Verma, Mukesh S, Deoki Nandan, VP Shrotriya. Study on High Risk Behaviour among Adolescents Male and Females of Agra Urban Slums. Int J Med Res Prof. 2019 May; 5(3):132-35. DOI:10.21276/ijmrp.2019.5.3.028