

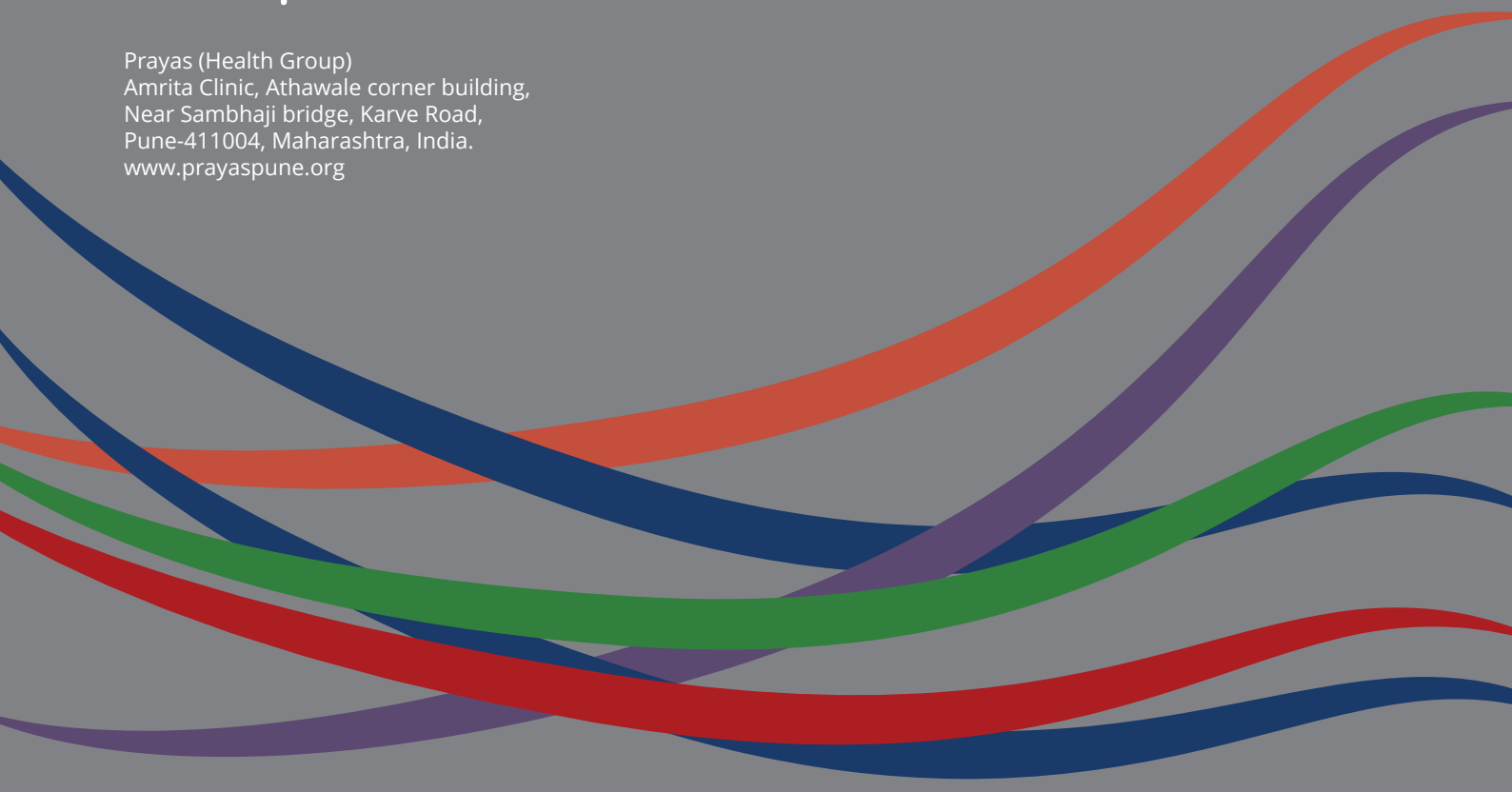
REPORT

## **YOUTH IN TRANSITION**

A LIFE COURSE STUDY TO  
UNDERSTAND SEXUAL HEALTH  
TRAJECTORIES AMONG UNMARRIED  
YOUTH



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# Youth in Transition

A life course study to understand  
sexual health trajectories among  
unmarried youth

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## About Prayas

Prayas (Initiatives in Health, Energy, Learning and Parenthood) is a non-governmental, non-profit organization based in Pune, India. Members of Prayas are professionals working to protect and promote the public interest in general, and interests of the disadvantaged sections of society, in particular. Prayas is registered as a SIRO (Scientific and Industrial Research Organization) with Department of Scientific and Industrial Research, Ministry of Science and Technology, Government of India.

Prayas Health Group (PHG) is committed to generate evidence based discourse on emerging issues on sexual and reproductive health and rights (SRHR). We also strive towards improving access to health care for these issues. We work towards taking scientific evidence to communities in simple, sensitive, non-judgmental, empowering and effective manner. PHG is actively involved in socio-behavioral and epidemiological research, awareness building, programmatic interventions and provision of clinical and counseling services especially to persons living with HIV and youth.

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## About Youth in Transition Study

India is one of the youngest countries in the world with around 28% of its population in the age group of 15-29. In recent years, the context of life of many young people especially in urban India is changing very rapidly. Urbanization, globalization and technological revolutions are leading to diverse impacts on people. Many young people are moving to cities in the pursuit of higher education and jobs and leading a relatively independent life. The age at marriage is increasing, especially in urban areas providing the youth more time and freedom to explore their sexuality. Increasing age at marriage, widespread availability of internet and social media, availability of spaces that are not under family surveillance and the desire to lead independent life are important aspects of social context of youth in neo-liberal urban India. In this changing context, it is essential to examine the choices young people make about their relationships and sexual intimacy, how these choices evolve over a period and how these choices are interdependent with other life domains. In order to address these issues, the Youth in Transition study was conducted, adopting a life course perspective.

The primary focus of the study was to understand the sexual health needs of never married youth.

The study focused on never married youth because, in Indian context, sex is often linked with marriage. The sexual health needs of unmarried youth remain unaddressed. We have taken a broader perspective of sexual health, beyond mere absence of diseases. We refer to sexual health as a state of physical, emotional, mental and social wellbeing in relationship to sexuality. Improvement in sexual health would require developing a positive and respectful approach to sexuality and sexual relationships as well as possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence.

While premarital relationship is the commonly used term in the literature to indicate relationships before marriage, the term 'non-marital relationship' is preferred in this report because the participants do not consider many of these relationships as precursor to marriage. Non-marital relationships in the context of the study refers to relationships among never married youth.

### Why life course perspective?

The current research literature on sexual intimacy before marriage in India is limited. The available literature mainly focuses on understanding 'proportion' of men and women who are sexually active (mostly defined as experiencing penetrative sex) and does not explain the context in which young people make their decisions and how these decisions evolve over a period of time. The Youth in Transition study adopted the life course approach to understand the dynamic process of decision-making of young people. A life course is defined as "a sequence of socially defined events (completing education, migrating to another place, starting a relationship, break-up, etc.) and



roles that the individual enacts over time". Life-course approach views developmental processes as a trajectory, which is shaped by multiple interacting factors, the interrelation of which is likely to change based on timing and sequences of life experiences and transitions. This approach enables understanding the continuity of life pathways by analyzing how behavior and experiences encountered during childhood and adolescence period may affect adult behavior and experiences. Such a diachronic understanding is essential to identify the patterns of behavior and for planning age and context appropriate interventions for improving sexual health of youth.

### **How was the study conducted?**

The study was conducted among never married, educated youth living in Pune for at least 6 months prior to interview, and were between 20-29 years of age. Being in a relationship or being sexually active was not a criterion for participating in the study. Given the focus on understanding the trajectories and the difficulties of recruiting a random sample, a non-probability sample of participants who self-nominated themselves for the study and were fulfilling the eligibility criteria was included in the study. An appeal was made to young people living in diverse socio-economic and educational backgrounds to participate in the study. [Please see annexure for the details of the study methodology].

The data on timing and sequencing of different events in the life of a participant was collected in the Relationship History Calendar (RHC). The RHC gathered quantitative information on monthly changes in the status with respect to various life events such as education, work experience, history of migration, staying arrangement, relationships, sexual behavior, substance use, mental health, etc. A separate form was prepared to collect data of each relationship to understand details of sexual behavior, contraception use and abusive experiences in that relationship. Data were retrospectively collected from age 10 until current age. Narrative interview technique, which encourages participants to share their story, was used to collect information on different events. The RCH with narrative interview technique has been shown to follow the process of memory recall and reduce recall bias. The participant and the interviewer had a side-by-side sitting arrangement so that the participant was able to see the calendar and could participate in filling it and ensure the correctness of the information collected. The study tools were prepared in Marathi and English language. Data were collected between July 2017 and Jan 2019. Data were analyzed using the principles of event history analysis, sequence analysis and group based trajectory modelling in SAS and R statistical software. After each interview, the interviewer noted down important details of the participant's story including some quotes that were felt essential to provide the context. The quotes used in the report are based on these notes.

The findings of Youth in Transition study are shared through research briefs focusing on specific thematic issues. This report is a compilation of individual research briefs.

## Chapter 1

# Relationship patterns and dynamics among unmarried youth

*"He was very good looking. We both knew that we have the emotional connect. What we felt was beyond friendship. Therefore, we decided to call it a relationship. A few months later, I came to know that he is seeing some other girl. We had a big fight... after a lot of discussion; we both felt that the whole issue is because of the expectation that we should be committed to each other. We both had physical needs and we were comfortable with each other so we decided to continue the relationship and do away with commitment. It became an open relationship." (23-year-old woman)*

### Background

Intimate relationships are one of the important aspects of the lives of young people. Whether to be in a relationship? When? With whom? Be sexually intimate? All are important decisions that young people are required to make. While making these decisions, personal aspirations to lead an independent life with freedom and liberty can be contested with conservative family and social context that disapproves intimate relationships before marriage. This research brief describes the patterns and dynamics of relationships among never married youth enrolled in youth in transition study.

There is limited research literature on relationships among never married youth in India that goes beyond medicalized understanding of sexual health risk. A few scholars have studied how modernity, gender, patriarchy and family relationships affect young people's agency in decisions regarding relationships before marriage[1–3] but there is a need for empirical data on how young people navigate through their decision on intimate relationships. Such an understanding is essential for assessing the sexual health needs of the young people, which goes beyond prevention of sexually transmitted diseases.

### Methodology

Data on relationships were collected in two steps in the interview. First, the participants were asked to recollect their relationships sequentially starting from age 10 onwards until current age or other way round based on the participant's preference. The start and end dates of these relationships were plotted on the calendar while

corroborating these dates with other life domains such as education, work status, place of residence etc. that were marked on the calendar before asking about relationships. Relationships that lasted for more than one month were plotted separately from relationships that were shorter than one month (short relationships). In the second step, detailed information about each relationship that lasted for more than a month was collected on a separate form. This included information about the gender of the partner, what the participant would like to call this relationship ('serious', 'casual' etc.), what was the nature of sexual intimacy in this relationship and information about use of contraception whenever applicable. These details for each relationship were not collected for short relationships. Data were analyzed using the statistical package R [4]. Further details about study recruitment, data collection and overall profile of the participants are provided in Annexure 1.

## **Participant profile**

Total 1240 participants were enrolled in the study out of which 653 were men, 584 were women, and 3 participants marked their gender as 'other'. One of them mentioned that she (her preferred pronoun) is still questioning her gender identity and for the purpose of the research, her identity can be marked as woman. While we completely understand and support collection and analysis of gender identity data to reflect the diversity, because of the very small number of participants with other gender identity in the research, it was not possible to include a separate gender category in analysis. There was no apparent difference in the trajectories of participants with other gender identities compared to men and women. Therefore, an analytical category of gender with 655 men and 585 women was created.

The median age of the participants was 23 years. Majority of the participants reported to belong to the middle/upper middle class (81% men, 91% women). Average monthly family income between 21000-75000 was reported by 46% men and 41% women whereas above 75000 was reported by 28% men and 43% women. Majority of the participants had completed or were studying for graduation (55% men, 47% women) or post-graduation (21% men, 23% women) degree. Almost half of the participants (57% men, 50% women) were involved in remunerative work at the time of interview. Majority of the participants were born and lived in the city during their childhood whereas 38% of the men and 23% of women were born and at least had schooling (up to 10<sup>th</sup>) in village or town and later migrated to the city for higher education or work.

## **Findings**

### **Being in a relationship was a norm**

The finding that almost 80% of the participants had a relationship some time or other over the specific period in their lives suggests that being in a relationship was normative for the young people. The peer norm to be in a relationship is aptly

described by a 23-year-old woman who participated in the study. *“Are you still single? ... this question comes as if it is a crime if you are not in a relationship. It is like you are a faulty piece”.*

Majority of the participants felt that it is common to have a relationship or rather one is expected to be in a relationship.

**Table 1.1: Relationships among participants**

	<b>Men</b>	<b>Women</b>	<b>Total</b>
Enrolled in the study	655	585	1240
Ever had a relationship	487 (74.4%)	497 (85%)	984 (79.4%)
Ever had a relationship (> 1 month)	455 (69.5%)	491 (84%)	946 (76.3%)
Total number of partners (>1 month)	1021	1195	2216
Ever had a short relationship	192 (29.3%)	156 (26.6%)	348 (28.1%)
Total number of partners in short relationship	1313	917	2230

The analysis of relationships that lasted for more than one month is summarized below. The analysis of short relationships is provided later in the document.

- Overall, 76% [84% women and 70% men] of the participants reported having at least one relationship.
- Almost 10% of the participants [10.2% women and 8.6% men] reported to have 5 or more relationships that lasted for at least a month.
- The median duration of relationships was 14 months with no significant gender difference [15 months in women and 13 months in men]
- The duration of relationship significantly differed as per the type of relationship. For example, the median duration of a serious relationship was 21 months whereas that of a non-serious relationship was 8 months.
- As people moved on to new relationships, the duration of the relationship decreased, especially from the 4<sup>th</sup> relationship onwards. For example, the median duration of 1<sup>st</sup> relationship was 16 months; 2<sup>nd</sup> was 14 months; 3<sup>rd</sup> was 17 months; 4 was 12 months and 5<sup>th</sup> onwards was 9 months each. Similar trend was observed among men and women and for serious and non-serious relationships.
- After a relationship ends, almost 75-80% of people entered into a new relationship.
- Of the total participants, 167 (26%) men and 88 (15%) women reported that they never had a relationship.

- There appears to be a gender difference in the reasons for not being in a relationship. More men reported that they did not find a partner compared to women (30% vs 17%). For women, the most common reason was conservative family background (41%) where they knew that their family members would not tolerate it if they found out about it. There were 16% of the men and 19% of the women who said that they did not want to be in a relationship.

### Relationships were more 'flexible' but not necessarily egalitarian

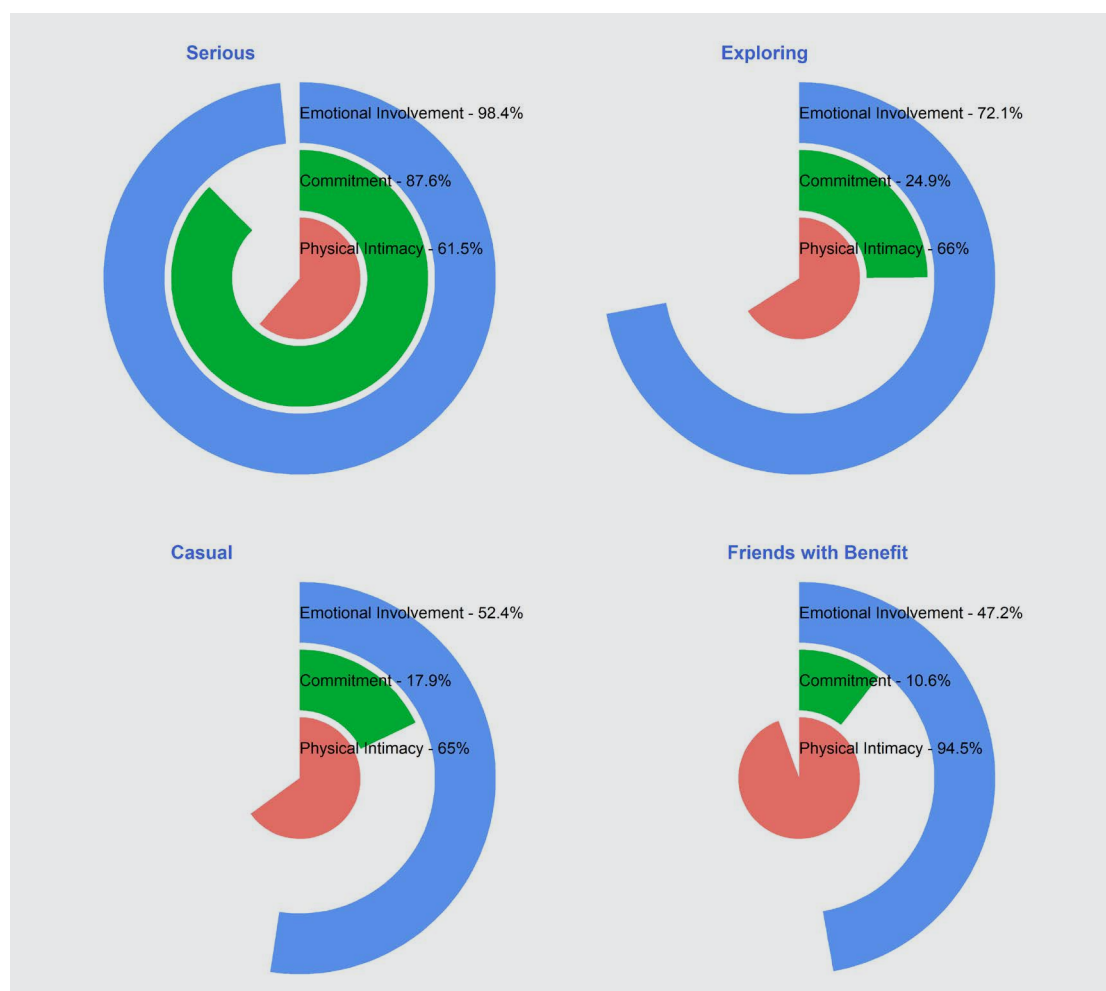
For each of the relationships that lasted for more than a month, participants were asked what they would call this relationship and were provided the options -1) Serious 2) Casual 3) Friends with benefit 4) Open 5) Fiancée 6) For benefit 7) Can't/don't want to give any name and 8) any other. Relationships that were marked as other typically included responses such as 'lets give it a try', 'neither serious not casual', 'only physical', 'rebound' etc. These were self-defined categories and could mean different things to different people. However, it is important to note that the names that people attach to their relationships can define and sometimes dictate the behavior of partners in those relationships. Hence, to understand participants' categorization becomes important.

**Table 1.2: Different types of relationships reported by participants**

Relationship type	Men		Women		Total	
	N	Number of Relationships	N	Number of Relationships	N	Total Relationships
SERIOUS	375	559 (54.7%)	435	722 (60.4%)	810	1281 (57.8%)
Serious	366	550 (53.9%)	418	705 (58.9%)	784	1248(56.3%)
Fiancée	9	9 (0.9%)	17	17 (1.4%)	26	26 (1.2%)
CASUAL	226	305 (29.9%)	221	290 (24.3%)	447	595 (26.9%)
Casual	150	212 (20.8%)	140	184 (15.4%)	290	396 (17.9%)
Friends with Benefit	54	65 (6.4%)	55	77 (6.4%)	109	142 (6.4%)
Open relationship	17	23 (2.3%)	23	26 (2.2%)	40	49 (2.2%)
For benefit relationship	5	5 (0.5%)	3	3 (0.3%)	8	8 (0.4%)
EXPLORING	118	157 (15.4%)	156	183 (15.3%)	274	340 (15.3%)
Can't/don't want to attach a label	49	54 (5.3%)	107	126 (10.5%)	156	180 (8.1%)
Other	69	103 (10.1%)	49	57 (4.8%)	118	160 (7.2%)
Total	455	1021 (100%)	491	1195(100%)	946	2216 (100%)

Relationships become more flexible when they are more malleable to the individual's choices and expressions. The 'flexibility' of relationships among the youth in this study was seen in terms of the labels they prefer to attach to different relationships and the way these relationships were defined with respect to emotional involvement, commitment and physical intimacy.

Figure 1.1: Type of relationships and level of involvement



Persons who report **serious relationships** appear to imply that they have emotional involvement with the person and there is an assumption of exclusivity, meaning either of the partner is not expected to be involved with another person while they are in a relationship. On the other hand, when persons label their relationship as **casual**, they generally mean that there is often lack/less of emotional involvement with the partner and little expectation or intention to continue this relationship for a long period. **Friends with benefit**, is a friendship where partners engage in sexual act (not necessarily penetrative sex) but do not consider each other as partners and are not expected to be emotionally involved in each other. Similarly, **Open relationship** is an arrangement where it is explicitly decided by the partners that they can date and be sexually intimate with other persons (non-exclusive relationship).

## Analysis summary on types of relationships

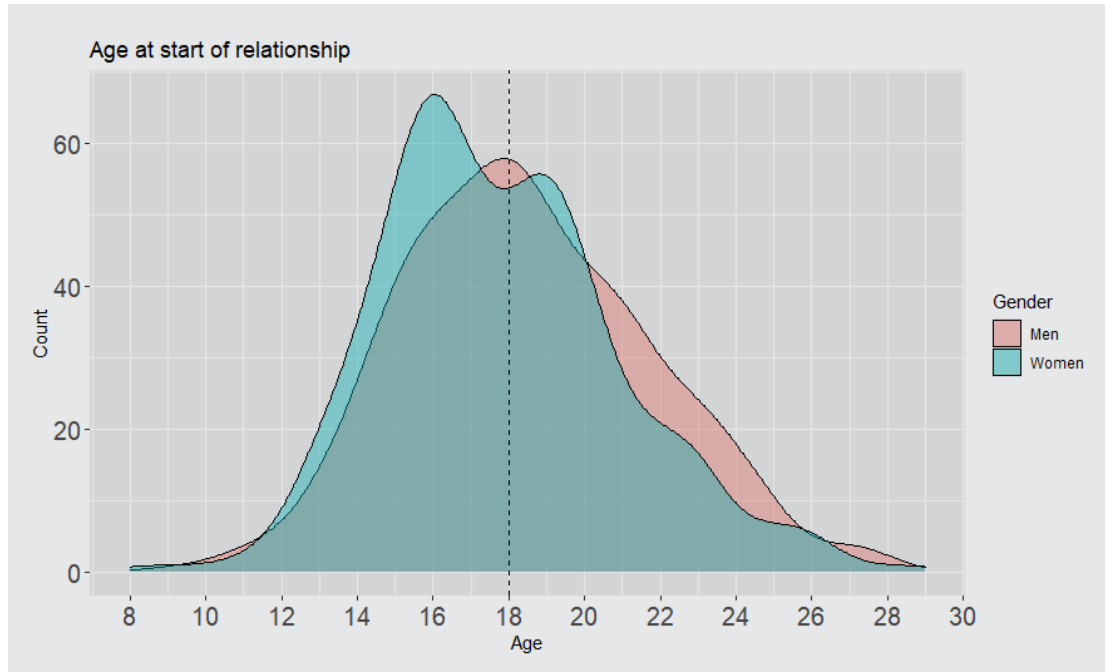
- Non-serious relationships were common, 40% of relationships among women and 45% among men were non-serious
- There was significant diversity among non-serious relationships such as 'casual', 'friends with benefits', 'open' etc.
- Physical intimacy is common irrespective of type of relationship.
- Almost half of the participants reported emotional involvement in relationships that were labeled as 'casual' or 'friends with benefit'. Significantly more women (64%) compared to men (21%) reported that they were emotionally involved with partners in their relationships labeled as 'friends with benefits'. Similar gender differences were observed for 'open relationships' with 73% of the women and 39% men reporting emotional involvement with their partners in 'open relationships'.
- Many participants said that they were still 'exploring' the nature of the relationship, so they could not or did not **want to attach any label to their** relationship. These kinds of relationships may fizzle out or can become serious over a period.
- Young people's decisions about the type of relationships are dynamic and the outcome of previous relationship/s can have a significant role in determining the nature of their next relationship. For example, breaking up a serious relationship with a partner because of partner's cheating led to difficulty in trusting people and hence not engaging in serious relationships after the first experience.
- 'Serious relationships' appear to be defined as having a high level of emotional involvement and high level of commitment.

It is clear that young people are making diverse choices about their relationships. However, the virtue that it is a 'relationship by choice' does not make it more egalitarian. Existing gender norms, patriarchy, and asymmetry in relationships can lead to adverse outcomes that can further shape their decisions. The asymmetry in relationships with respect to emotional involvement or commitment can reduce relationship satisfaction, lead to power imbalance and make the person with higher involvement more vulnerable. The cultural norms about sexuality and gender could be an important factor for a significantly higher proportion of women reporting emotional involvement in relationships where it is typically not expected (Friends with benefit/Open). The existing social norms prevent women from being in 'casual' relationships without any emotional involvement and might increase their vulnerabilities. Over 50% of the participants reported that they experienced emotional abuse from the partner at some time or other and about 35% reported experiences of sexual abuse. These experiences were significantly higher among women compared to men. (For details, see research brief on abuse in non-marital relationships).

## Majority had started their relationship before the age of eighteen

The study data show that many young people started their first relationship when they were in school.

Figure 1.2: Age at start of relationship



- Overall 54% of the men and 60% of the women reported their first relationship before the age of 18 years.
- Almost 30% of the men and 40% of the women reported to have had their first relationship when they were in school (before 16 years of age).
- The statistical analysis shows that the post millennial generation (born after 1995, also known as Generation Z) is significantly more likely (Odds ratio 2.33, confidence Interval, 1.74-3.14) to start their first relationship before the age of 16 compared to those who were born before 1995. This clearly shows the rapidly changing pattern of relationships in the younger generation.
- Also, compared to people who lived in a village during their childhood (at age 10), those who lived in the city were more likely to start their first relationship early.
- The average duration of the first relationship was 16 months [median duration 12 months]. This duration was similar for women and men. However, it was observed that the duration of first relationship was significantly shorter in post-millennial generation [median 12 months] than those who are relatively older [Median 18 months]. The median duration of the first relationship, when it is reported as 'serious' is almost 2 years, whereas it is around 8 months when the relationship is reported as 'casual'.



### Short intimate encounters were common

For the purpose of this study, all the relationships that lasted for less than a month were considered as short relationships. These could be unexpected encounters with friends/colleagues, meeting ex-partner for a short time, casual flings, meeting someone through dating apps and visiting sex workers. There is some level of physical intimacy (not necessarily penetrative sex) between the partners in all short encounters.

Table 1.3: Short encounters (< 1 month)

	Men			Women		
	Participants (N)	Partners (N)	Avg. partners	Participants (N)	Partners (N)	Avg. partners
Short encounters with another gender	162	838	6	132	537	4
Short encounters with own gender	21	407	19	5	177	35
Short encounters with own and other genders	9	68	8	16	203	13

- Twenty-eight percent (348) participants reported they ever have had short relationships.
- There were 192 men (29.3%) and 156 (26.7%) women who reported at least one short-intimate encounter. The median number for both men and women were 2 short relationships. There were 36 men (19%) and 24 (15%) women who had short encounters with more than 10 partners.
- There was no statistically significant difference between the number of short relationships among men and women.
- There is a significant gender difference in reporting penetrative sex in short relationships. 42% of the women reported penetrative sex in short relationships whereas 69% of the men did so.
- Of the 192 men, 30 had encounters exclusively with sex workers and 18 had encounters with sex workers as well as non-sex worker partners.
- The average number of partners for short encounters with same gender were much higher compared to the average number of partners of another gender.

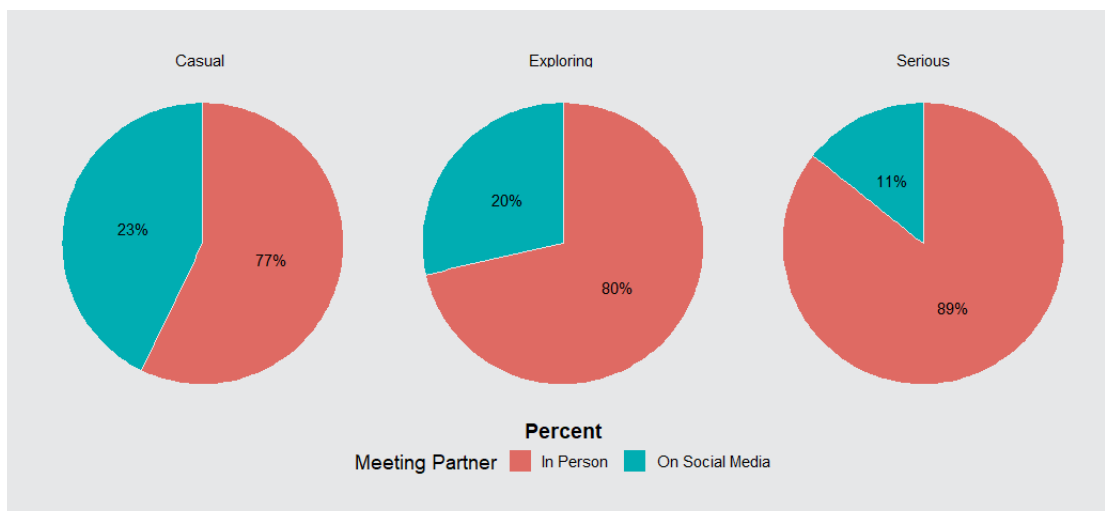
### Social media facilitated meeting partner, mostly for casual relationship

All the participants were asked if they met their partner in person or through social media (Facebook, dating apps). The analysis is presented separately for relationships that lasted for more than 1 month and short relationships.

### **Relationship lasting for more than a month**

- Around 14% of the relationships among men and women were reported where social media was used to meet the partner.
- Higher use of social media was reported when the relationships are 'non-serious', especially like 'friends with benefit' and 'open'.
- There is a gender difference in this pattern. More women seem to have found their casual partner (as defined by them) through social media. Whereas more men have found 'friends with benefits' and 'open relationships' through social media. This also points out to a different interpretation of 'friends with benefit' concept in the Indian context. The original concept of 'friends with benefit' is a relationship of friendship with (sexual) benefit and involves partners who are also friends. However, in Indian context, sometimes the term is also being used irrespective of the fact that the partners are friends or not and even when the partner is being sought completely for casual sex without any emotional involvement (what otherwise is referred as no strings attached).
- There was no difference in use of social media among people who were younger at the time of interview compared to those who were relatively older

Figure 1.3: Use of social media in meeting the partner



### **Social media use in short relationships**

Increasing use of social media especially dating apps have been reported among gay population. Our data also suggest that

- More than 80% of the short relationships with same gender were sought through social media.
- More women (33%) than men (10%) reported to have found other gender partners through social media.
- While social media seems to play a role in facilitating finding partners mostly for 'non-serious' relationships, the data shows that the majority of the participants are meeting their partners in person.

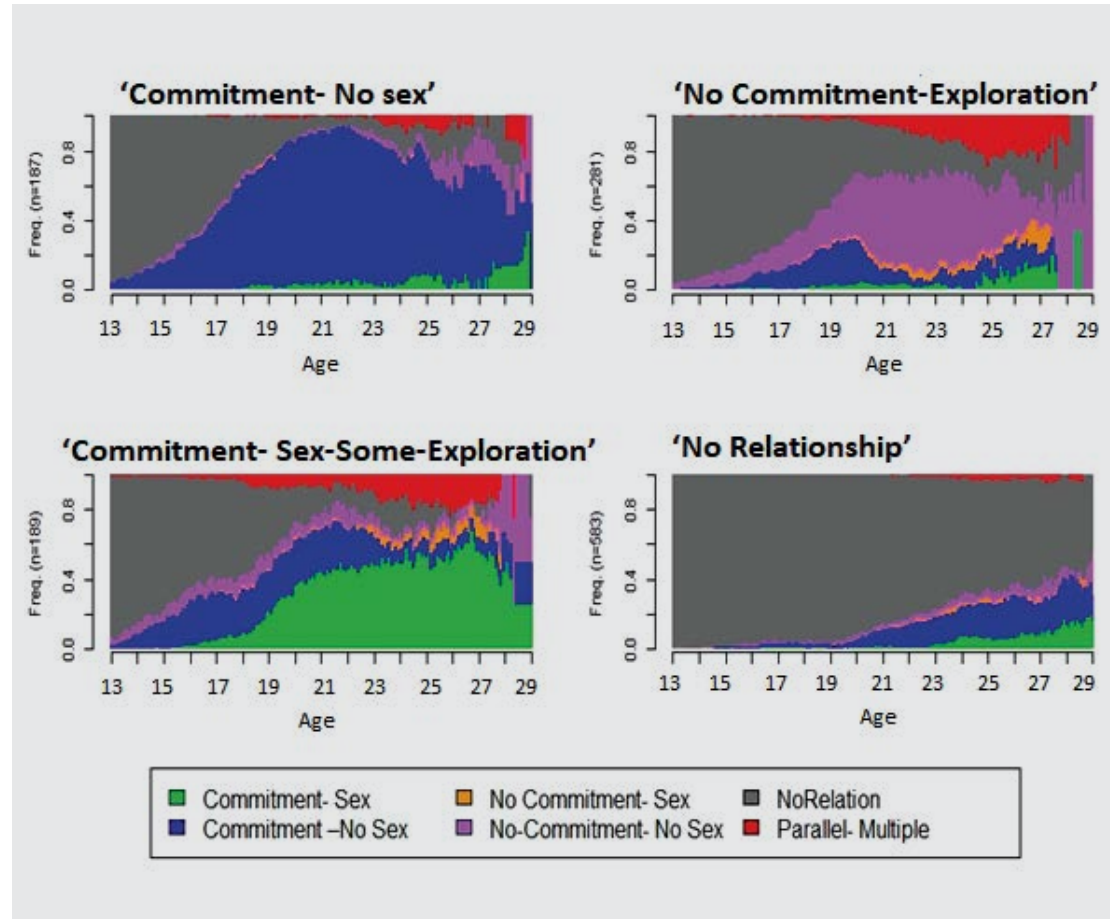
## Four predominant typologies of relationships were observed

The collection of sequential life course data on a calendar makes it possible to statistically group people who follow similar trajectories. To understand the pattern of relationship and its evolution over a period of time- two aspect of relationships were combined; which is commitment in the relationship and penetrative sex. That gave the following possible states for all the relationships plotted on the calendar.

Commitment	Penetrative sex	State
No	No	No commitment- No sex
Yes	No	Commitment-No sex
Yes	Yes	Commitment- Sex
No	Yes	No commitment- Sex

When there were two or more relationships of any type in a month then a code of 'parallel multiple' was assigned for that month. There were also people who were never in a relationship. They were also included in the analysis, as it would have implications for clustering the data. With the help of data analysis software (TraMineR) people who had similar trajectories (timing and nature of relationships) were grouped together. Four such clusters were identified (Figure 1.4). Each state is color coded and is plotted on an age scale. The groups are given names based on the dominant pattern observed

Figure 1.4: Patterns of relationships



**Cluster 1: Commitment- No Sex:** As can be seen in the figure (with dominant blue color) that majority of the participants are in committed relationship for most period and do not engage in penetrative sex. This cluster can be considered as of people who typically say that they would have penetrative sex “only after marriage” which largely is the social norm. Fifteen percent of the total participants were grouped in this cluster.

**Cluster 2: Commitment-Sex-Some exploration:** Unlike first cluster, in the second cluster (dominant green color) majority of the participants are in committed relationship for most part of the period and choose to engage in penetrative sex. One can also observe that some people in this cluster also engage in non-committed relationships and also have multiple parallel relationships. However, the duration of the committed relationship dominates the cluster. Fifteen percent of the total participants were grouped in this cluster.

**Cluster 3 : No Commitment-Exploration:** There is no clear pattern in this cluster except that it is dominated by people who are in non-committal relationships, with and without sexual relationships. The cluster can be considered of those who are exploring different kinds of relationships in their life, which goes beyond committed relationships. Twenty three percent of the total participants were grouped in this cluster.

**Cluster 4: No relationship:** Majority of the people in this cluster are not in a relationship, some by choice and others because they could not find a partner. It also includes people who had a relationship for some time, then never went into another relationship, and hence remain uninvolved for most of the period. Those who had a relationship, started it relatively late. Forty seven percent of the total participants were grouped in this cluster.

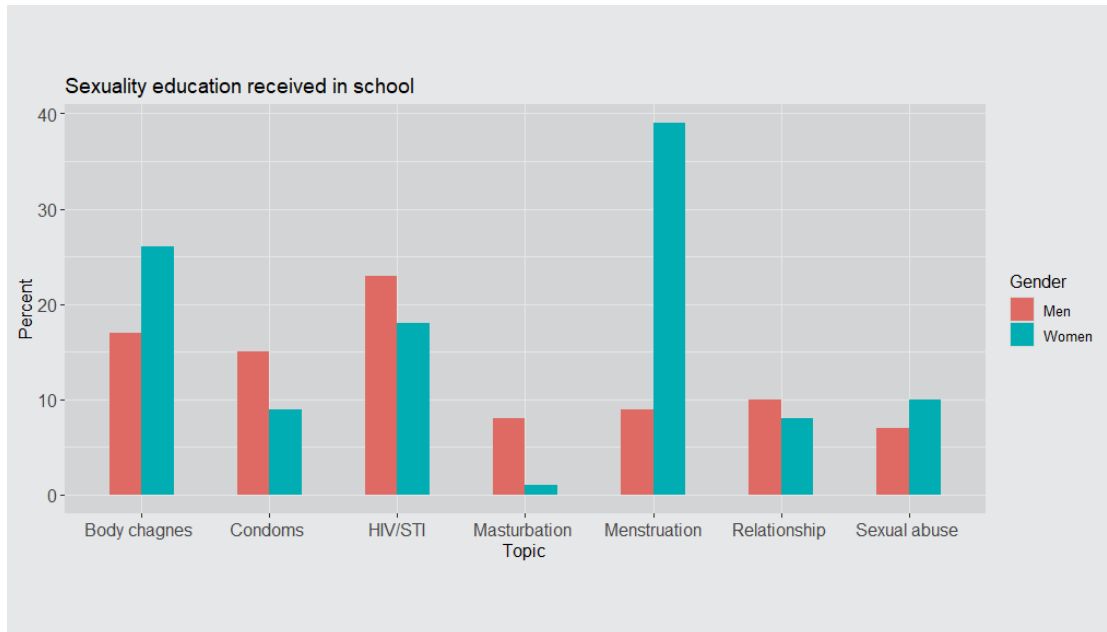
In further statistical analysis of these clusters, it was observed that women in comparison to men were significantly more likely [OR 1.55, CI 1.13 – 2.11] to follow the ‘No Commitment-Exploration’ trajectory. Similarly it was observed that postmillennial generation (Gen Z) were significantly [OR 3.61, CI 2.59 –5.02] more likely to follow the No Commitment-Exploration’ trajectory compared to millennial generation.

### **Only a few had received sexuality education and could talk to their parents about sexuality**

Comprehensive sexuality education is a cornerstone of sexual health. However, in India there are inhibitions from many sections of the society for imparting sexuality education. If at all the topic is discussed in schools, at many places the discussion is restricted to menstruation and HIV/AIDS. Not many parents broach the topic with their children either, resulting in a lot of misconceptions and fears among young people regarding sexuality. The participants in the study were asked if they received any sexuality education in school and if they had any communication with their parents about it.

- Majority of the participants reported that there was some discussion about menstruation (mostly for women), changes that happen in body and HIV/AIDS
- It was discussed because it was part of school curriculum
- Less than 10% of men and women reported to have had any conversation about friendship and relationship, gender, sexual abuse
- There was practically no discussion about masturbation, sexual pleasure, etc.

Figure 1.5: Sexuality education received in school



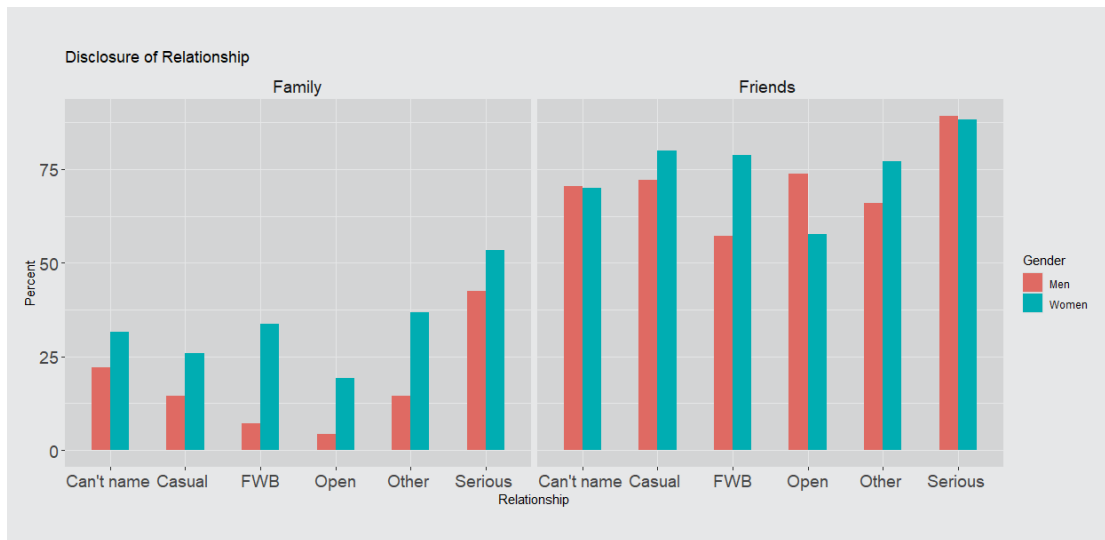
These numbers clearly show that there is a complete lack of positive/affirmative approach to sexuality education in schools.

We also asked participants if they had any conversation with their parents about sexuality/growing-up concerns or relationships. Almost 80% of the participants (79% men and 77% women) reported that they never had any conversation with parents on these issues, highlighting the complete lack of discussion in families around sexuality.

Not many people had disclosed their relationship to parents

Disclosure of a relationship to a trusted person could be important for sharing and seeking support when required. Participants in the study were asked if they had disclosed their relationship to family or friends.

Figure 1.6: Disclosure of relationship to family and friends



- Overall, 84% of the relationships among men and 90% of the relationships among women were known to someone, mostly friends.
- Also, there is a significant gender difference in disclosure of relationships especially to family. Men were significantly less likely to disclose their relationship to their parents and family members compared to women. Only 30% of the relationships among men and 44% among women were disclosed to parents or anyone from the family. As against, more than 80% of the relationships were known to friends.
- Overall, 'serious' relationships were more likely to be disclosed to family and friends compared to 'open' and 'friends with benefits' relationships.
- There was almost no disclosure of 'non-casual relationships' by men to their parents or family.
- Almost 70% of the young people feel that if they have any problem in their relationship they will not be able to discuss it with their parents.
- The fact that not many relationships are disclosed to parents and less disclosure of unconventional relationships such as 'friends with benefits' to friends suggests very limited spaces where young people can seek support if there is any issue in such relationships.

### Caste does cast its shadow

Caste is deeply embedded in Indian society. The role of caste in arranged marriages is well known. It appears that caste and family norms continue to drive many choices that young people are making about their relationships. There are diverse ways in which caste operates.

- While the process of urbanization might have reduced overt caste-based discrimination in cities, caste seems to have intertwined with the discourse of 'choice' when it comes to relationships. This is reflected from the narratives of some participants. For example, one participant said,
 

*"I don't believe in the caste system. But, I think if your partner is from the same background then you can understand each other better. You are more compatible. Therefore, I would prefer a partner with the same caste. That's my personal choice".*
- Parents' disapproval of relationships, either actual or perceived, is also a very significant factor in young people's relationship decisions. This actual or perceived disapproval could restrict young people from not engaging in a relationship (almost 40% women who never had a relationship mentioned family disapproval as a reason for that) or discontinuing/breaking the relationship. Caste and religion appears to be significant reasons for parents' disapproval. While expressing the reasons for break-up many participants expressed this as, "we knew there was no future for our relationship", "parents will not accept our relationship", "partners' marriage was fixed by their parents without their consent" etc.

## Summary

The analysis of relationship patterns and dynamics among unmarried educated youth, majority of them belonging to middle and upper middle class, provided following insights. In this cohort of youth, being in a relationship was a norm. There was significant diversity in defining the meanings and boundaries of relationships based on emotional and physical involvement with the partner and level of commitment. Early initiation and changing pattern of relationship among younger cohort (Gen Z) also indicate that there could be increasing de-standardization of life course (shifting away from traditional trajectory of avoiding relationships before marriage or engaging in serious relationships without penetrative sex). The changes were observed among men as well as women with little gender gap in age at starting the relationships, total number relationships etc. However, these relationships were far from being equal in experiences for men and women. Patriarchal social norms, lack of disclosure to family, lack of family and other informal and formal support mechanisms significantly increases vulnerabilities of youth. While there are limitations to generalizing the findings (mainly the proportions) of this study due to purposive study sample, the findings about the patterns have important implications. What proportion of young people are in a relationship or are sexually active is a moot question. It is important to explore what can be done to reduce their vulnerability and improve their agency to improve their sexual health.

## **Implications and way forward**

### **Improving capabilities of young people to take informed decisions is of utmost importance**

The popular narrative of young unmarried urban youth's sexuality seems to be dominated by freedom-anonymity-technology, consumerism and the 'choices' they have in their lives. However, the lived realities of young people clearly indicate how they are actively negotiating with their socio-cultural context to create their choices that are constrained by lack of information, lack of support, family norms, religion, caste, stigma, and discrimination. In order to achieve sexual health for this population, interventions should go beyond imparting information and should focus on increasing their ability to make informed decisions. Ability to recognize and regulate one's emotions & behaviors, ability to feel control over one's actions and to deal with the consequences, ability to experience intimacy, ability to seek support when required etc. are all important abilities that young people should have, to experience positive and healthy sexual life[5].

### **There should be spaces for young people to talk about their concerns and seek support**

Rapidly changing external environment and peer norms, asymmetry in relationship expectations, lack of support from family and stigma of premarital relationships can increase the vulnerability of young people to deal with issues related to sexuality. The range of issues that young people can experience may not be restricted to the physical health complaints such as HIV/STI, or unwanted pregnancies but can get intertwined with social and psychological issues such as decision to engage in sex, dealing with abuse, break-up, depression, self-harm etc. Currently, young people, especially unmarried youth do not have spaces where they can talk about these concerns. The Adolescent Friendly Health Clinics (AFHC) that are established as part of the Rashtriya Kishor Swasthya Karyakram (RKSK)[6]the Government of India committed to strengthening its programmes and systems for adolescents, initially through the Adolescent Reproductive and Sexual Health Strategy (ARSH, are restricted for people under the age of 19, are located in the medical facilities and are poorly accessed by young people. There is a need to establish spaces where young people can reflect about their concerns, get help in assessing their own risk & health conditions and get information about available health services which they can access.

### **Comprehensive Sexuality education (CSE) should be universally available and should go beyond information and beyond schools**

Implementation of CSE in India has always faced challenges from different sections of society, from politicians to parents who believe that sexuality education would 'corrupt' the innocent minds of young people. This resistance persists despite the availability of strong evidence beyond doubt that CSE is one of the most important interventions for



achieving sexual health of young people. There is limited information available on the status of sexuality education (also known as adolescent education/life skills education) in India. While there might be individual efforts of the schools and civil society organizations to provide CSE, there is hardly any information about the content, approach and methodology of providing such information. The only known national level program, named as Adolescent Education Program (AEP) is being implemented in the government schools and is still beyond the reach of many young people. Further, the focus mainly remains on providing information about risks & diseases and is far from being 'comprehensive'[7]. Along with making CSE universally available and accessible, there is also need to make the socio-cultural environment more conducive towards positive sexuality that recognizes, respects, and supports sexual rights of young people irrespective of their gender identity, sexual orientation, disability and marital status.

### **Legal age of consent should be re-examined**

Legal age of consent is a contentious issue in India. According to The Protection of Children from Sexual Offences (POCSO) Act, 2012, sexual activity before the age of 18, even if it is 'consensual' is considered a crime. This is and can become increasingly problematic as there are more and more young people who are starting their relationship and sexual activity before the age of 18. Though most young people between the age of 16-18 who engage in consensual sexual activity are not currently prosecuted, they are 'criminals' in the eyes of law and find it extremely difficult to access any sexual and reproductive health related services. On the other hand, there is no evidence to support that increasing age of consent has delayed sexual activity or has reduced crimes. Therefore, with the rapidly changing context of initiation of sexual intimacy in India, there is a need to reconsider a lowering age of consent.

### **Emphasis on 'sexual health' is required in the sexual and reproductive health programs in India**

The sexual and reproductive health and rights (SRHR) programs in India have been traditionally focusing more on reproductive health and hence are dominated by the discourse on maternal health. This has resulted in formulation of more bio-medical approach to SRHR that largely catered to married heterosexual couples. There is a need that SRHR programs should also focus on sexual health which is considered fundamental to people's health and rights. SRHR programs should aim at building a more positive and respectful approach to sexuality and sexual relationships which gives importance to pleasurable and safer sexual experiences, free of coercion. This focus is essential to ensure that the services reach everyone including the groups such as adolescents and unmarried adults, people of diverse sexual orientations and gender identities, people with disabilities etc. whose needs have received little priority in the SRHR programs.

## **Taking a life course approach to sexual and reproductive health is essential in addressing complex interlinked issues**

The current research literature on sexual intimacy before marriage is limited. Majority of the research is conducted using survey methods to get a cross sectional understanding of number of men and women engaged in premarital sex and is often medicalized. It is not uncommon in the current literature to come across words such as “prevalence” and “determinants” of premarital sex, which clearly highlights the narrow focus of these studies. Such cross-sectional understanding of sexual behavior only focusing on penetrative sex does not provide enough understanding about sexual health of young people. Sexuality related decision-making is dynamic in nature. Therefore, a dynamic framework, such as a life course approach is more appropriate to understand the complexities and interrelatedness of sexual experiences of youth. Central to the life course perspective is the belief that any point in life should be viewed dynamically as a consequence of past experiences and future expectations as well as the integration of individual motive with external constraints[8]. Such an approach is required not only for future research but also for planning sexual health programs.

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## Chapter 2

# Sexual Health Risks among Unmarried Youth

*"We (me and my boyfriend) met on a dating app. We both have been in previous relationships. I used to like him but he was not ready (for a serious relationship). We have clearly discussed that we will have a relationship without any emotional involvement. He does not like to use condoms. I also do not feel the need ... I feel he is a safe guy. We have never really seriously discussed this topic (risk of HIV) as such." (A 24-year-old, heterosexual woman)*

### Background

One of the important aspects of sexual health is to have absence of sexually transmitted infections including HIV/AIDS. Higher vulnerability of young people in this context is well established[1]. Until now, however, the studies on risk taking sexual behaviors among Indian youth have largely been cross sectional in nature. The focus has been on questions such as how many young people engage in unsafe behavior (and therefore are at risk of acquiring HIV or STIs) and who they are (in terms of socio-demographic correlates). While this information is useful to make estimations about the size of at-risk population, it does not throw light on how these behaviors shape from adolescence to adulthood and the different behavioral patterns that affect the risk. This information is important to build appropriate behavioral interventions.

There is emerging global literature highlighting the importance of studying trajectories of sexual behavior over a period, as the risk is not static [1,2]. Those at risk at a certain time point can move into a 'not at risk' category and vice versa. Information on longitudinal patterns of risk taking behavior can improve our understanding about sexual health needs of youth. However, India specific information on this subject is very limited.

The present section seeks to understand the sexual health risks with specific emphasis on the risk of acquiring sexually transmitted infections/diseases including HIV. It describes the patterns of sexual behavior among unmarried youth - from adolescence through adulthood. It also describes the preparedness level of youth in terms of knowledge, risk perceptions and access to health care. The issues related to contraception, pregnancy and abortion are dealt with separately, in a subsequent chapter.

## Methodology

Retrospective data about relationships and sexual behavior in each relationship was collected through a one-time interview. During the interview, the participants were asked to recollect their relationships sequentially starting from age 10 onwards until current age or other way round based on the participant's preference. Relationships that lasted for less than a month and more than one month were defined as short term and long term relations respectively. Timeline of each relationship was plotted separately on a time event calendar. A month was marked if a sexual encounter happened at least once in that month and frequency of condom use for that month was noted. If condom was not used every time, data on reasons for not using condoms was collected. HIV risk scores were calculated for each month, based on condom use and concurrent sexual partners. A risk score was assigned ranging from 1 to 4, as per the consistency of condom use ranging from 'always', 'most of the times', 'sometimes' and 'never', respectively. A score of 1 was added for each risky partner (defined as a partner with whom condom was not used always). Thus, the lowest risk score was 1 which meant in a given month there was only one partner and condom was always used. Data were analyzed using group based trajectory (GBT) technique, which is a statistical methodology [3] for analyzing developmental trajectories - the evolution of an outcome over age or time. The aim was to identify clusters of individuals with similar or distinct trajectories, and understand what factors account for their distinctiveness.

Using a separate set of questions, information on current level of knowledge about HIV/STI and protection self-efficacy was obtained. Participants were asked about HIV testing done in the past. Further, they were explained about self-testing of HIV and asked which choice they would take between self-testing and testing at a health care facility, if they were to do an HIV test. Further details about study recruitment, data collection and overall profile of the participants are provided in Annexure 1.

## Participant profile

Total 1240 participants were enrolled in the study out of which 653 were men, 584 were women, and 3 participants marked their gender as 'other'. One of them mentioned that she (her preferred pronoun) is still questioning her gender identity and for the purpose of the research, her identity can be marked as woman. While we completely understand and support collection and analysis of gender identity data to reflect the diversity, because of the very small number of participants with other gender identity in the research, it was not possible to include a separate gender category in analysis. There was no apparent difference in the trajectories of participants with other gender identities compared to men and women. Therefore, an analytical category of gender with 655 men and 585 women was created.

The median age of the participants was 23 years. Majority of the participants reported to belong to the middle/upper middle class (81% men, 91% women). Average monthly family income between 21000-75000 was reported by 46% men and 41% women whereas above 75000 was reported by 28% men and 43% women. Majority of the participants had completed or were studying for graduation (55% men, 47% women) or post-graduation (21% men, 23% women) degree. Almost half of the participants (57% men, 50% women) were involved in remunerative work at the time of interview. Majority of the participants were born and lived in the city during their childhood whereas 38% of the men and 23% of women were born and at least had schooling (up to 10<sup>th</sup>) in village or town and later migrated to the city for higher education or work.

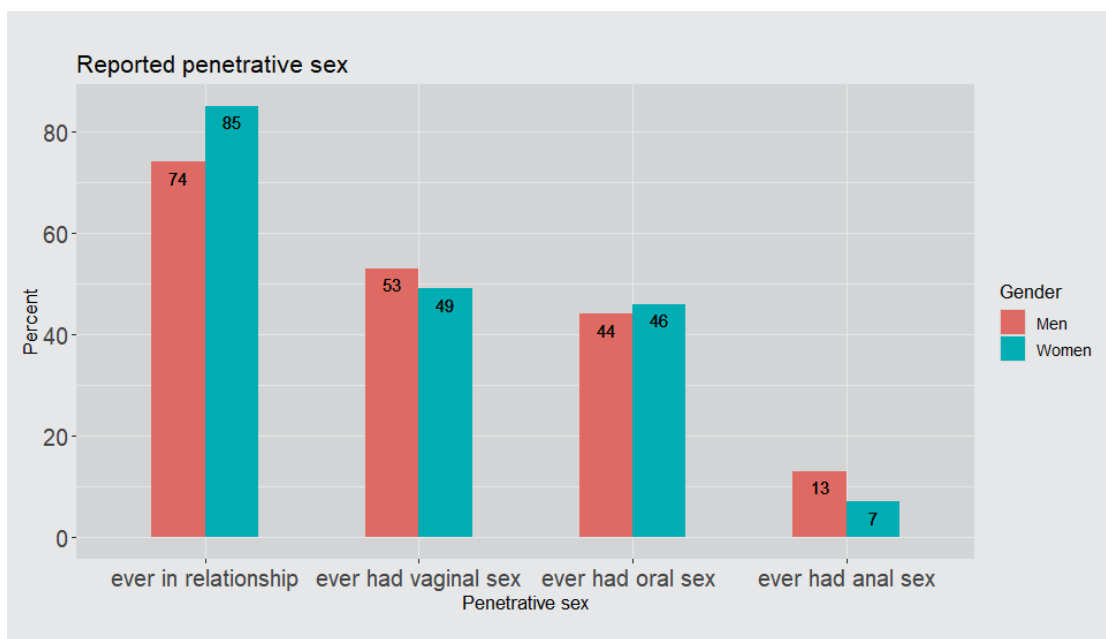
Of the 1240 (655 men and 585 women) participants recruited in the study, 271 (41% men and 246 (42%) women reported to have ever engaged in vaginal and/or anal sex. Of these 65 men and 34 women reported having anal sex. Data of participants (n=517) who reported to have ever engaged in vaginal or anal sex was analyzed to assess HIV risk. To analyze for risk of STIs all three forms of penetrative sex (vaginal, anal, oral) were considered.

Descriptive and inferential statistics was used for data analysis. Data were analyzed using a SAS version 9.4. As these interviews adopted a biographical style of interviewing, we had encouraged interviewers to keep brief qualitative notes of each interview. We also referred to these notes, to interpret the quantitative data.

## Findings

### Young people had engaged in diverse sexual practices.

Figure 2.1: Reported penetrative sex

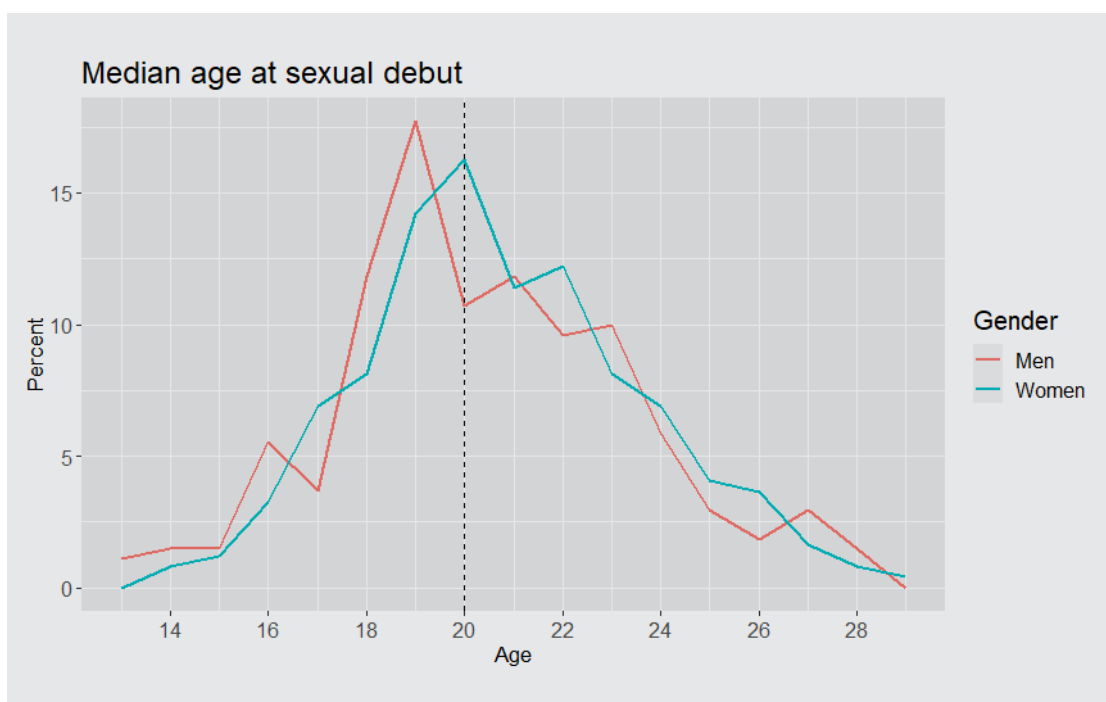


Majority of the young people who participated in the study (n=1240) reported heterosexual orientation (91%).

- A total of 984 participants (487 men and 497 women) ever had a relationship. Of these, almost half reported to ever have engaged in vaginal sex. Almost similar proportions were observed to engage in oral sex. (Figure 2.1)
- Around 9% men in heterosexual relations and 7% women reported to ever engage in anal sex.

### Younger cohorts were more likely to have earlier sexual debut

Figure 2.2: Median age at sexual debut

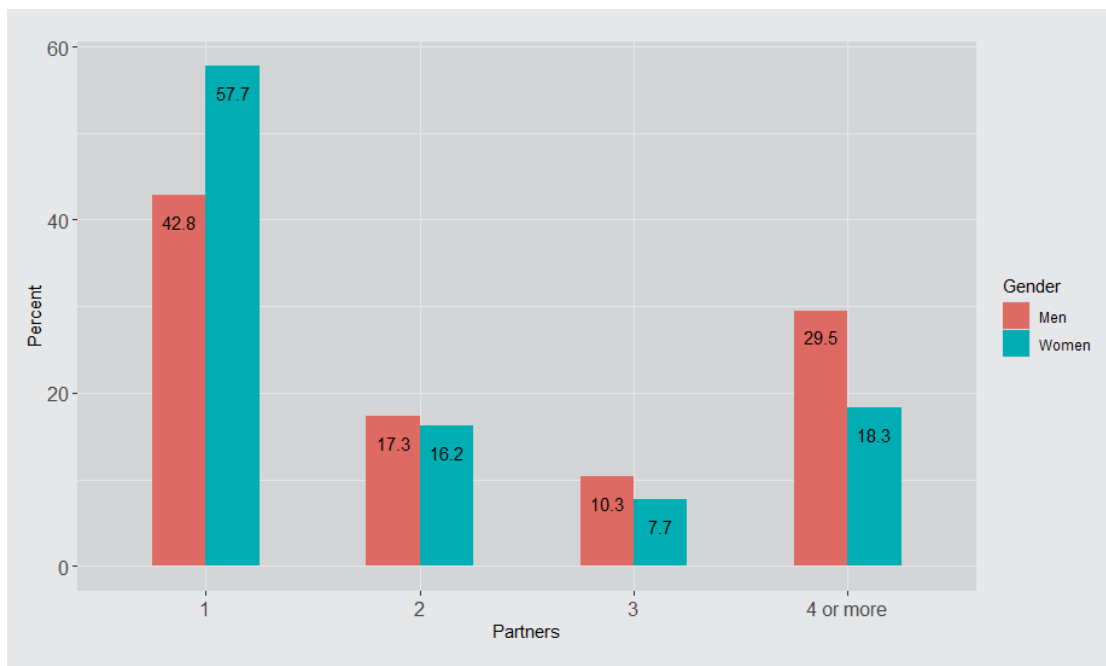


### Summary of the analysis from the cohort of 517 sexually active participants:

- Thirteen percent of men and women were sexually active before the age of 18 years. These were not reported as abusive or forceful encounters.
- Ten percent of men and women had sexual debut at the age of 16 -17 years and a small minority (4% men and 2% women) had their first sexual encounter before 16 years of age.
- The median age at sexual debut was 20 years. The interquartile range was 19 to 23 years, i.e. 50% of the participants had sexual debut in this age range.
- The age at sexual debut was more likely to be below 18 years for the younger cohort (below 22 years at the time of interview). (21.6% vs 10.7%, p=0.003)

## Sequential multiple sexual partnerships were common

Figure 2.3: Number of sexual partners over lifetime



- Fifty-seven percent men and 42% women had more than one sexual partner in their lifetime. These were mostly consecutive relationships.
- At least a quarter reported 4 or more partners over life-time.
- Higher proportion (50%) of people with non-heterosexual orientation reported 4 or more partners over life-time.
- More men (49%) had at least one short term sexual partner (relationship that lasted for less than a month) compared to women (27%). Among men who had short term sexual partner/s, 35.6% reported partner/s being a commercial sex worker.

## The sexual encounters were intermittent in nature and happened in a context of secrecy

- The median age at sexual debut was 20 years. The median age at the time of interview was 24 years (IQR=22-26 years).
- The sexual encounters mostly happened intermittently, with long gaps in between.
- Majority of the participants did not disclose their sexual behaviors to family or friends. The behaviors happened in a context of secrecy. Lack of safe spaces to meet each other was a commonly spelled out concern by the participants.

The risk taking behaviors were dynamic, changing with time.

Figure 2.4: Risk scores for HIV among men

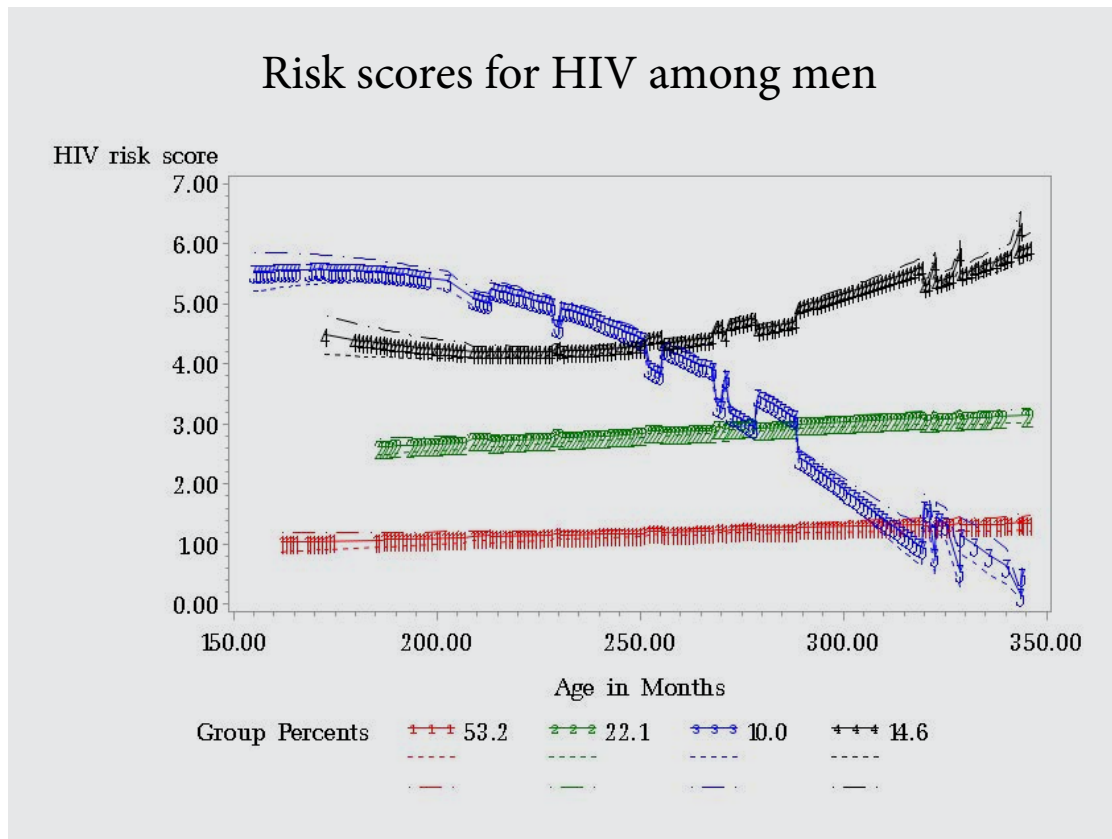
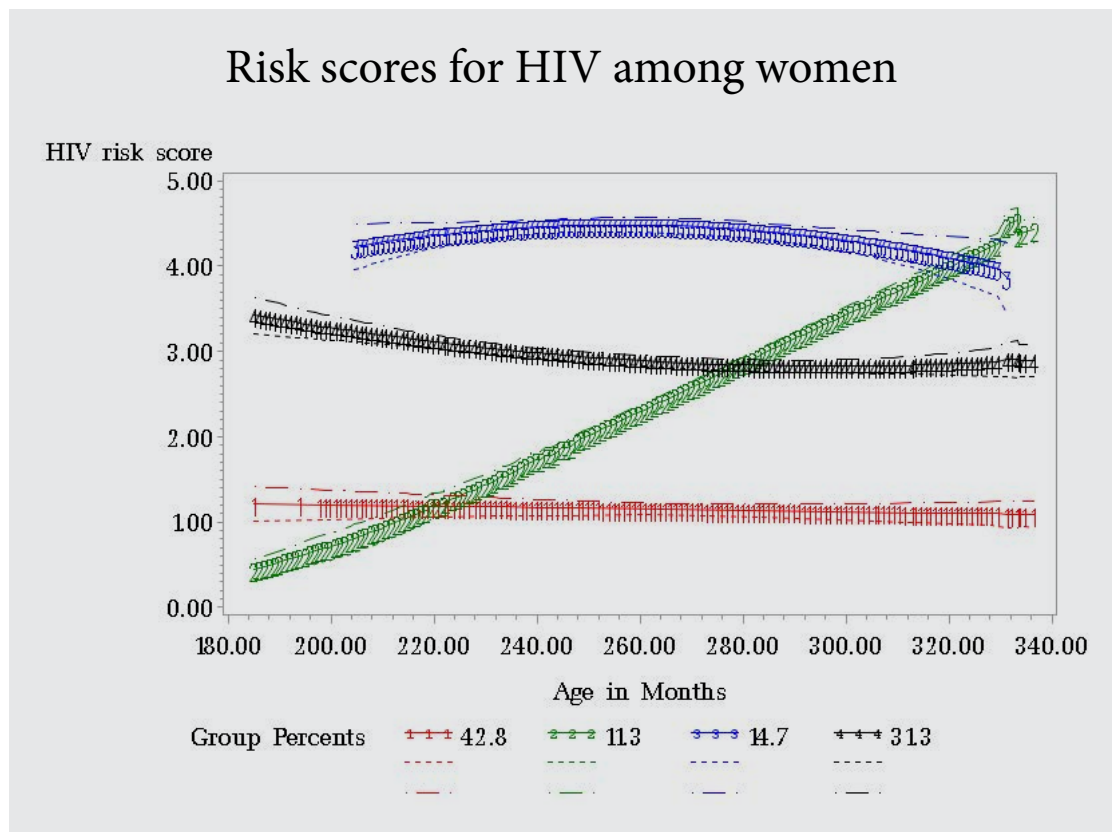


Figure 2.5: Risk scores for HIV among women





- Figure 2.4 and Figure 2.5 shows different trajectories of how HIV risk scores evolved from adolescence to adulthood in men and women. Each trajectory (denoted by a different color) is made up of clusters of individuals following similar sexual behaviors, in terms of the HIV risk associated with the behavior. Individuals engaging in safer sexual behaviors have lower HIV risk score (=1). Engaging in unsafe sexual behaviors (such as inconsistent condom use or no condom use, more than one concurrent partner) result in higher risk score.
- 53% men and 43% women had low HIV risk scores throughout. 22% men and 31% women had moderate level risk scores consistently.
- There were two trajectories each in men and women that indicated higher risk; however, the way the risk evolved differed across gender.
- 10% men had a very high risk score during adolescence but the risk declined during later ages (Declining risk – high to low); while 15% men had consistent high risk scores.
- Of the two high risk trajectories in women, in 11% the risk scores were low in early years but sharply inclined in later ages (Late rising high risk). And 15% had consistent higher risk scores.

### The condom use was inconsistent, raising concerns about health risks

Table 2.1 – Relationship type and condom use pattern

		Long term relations	Short term relations
Total months during which sex was reported with one or more partner (n=11253)		9967	1549
Consistency of condom use	Always	4195 (42.09)	1037 (66.95)
	Most of the times	2787 (27.96)	340 (21.95)
	Some times	1415 (14.2)	63 (4.07)
	Never	1395 (14)	109 (7.04)
	Mixed pattern*	175 (1.7)	0

\* If for a particular period there was more than one partner and condom use pattern was different across concurrent partners, it was defined as mixed pattern

- Condom use was inconsistent in a substantial proportion of monthly observations.
- The pattern changed as per the length of relationship. The use was consistent for short relations that lasted for less than a month. In longer relationships, only 40% monthly observations accounted for consistent condom use.
- Similar pattern was seen in both genders.

- In majority of cases, condom was not used during oral sex. The risk of HIV is extremely low through oral sex. But the risk of transmission of other sexually transmitted infections (such as gonorrhoea, syphilis) is high.

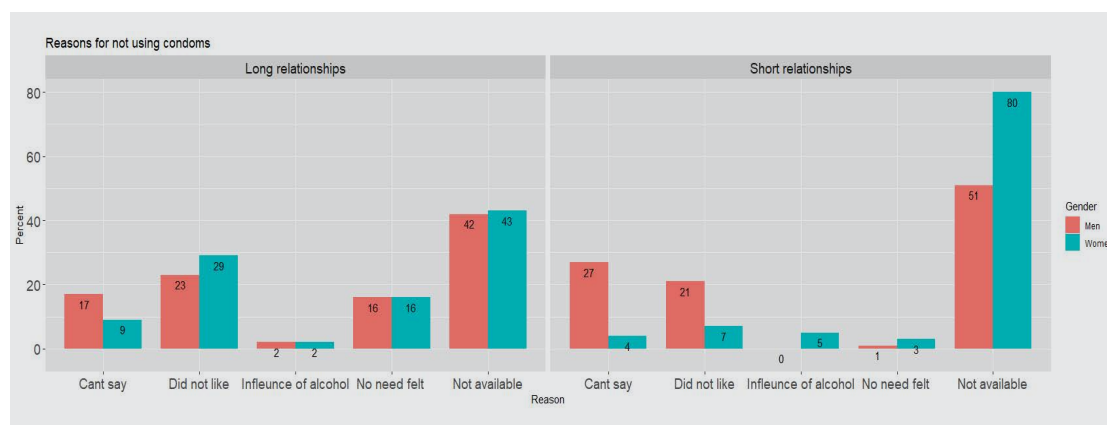
**The inconsistent condom use was driven by lack of preparedness given the unplanned nature of sexual encounters, norms around pleasure and perceived low risk of HIV.**

The inconsistent use of condoms could not be explained by level of knowledge alone. A number of factors contributed to unsafe behaviors.

Knowledge about HIV, receipt of sexuality education in school had no impact. More than 80% participants in the study cohort had adequate knowledge about HIV transmission through vaginal sex. It is likely that this has contributed to high proportions of 'ever use of condom' observed in the study cohort. However, it did not correlate with consistent use.

'Unavailability of condoms at the time of act' was reported as a dominant reason for inconsistent use. The accompanying graph provides the understanding of the various reasons reported, when condom was inconsistently used / never used. In the area where this study was conducted, condoms are widely available through public health facilities as well as many other outlets such as pharmacies, 'pan or cigarette' shops. Despite this, one of the prominent reasons for condom non-use was 'unavailability of condoms'. The unplanned nature of the acts is one of the likely explanations. A person is less likely to be prepared to carry condom when possibility of sex is not anticipated or cannot be discussed upfront.

**Figure 2.6: Reasons for not using condoms**



- Prevailing norms about condom use played an important role. It was commonly felt that condoms reduce pleasure, which affected condom use.
- Poor risk perception was another factor that led to inconsistent use of condoms. The risk perception of HIV was very low in this cohort. Only 20.6% men and 13% women had ever thought that they could be at risk

of HIV ( $p=0.005$ ). People with non-heterosexual orientation had higher risk perception. The risk perception appeared to have links with group identities rather than risk behaviors.

- The fear of contracting HIV/ STI did not figure in the narratives; however, there was considerable fear about pregnancy. Young people assessed the risk of the partner based on his/her educational background, occupation, family background etc. The perceived risk was high if partner was a sex worker and that reflected in consistent condom use. However, the same was not necessarily true, if the partner was a friend or a known person. For example, a participant said,

*“I met this guy only once, through a friend. I generally use condoms with my partners, but this one time I did not use it. He was a handsome guy from a good educated family. I thought he must be safe.”*  
(A 27-year-old homosexual man)

### **Stigma and secrecy limited the abilities of youth to adopt protective behaviors.**

The access to condoms was further hampered by perceived challenges in accessing condoms.

- 35.4% women and 10.3% men found it difficult to procure condoms from a chemist or health care provider ( $p<0.01$ ).
- Similarly, a third of participants (32.8% men and 34.14% women,  $p=0.45$ ) found it difficult to carry condoms.
- The disadvantage was further exaggerated for people coming from a rural background. The gender gap was evident, with women being at a higher disadvantage.

### **The uptake of HIV testing was poor**

- Only 33% men and 16% women had ever got themselves tested for HIV. Men reporting non-heterosexual orientation (76%) were more likely to have tested themselves, compared to those with heterosexual orientation. The uptake was low, despite risky behaviors in the past.
- The willingness to test for HIV was asked at the end of interviews. The testing was made available at the study site at subsidized cost. A total of 262 (57% women and 44% men) people showed willingness to test. Of these 9.9% women and 6.6% men availed HIV testing services on the day of their interviews.

### **The acceptability of self-testing was higher in women compared to men**

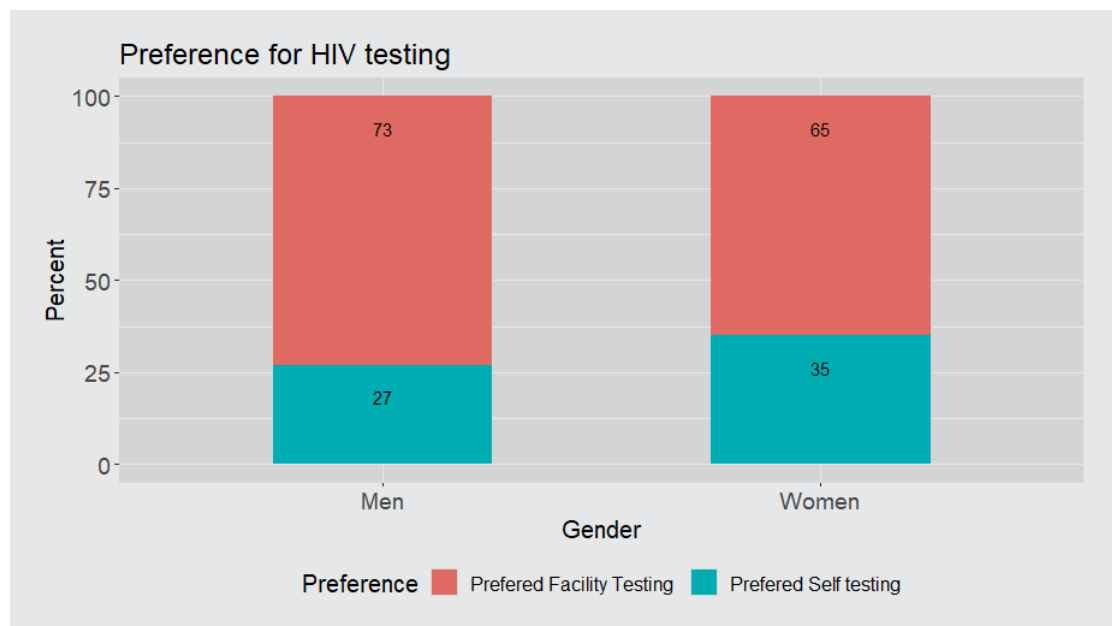
A third of participants preferred for self-testing over testing at a health care facility.

- Women (35.2%) were more likely to opt for self-testing compared to men (26.6%) ( $p$  value- 0.04).

- The acceptability was higher (although not statistically significant) among gay people and those who reported to have perceived themselves at risk of HIV.

The most common reason why participants preferred self-testing over testing at a health care facility was fear of stigma and breach of confidentiality by health care providers. Self-testing was perceived to be more convenient. The reason for not opting self-testing was low confidence of performing the test and concerns about accuracy. They felt that the guidance from health care providers is essential to interpret the results.

Figure 2.7: Preference for HIV testing



## Summary

The present study was done in a homogenous group consisting of urban, educated, middle class. Majority reported heterosexual orientation. Sequential multiple sexual partnerships was a norm in this cohort. Younger age people were more likely to have early sexual debut. A subsection engaged in 'high risk' behaviors. Within this subsection, the way the risk behaviors evolved from adolescence to adulthood was not homogenous. There were stark gender differences. The higher risk taking was seen during early age (adolescence) among men. As against, in women, the period of higher risk was marked during later ages (25 onwards). A smaller subsection of both genders had higher risk over the entire age spectrum.

The HIV risk was mainly driven by inconsistent use of condoms. Concurrent partnerships were uncommon in this cohort. The secretive context in which sexual behaviors happened led to unplanned sexual acts which negatively impacted condom use. The HIV related risk was assessed based on identity (eg. socio-economic status) rather than behaviors. Stigma and secrecy limited the abilities to procure condoms or

carry condoms. Owing to 'low risk' perception, motivation to get tested for HIV was poor. Self-testing was perceived to be more convenient and preferred for fear of stigma and breach of confidentiality by health care providers. The reason for not opting for self-testing was low confidence of performing the test and concerns about accuracy.

The study cannot comment on size or proportions of at-risk populations, as it is purposive in nature. Also, the findings are applicable mainly to middle class educated urban unmarried youth. However, it indicates their possible vulnerability to acquire HIV/STI. The primary focus of the study was to understand more about the nature of risk-taking sexual behaviors among unmarried urban youth. It brings out a nuanced, longitudinal understanding of HIV related risks among youth.

## **Implications and way forward**

### **There are early indications of emergence of at-risk subgroups within the conventionally defined low risk general population.**

The Indian HIV epidemic is concentrated in nature. The infections are concentrated in conventionally defined high risk groups (men having sex with men, sex workers, transgenders, migrants etc.). Youth from the general population are typically considered to be a 'low risk' population. However, recent evidence from India points at a changing picture. For example, trend data of PMTCT (prevention of mother to child transmission) program from western Maharashtra shows increasing sero-discordancy (woman HIV infected, husband HIV uninfected) in young married pregnant women during the last decade. It indicates changed HIV transmission dynamics and increased vulnerability of young women from the general population to acquire HIV[4]. In another study, it was observed that districts with attributes such as urbanization, population size and density, higher levels of literacy, better socio-economic status, late marriages had positive correlation with consistent high HIV prevalence[5]. The study raises concerns about increased vulnerability of urban youth to HIV and STI. The heterogeneous patterns observed in the current study echo these concerns. It highlights that youth from the general population is not a homogenous entity. There are subgroups that have heightened HIV risks which must be reached out to.

### **Young unmarried people from general population is an important group that needs to be reached by HIV prevention programs**

The national HIV program considers adolescents and young adults as one of the priority populations[6]. The program focuses on young people from 'high risk' groups. However, educated unmarried youth from the general population remains less attended to in current HIV programs. The HIV programs need to devise appropriate strategies to reach the at-risk subgroups within the larger general population of youth. Looking at the mere size of youth population, rapidly scalable low cost options need to be considered. Use of technology can be very useful in this regard. Sexuality

education needs to be expanded beyond schools at varied platforms such as colleges, workplaces, youth groups etc. Its content needs to be more comprehensive. Beyond information, it also needs to focus on improving abilities.

### **The HIV / STI prevention efforts need to focus on increasing self-efficacy to adopt safe sex practices**

The study findings show that improving knowledge is a necessary but not sufficient step towards HIV/STI prevention. There are difficulties in interpreting and applying scientific knowledge in real life. HIV preventive behaviors can be better interpreted through 'motivation-opportunity-ability' framework. The youngsters need supportive interventions that will help them assess their risk, build their skills to negotiate safer sex and take an informed choice. The motivation and ability to negotiate are crucial, especially in the given context of stigma and unequal gender norms. The interventions to promote condom use as well as HIV testing need to incorporate these elements.

### **Stigma is a major hurdle in accessing sexual health services, especially for unmarried youth and needs to be addressed**

The national health program is committed to providing equitable, non-discriminatory SRHR services to all, irrespective of their marital status and sexual orientation. However, the larger social unacceptance of premarital and non-hetero sexual behaviors impedes access to services. The societal attitudes get reflected in attitudes of care providers resulting in stigma and discrimination, be it healthcare providers or providers from other sectors such as police, legal aid systems. The efforts to reduce stigma and discrimination in health care systems need to be embedded in larger efforts aimed at society in general.

### **Self-testing can be a promising option for strengthening linkage of youth to HIV cascade of services.**

The HIV testing uptake remains low despite wider availability of HIV counseling and testing services in the country. As per recent national family health survey, among sexually active never married youth, only 6.6% women and 3.3% men had tested for HIV[7]. The major reasons are low risk perception and fear of stigma & discrimination by healthcare providers. The acceptability of self-testing was found to be fairly good in current study. The groups bearing highest burden of stigma, such as unmarried women or people with non-heterosexual orientation, show higher acceptance. The option of self-testing can be explored for these groups. Improving risk perceptions of youth would be essential to improve their access to self-testing. Experts from the field have often expressed concerns about negative implications of self-testing (such as suicide, self-harm etc.) Such adversities can be minimized by providing immediate access to support mechanisms. Digital technology can play an important role in this.

## **Increasing trend of early sexual debut has implications for POCSO**

In the present study, the majority of the sexual encounters happening before age 18 were consensual. However, in a setting where age at sexual consent is 18 and above, these behaviors become unlawful. The requirement of mandatory reporting by service providers can have devastating consequences for youngsters. It can greatly impede the timely access to psycho-social and medical services. The legal and care and support systems need to take cognizance of these nuances.

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## Chapter 3

# Contraceptive Use and Unwanted Pregnancies among Unmarried Youth

*"We used condoms sometimes.... did not like using it. And, he (her partner) was so very sure of the withdrawal method. But even then, pregnancy happened. He wanted me to take abortion pills...but it was more than 2 months .... so, curettage was done. He did not accompany at the time of abortion. One of my friends and his girlfriend helped me. He (her partner) later said sorry for his behavior. We had very frequent fights after that episode." (A 24-year-old woman)*

### Background

The evidence from many developing countries including India suggests that young women have high levels of unmet need for contraception. The unmet need is higher among the unmarried than married women [1]. Barriers at different levels – individual, peer, family, societal, and service delivery level - limit the contraceptive use. The context of secrecy and stigma surrounding sexual behavior in unmarried further complicates the matter. The contraceptive behavior also gets influenced by how the need for contraception is perceived by the women. For example, the Demographic and Health Survey data from developing countries [2] shows that infrequent sex is commonest reason for not using contraception. A sizable share of women citing this reason appeared to have underestimated their risk of becoming pregnant. The next most common reason in that data is a nonspecific response - "not married". There too, majority of these women reported that they had sex in the prior month. The findings indicate the possibility of some barriers that could not be elucidated through survey level inquiry. A nuanced understanding of the usage pattern of contraceptives among unmarried, not just at one time point but over a period, is needed to throw more light on these processes.

In the present section, we describe the patterns of contraceptive use – both traditional and modern - among unmarried youth. It also looks at pregnancy incidence and experiences of seeking abortion care.



## Methodology

Retrospective data about relationships and sexual behavior in each relationship was collected through a one-time interview. Participants were asked to recollect their relationships sequentially starting from age 10 onwards until current age or other way round based on the participant's preference. Relationships that lasted for less than a month and more than one month were defined as short term and long term relations respectively. Detailed information about each long term relationship was collected on a separate form. Contraceptive usage during each long term relationship was asked about. Details such as whether any contraceptive method was ever used in a relation, what type of contraceptive was used (such as safe period, withdrawal, oral contraceptive pills, injectable contraceptives, intrauterine devices, emergency contraceptive pills etc.), frequency of use of emergency contraceptive pills were asked. Timeline of each relationship was plotted separately on a time event calendar. The use of condoms was plotted separately for the entire timeline. A month was marked if a sexual encounter happened at least once in that month and frequency of condom use for that month was noted. If condom was not used every time, data on reasons for not using condoms was collected.

The women were asked if they had any pregnancy event until the time of interview. Men reporting heterosexual relationships were asked if any of their partners got pregnant. Pregnancy occurrences were plotted on the timeline. Information on the outcome of the pregnancy was obtained. Using a separate set of questions, information on current level of risk perception, knowledge about contraception and protection self-efficacy was obtained.

Further details about study recruitment, data collection and overall profile of the participants are provided in Annexure 1.

## Participant profile

Total 1240 participants were enrolled in the study out of which 653 were men, 584 were women, and 3 participants marked their gender as 'other'. One of them mentioned that she (her preferred pronoun) is still questioning her gender identity and for the purpose of the research, her identity can be marked as woman. While we completely understand and support collection and analysis of gender identity data to reflect the diversity, because of the very small number of participants with other gender identity in the research, it was not possible to include a separate gender category in analysis. There was no apparent difference in the trajectories of participants with other gender identities compared to men and women. Therefore, an analytical category of gender with 655 men and 585 women was created.

The median age of the participants was 23 years. Majority of the participants reported to belong to the middle/upper middle class (81% men, 91% women). Average monthly family income between 21000-75000 was reported by 46% men and 41%

women whereas above 75000 was reported by 28% men and 43% women. Majority of the participants had completed or were studying for graduation (55% men, 47% women) or post-graduation (21% men, 23% women) degree. Almost half of the participants (57% men, 50% women) were involved in remunerative work at the time of interview. Majority of the participants were born and lived in the city during their childhood whereas 38% of the men and 23% of women were born and at least had schooling (up to 10<sup>th</sup>) in village or town and later migrated to the city for higher education or work.

There were a total of 737 heterosexual relationships among 447 participants in which vaginal sex was reported (209 men reported 361 relationships and 238 women reported 376 relationships). Descriptive analysis of ever use of contraception in each relationship was assessed, against the overall pattern of condom use for that relationship. We looked at consistency of condom use within every relationship that lasted for more than a month. If, at any time point in a relationship, the condom use was reported as 'Never', 'Sometimes' or 'Most of the times' then condom use with that partner was defined as inconsistent. Descriptive analysis was done to assess frequency of emergency contraceptive pill usage as well as reported pregnancies.

## Findings

### **Condom was the most frequently used modern contraceptive among unmarried youth, but its use was inconsistent**

- Of the total 737 relationships analyzed, condom use was inconsistent in 348 (47%).
- The next modern contraceptive option sought was emergency contraceptive pills (ECP), which was reportedly used in 34% of relationships.
- The use of oral contraceptives was miniscule, that too mostly reported by women (5.3%). Only 1.9% men reported use of OC pills by their partner. The hormonal pills were started mostly as part of acne treatment. None reported use of injectable contraceptives or intrauterine devices.
- The data also revealed that there was considerable fear about pregnancy. Almost 20% participants felt that there is no risk of pregnancy if withdrawal method is used. Many young people were not comfortable buying condoms or contraceptive pills from a chemist. 35% women and 10% men found it difficult to buy condoms from a chemist. 27% in women and 26% in men found it difficult to buy contraceptive pills from chemists.
- It was commonly felt that condoms reduce pleasure, which affected condom use. 'Unavailability of condoms at the time of act' was reported as a dominant reason for inconsistent use. The unplanned nature of the acts is one of the likely explanations for unavailability.

## Young people often relied on safe period or withdrawal method to prevent pregnancy

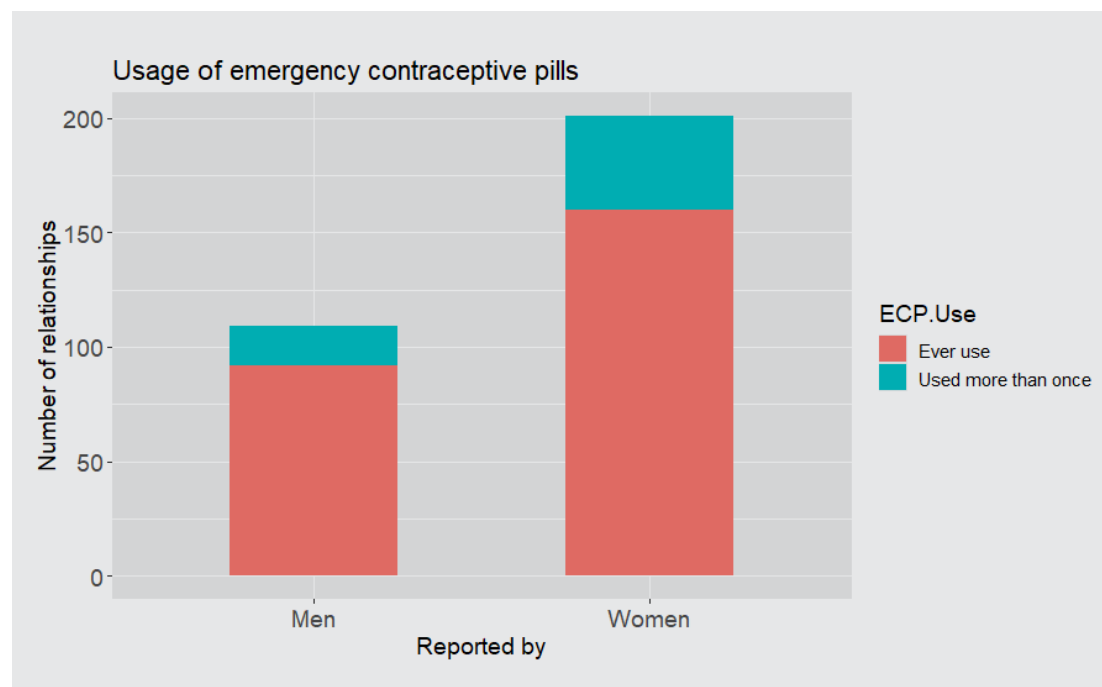
Table 3.1: Condom use pattern in relationships where safe period/withdrawal method was ever used

	Relationships where safe period/withdrawal method was ever used	Relationships where condom use was consistent	Relationships where condom use was inconsistent
All	314	57 (14.65%)	257 (73.85%)
Men	130	28 (13.53%)	102 (66.23%)
Women	164	29 (15.93%)	155 (79.9%)

- Of the total 737 relationships analyzed, use of traditional methods such as safe period and withdrawal method was reported in 42.6% relations.
- For relations wherever use of traditional method was reported, we looked at consistency of condom use. It was observed that in such cases, by and large condom use was inconsistent. (Table 3.1)

## Emergency contraceptive served as an important contraceptive option for unmarried youth

Figure 3.1: Usage of emergency contraceptive pills



- In almost one third of relationships (n=252), ever use of emergency contraceptive pill (ECP) was reported
- Among these, 18% and 26% relationships in men and women respectively, ECP was used more than once.

- Using multiple EC pills in the same menstrual cycle was reported in 4% and 13% relationships in men and women (where ever use of ECP was observed).

**Table 3.2: Condom use pattern in relationships where emergency contraceptive pill use was reported**

	Men		Women	
	Consistent condom use	Inconsistent condom use	Consistent condom use	Inconsistent condom use
Ever use of ECP	21 (23%)	71 (77%)	44 (28%)	116 (73%)
Use of ECP more than once	0 (0%)	17 (100%)	3 (7%)	38 (93%)
Frequent use of ECP one menstrual cycle	0 (0%)	4 (100%)	0 (0%)	20 (100%)

\* Condom usage assessed among those relationships where ECP was ever used

- In the majority of relationships where ECP was ever used, condom use was inconsistent (77% in men and 73% women). (Table 2)
- The proportion of inconsistent condom used was much higher when the ECP was reportedly used multiple times

### **Coping with unwanted pregnancies was challenging**

- Of 238 women, 12 (5%) women reported pregnancy. Out of 209 men, 11 (5%) men reported that their partner was pregnant.
- The subgroup analysis of women showed that average age at the time of pregnancy was 22 years. Of 12 pregnancies reported among women, 4 had to undergo surgical abortions and 8 were medically terminated.
- Majority of the relationships during which pregnancy occurred were serious. In 15 cases, relationships ended and in eight cases relationships were ongoing at the time of interview. The partner was not supportive in most cases. One woman participant even reported physical abuse after the pregnancy was diagnosed. The narratives around these experiences reveal a range of issues such as mental trauma, lack of support by male partners, lack of family support, experiences of stigma and difficulties in seeking abortion care.

### **Summary**

Condom and emergency contraceptive pills were the mainstay of options of contraception among this cohort of unmarried urban youth in heterosexual relationships. Inconsistent condom use was common. The detailed analysis also suggested that safe period and withdrawal method were preferred choices when condom use was inconsistent. The reliance on the traditional methods probably arose from incorrect knowledge. Emergency Contraceptive Pill was an important option for

the youngsters, especially considering the unplanned infrequent nature of the sexual encounters. Overuse (defined as multiple pills used in the same menstrual cycle) of the emergency contraceptive pill was uncommon. Unwanted pregnancy was a very challenging issue for this unmarried cohort.

The study sheds light on the pattern of the contraceptive choices unmarried young people make and the context in which these choices are made. However, as the study uses purposive sampling, quantitative estimation of unmet need of contraception at population level is not possible. We also acknowledge some amount of recall bias in reporting the contraceptive use.

## **Implications and way forward**

### **Unmet need for contraception among unmarried urban youth is a pressing concern that needs programmatic focus.**

Little is known about the extent of unmet need of contraception among unmarried youth in India. With rapidly changing norms regarding premarital sex [3], it is likely that increasing proportion of unmarried youth engage in sex [4,5]. The sexual and reproductive health needs of this large population remain neglected. In the existing national health program, the contraceptives are offered through outreach health workers (such as Asha and Anganwadi) and primary or higher level health care facilities. Theoretically, the program does not discriminate based on marital status. However, the social unacceptance of sex before marriage makes it very difficult for an unmarried woman to seek contraceptive care through these outlets [1]. The same is true of access through private health care providers and pharmacies, as seen in the present study. The programs need to devise innovative strategies to counter the issue.

### **The existing contraceptive options available for unmarried women are limited and should be expanded**

Oral contraceptive pill is a commonly used contraceptive among married women. However, its use is not encouraged by health care providers to unmarried women. Same is true for injectable contraceptives. Condoms are the most suitable option in unmarried contexts as they provide dual protection – against unwanted pregnancy as well as sexually transmitted infections. However, their access is greatly limited for adolescents and women in particular. In a highly gender inequitable patriarchal society, women have limited control over use of male condoms. More deliberation is needed about safety, effectiveness of different options and ease of access in unmarried context. Emergency contraceptive pill is an appropriate example in this sense. It is a safe and effective post-coital contraception. But, several concerns about its irrational use are raised by health care providers (anecdotal data). Such heightened responses can hamper access to this important contraceptive. The existing evidence[6], including the present study, does not support misuse or overuse of emergency contraceptives by youngsters.

One must also reflect on the decision making processes of youngsters, as observed in the present study, while designing the interventions. Many young people believe that condoms reduce pleasure. Dislike is a common reason for not using condoms. Additionally, given the stigma, procuring condoms is challenging for many. In such a situation, inaccurate knowledge about the efficacy of the withdrawal method or safe period, can easily prompt a youngster to make a conscious choice to rely on it. There is a great need to spread awareness about modern contraceptives, do myth busting about traditional methods, and encourage healthy discussions around these issues.

### **Access to abortion care is fraught with a number of challenges in the context of unmarried youth and needs urgent attention**

For an unmarried young woman from India, seeking abortion care is riddled with several challenges. They are more likely to experience second trimester abortion [7] which increases risk of morbidity and mortality. Improved awareness about risk of pregnancy among youngsters, sensitive and non-discriminatory attitude of health care providers would play key roles in facilitating timely access. Equally important is strengthening linkages with mental health services and social support mechanisms, considering heightened vulnerability of an unmarried person during such incidents. There are certain systemic issues as well. In case of abortion of young girl below 18 years, POCSO (Protection of Children from Sexual Offences) Act requires reporting to authorities. Such mandatory disclosure/s may deter or delay health care seeking. It has also been observed that strong legal action on PCPNDT (Pre-Conception and Pre-Natal Diagnostic Techniques Act) cases has stigmatized medical termination of pregnancy, deterring doctors from providing abortion services. This seems to get even more exaggerated especially in case of abortions among unmarried women. The systems need to address the gaps to prevent unnecessary delays or block and ensure provision of supportive and safe abortion care.

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## Chapter 4

# Abuse in Non-Marital Relationships

*“He was thin and I was fat. So, he used to tease me. Every day he used to make me run for 2 hours. He always used to taunt me on my looks. He never told his parents about our relationship. He said, “Tu jad aahes, kali aahes, ghari dakhavanyaachyaa layakichi nahis. Aadhi tu body banav, gori ho mag mi tuzhya baddal ghari sangen. (You are fat and have a dark complexion and you are not worth introducing to my parents. You first build your body and become fair then I will tell my parents about you.) He was flirting with other girls. My friend showed me his messages on her phone. I went to his room and I beat him with a stick and I broke that relationship.” (A 23-year-old woman)*

### Background

Abuse in relationships is a major social and public health concern. There is conclusive research evidence on its negative consequences not only on mental, physical and sexual health but also on overall development of a person [1–3]. There is emerging research, mainly from developed countries on abuse in non-marital relationships, often referred to as dating violence [4–6]. Gender inequality, patriarchy, and other factors that make people vulnerable such as caste discrimination and poverty have been shown to be risk factors for experiencing abuse [7]. There is also emerging research on the ‘circular’ nature of abuse linking childhood victimization/adverse experiences with intimate partner abuse in adolescence and adulthood [8] highlighting the need for life course understanding of abuse to design interventions for breaking the cycle.

Research on intimate partner abuse in India often exclusively focuses on marital relationships and there is a lack of research-based understanding of abuse in non-marital relationships [9]. This research brief describes the experiences and context of abuse in intimate relationships described by never married participants.

### Methodology

In the retrospective data collection, participants were asked to report their experiences with each of their relationships that lasted for more than one month. Abusive experiences were categorized as - emotional, sexual and physical abuse. For each question, it was asked how many times a particular behavior happened. Responses ranged from never, rarely, sometimes to many times. Data were analyzed using R



software. Further details about study recruitment, data collection and overall profile of the participants are provided in Annexure 1.

To understand the abusive experiences during a relationship, a scale of 12 questions was prepared based on Multidimensional Measure of Emotional Abuse [10] and is described below.

**Table 4.1: Categorization of abusive experiences**

Type	Specific	Measuring
Emotional Abuse	Putting restrictions (which clothes to wear, where to go, whom to talk, etc.)	Emotional abuse was considered if any of the acts was reported to have occurred many times during that relationship
	Insulting or talking disrespectfully with the partner	
	Being suspicious (checking mobile/purse/social media accounts etc.)	
	Cheating partner (try to hide things, double dating, etc.)	
	Forcing to marry or continuing a relationship.	
	Aggressive behaviour of the partner / threatening to hit/ using abusive language/ throwing things	
Physical abuse	Physical abuse by a partner in the form of hitting/ slapping / punching/pulling hair, etc.	Abuse is considered even if any of the acts happened rarely
Sexual abuse	Forcing for phone sex/sexting/sharing nude photographs	Abuse is considered even if any of the acts happened rarely
	Showing porn against will	
	Making videos of intimate moments against will	
	Frequently asking for sex	
	Forcing for any type of physical intimacy or particular type of sex against will	

## Participant profile

Total 1240 participants were enrolled in the study out of which 653 were men, 584 were women, and 3 participants marked their gender as 'other'. One of them mentioned that she (her preferred pronoun) is still questioning her gender identity and for the purpose of the research, her identity can be marked as woman. While we completely understand and support collection and analysis of gender identity data to reflect the diversity, because of the very small number of participants with other gender identity in the research, it was not possible to include a separate gender category in analysis. There was no apparent difference in the trajectories of participants with other gender identities compared to men and women. Therefore, an analytical category of gender with 655 men and 585 women was created.

The median age of the participants was 23 years. Majority of the participants reported to belong to the middle/upper middle class (81% men, 91% women). Average monthly family income between 21000-75000 was reported by 46% men and 41% women whereas above 75000 was reported by 28% men and 43% women. Majority of the participants had completed or were studying for graduation (55% men, 47% women) or post-graduation (21% men, 23% women) degree. Almost half of the participants (57% men, 50% women) were involved in remunerative work at the time of interview. Majority of the participants were born and lived in the city during their childhood whereas 38% of the men and 23% of women were born and at least had schooling (up to 10<sup>th</sup>) in village or town and later migrated to the city for higher education or work.

Out of 1240 participants enrolled in the study, 455 men and 491 women reported having at least one relationship. Nine hundred and forty six (946) participants reported a total 2216 relationships (1021 by men, and 1195 by women).

## Findings

### Abusive experiences in relationship were common

Table 4.2: Ever reported abusive experiences in participants

Type of abuse	Men (N = 455)	Women (N = 491)	Total (N = 946)
Emotional	206 (45%)	285 (58%)	491 (52%)
Sexual	110(24%)	222 (45%)	332 (35%)
Physical	13 (3%)	68 (14%)	81 (9%)

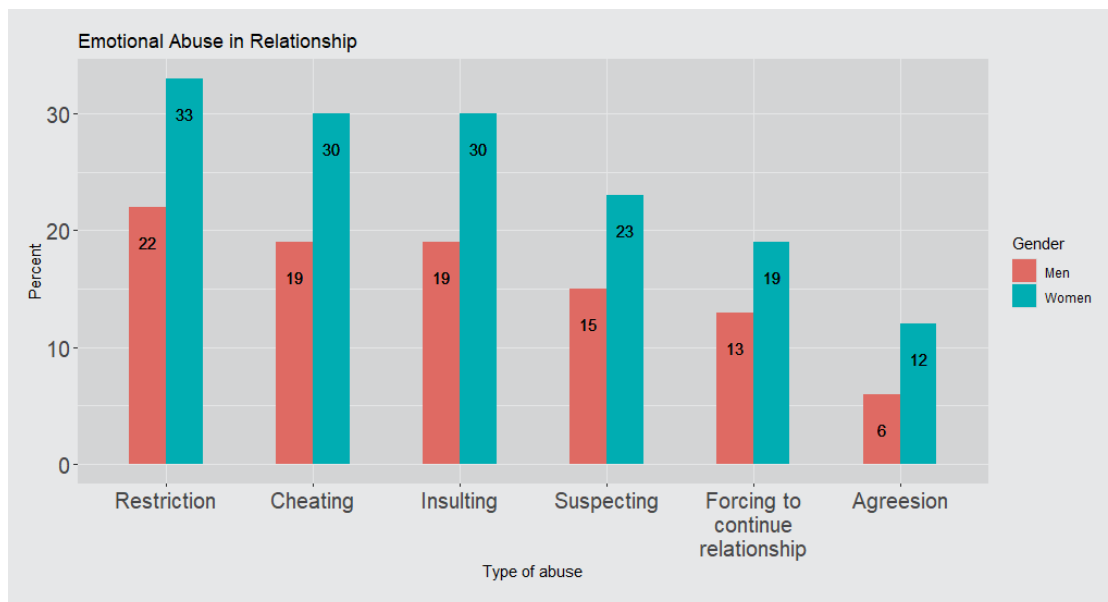
*“She is very demanding, possessive, annoying, and doesn’t understand me. Gets possessive even when I like the posts of my female friends”.  
(A 22-year-old man)*

*“He used to come to my college every day to keep watch on me. He made me break friendships with all my friends, even friendship with girls as he used to fear that they would tell me bad things about him. He used to check my mobile messages, social media accounts. I used to do a job and pay for his expenses like hotel bills, mobile recharge, petrol bills, etc. Because of experience in first relationship I am afraid to trust my second partner and that is creating problems in our relationship”, (A 21-year-old woman)*

### Context of Emotional Abuse

Every alternate participant enrolled in the study reported to have ever experienced some form of emotional abuse in the relationship.

Figure 4.1: Emotional abuse in relationship



- Putting restrictions, insulting and cheating were the most frequently reported emotional abuse by women as well as men. Restriction was mostly in the form of restrictions on talking with someone of another gender or talking with a particular friend, going out with friends, accepting friend's request on social media accounts, wearing particular types of clothing, etc.
- Suspecting the partner, pressurizing to continue the relationship and aggressive behavior were also reported by a significant number of participants as emotional abuse. This suspicion as reported by some women led their partners to follow them to the places they visited, insist on sharing their whereabouts and pressurizing them to share their passwords of social media accounts.
- Women were more likely to experience multiple forms of emotional abuse (such as putting restrictions and being suspicious, insulting and being aggressive etc.) in a relationship as compared to men. Out of six questions that asked for emotional abuse, 25% women reported three or more forms of emotional abuse.

### Context of Sexual Abuse

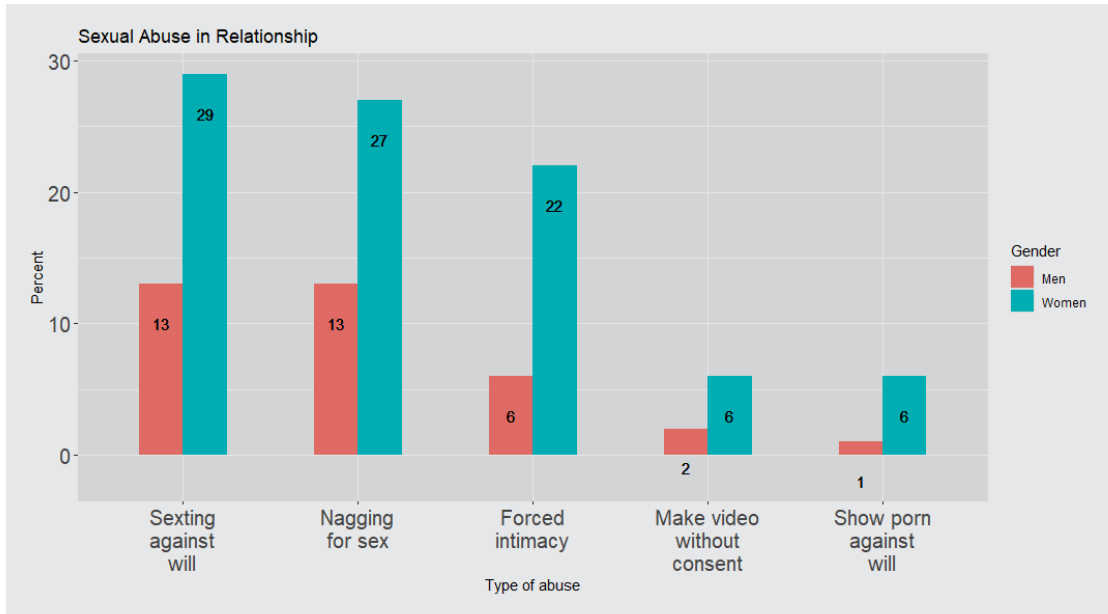
*"I used to get irritated and uncomfortable with him as he used to constantly ask for physical intimacy, used to cling in public places, used to talk in a demeaning way. He was very possessive and very much restrictive. He used to get angry if my phone was busy. He was also involved in another girl". (A 22-year-old woman)*

- Almost 45% of the women and 24% of the men reported to have ever experienced some form of sexual abuse in relationship.

- Forcing for sexting, for particular type of physical intimacy and nagging for sex were frequently reported abusive acts under sexual abuse.

*“She was crazy, verbally abusive, always doubting. We met only twice but insisted on having sex. This was only to engage me.” (A 24-year-old man)*

Figure 4.2: Sexual abuse in relationship



- It was reported that partner forced for sexual acts like kissing, oral/anal/vaginal sex, Bondage Domination Submission and Masochism (BDSM) (sexual preferences and behaviors involving physical restraints, an unequal power relationship, or pain, including the practice of bondage, discipline, dominance, submission, sadomasochism, etc.) etc. against participant’s will. In a few cases, women also reported blackmailing by partner for sex with the help of videos taken during intimate moments.
- The context and severity of sexual abuse among men and women appears to be different. Among the men reporting sexual abuse, most of them had experienced only one form of sexual abuse (mainly either asking for sex frequently or forcing for sexting when they did not want). However, 25% of the women reported to have experienced multiple forms of sexual abuse in a relationship indicating higher severity of abuse.

### Context of Physical Abuse

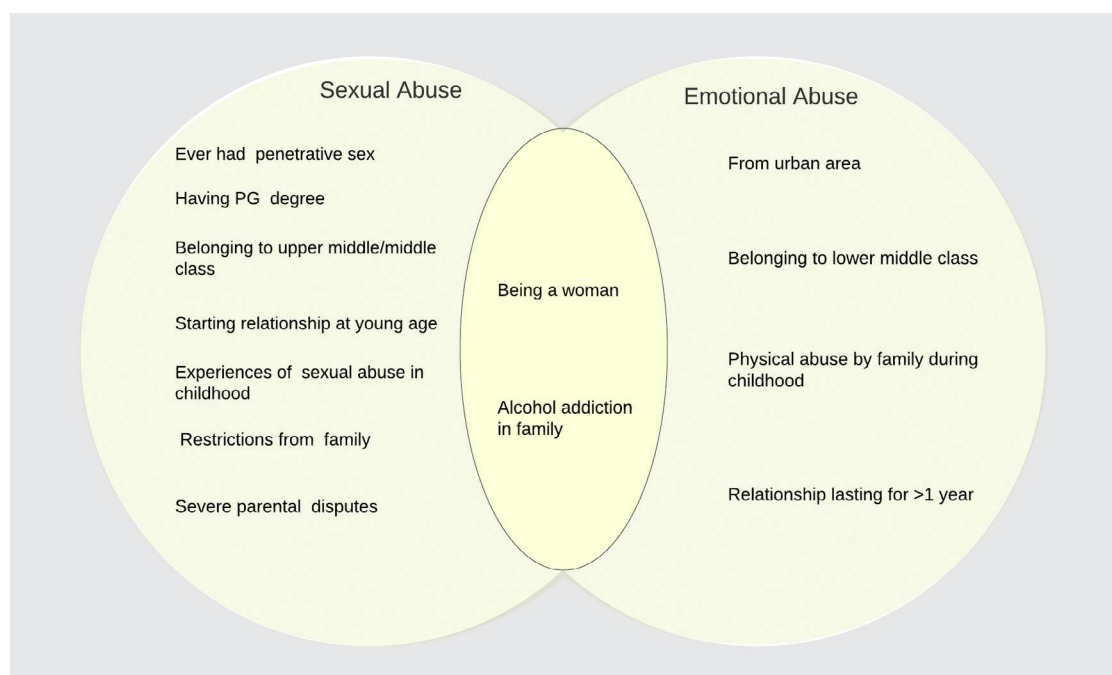
*“This relationship was very abusive. He was very aggressive and controlling. He used to always keep watch on me. He made me break friendship with all boys. He slapped me thrice as I was talking with other boys. He used to force me to kiss or for a blow job. What I experienced during this relationship I would never allow this to happen with me again.” (A 21-year-old woman)*

- Majority of the time physical abuse co-occurred with other forms of abuse (emotional or sexual); Of those reporting physical abuse, 64% reported emotional abuse and 35% reported sexual abuse. In few cases physical abuse was severe where partner used to drink and beat the participant or in one case, participant was pregnant and partner hit her which resulted in miscarriage. Slapping by a partner was most commonly reported physical abuse by women as well as men.
- Physical abuse in the form of slapping, pushing, pinching, pulling hair, twisting hands, beating, etc. was reported by 13.8% women and 2.9% men.

### Multiple factors were associated with increased reporting of emotional and sexual abuse

Sociodemographic factors as well as negative experiences during childhood were tested in a regression model to assess which of these factors are associated with reporting abuse. The analysis was performed only for sexual and emotional abuse, as the number of people who experienced physical abuse was quantitatively not enough for performing meaningful statistical analysis.

Figure 4.3: Factors related to experiencing sexual and emotional abuse in relationships



- Compared to men, women were significantly more likely to experience sexual [Odds Ratio (OR) 2.53 (1.86,3.44)] and emotional [OR 1.6 (1.18,2.15)] abuse.
- Alcohol addiction in the family (mostly father) was also related to higher reporting of sexual [OR 1.58 (1.12,2.25)] and emotional [OR 1.65 (1.19,2.28)] abuse.

- Participants from urban area [OR 1.75 (1.06,2.89)], belonging to Lower Middle Class [OR 1.78 (1.04,3.04)], who experienced physical abuse by family during childhood [OR 1.57 (1.08,2.29)] and whose relationship lasted for more than 1 year [OR 1.49 (1.12,1.99)] were more likely to report emotional abuse.
- Participants having post-graduation [OR 1.8 (1.18, 2.75)], belonging to upper middle class [OR 2.76 (1.5,5.09)], starting their relationship before 18 years [OR 3.21 (1.84,5.59)] and between 18-22 [OR 2.51 (1.46,4.29)] and who ever had penetrative sex [OR 2.07 (1.53,2.81)] were more likely to report experiences of sexual abuse.
- Negative experiences in the childhood such as experiencing sexual abuse during childhood [OR 1.43 (0.99,2.07)], restriction by family [OR 1.51 (0.99,2.31)] and experiencing severe parental disputes [OR 1.45 (1.06,1.99)] in the form of frequent quarrel or fight between parents were also factors related to higher reporting of sexual abuse.
- Emotional and physical abuse was reported more in serious relationships compared to when the relationships were labeled as casual or exploring. However, sexual abuse did not differ according to type of relationships.

## Summary

The analysis of abusive experiences in relationships reported by never married educated urban youth reveal that emotional, sexual and physical abuse is common in these relationships. Women are significantly more likely to experience all forms of abuse. This also suggests that even with rapid changes in social and economic context which apparently gives a sense of freedom and empowerment, the issues of abuse in intimate relationships are only changing its context and will not be addressed until the core issues of gender inequality and power are addressed appropriately. In line with emerging literature from developed countries, this life course study also found correlation between experiencing negative events/abuse in childhood and experiences of abuse in intimate relationships in adolescence and early adulthood highlighting the need to have a comprehensive approach to address the issue of abuse. Several implications can be drawn from these findings.

## Implications and way forward

### Recognition and in-depth understanding of abuse in non-marital relationships is essential

In India, abuse in relationships is synonymous with abuse among married couples, which is generally referred to as intimate partner violence or domestic abuse. The legal protection is provided to only those women who have been living with the partner (including non-marital, live-in relationships) through the Protection of Women from Domestic Violence Act (PWDVA) act. Though the risk factors for experiencing abuse in

a non-marital relationship can be similar as in married couples (such as gender, power, patriarchy etc.) the context of non-marital relationships is significantly different. Non-marital relationships are often by 'choice' where partners generally do not live together and most of the time the families are not involved. In addition, social disapproval of non-marital relationships makes it even more difficult for significant others to recognize abuse in these relationships, report it and seek support. However, with the rapidly changing context of lives of young people with respect to sexuality there is even more urgent need to acknowledge that many young people are engaging in non-marital relationships and abusive experiences in these relationships can have a significant impact on their lives. There are very few research studies from India, which measure prevalence, types and context of abusive experiences in non-marital relationships in different populations. As one of the first steps to address the issue of abuse in non-marital relationships, there is a need for in-depth understanding of these issues.

### **There is a need for effective interventions for preventing abuse in non-marital relationships**

Adolescence and early adulthood are important periods that lay the foundation for future relationships and overall health of the individual. Ensuring that adolescents and young adults experience relationships free from coercion and abuse is essential for their development and overall health. In India, various factors such as the patriarchal social structure, restrictive gender norms, gender inequitable roles significantly contribute to abuse in non-marital relationships. A particular challenge in addressing abuse in non-marital relationships is the stigma of these relationships leading to non-disclosure to family or significant others to seek support. Stigma also leads to fear of exploitation from the network that is otherwise approached for seeking support. This makes it clear that the prevention of abuse in non-marital relationships would require interventions to not only identify and provide support to those affected by it but also make efforts to destigmatize non-marital relationships and address gender inequitable social norms.

### **Health care and psychosocial support services are needed for young victims**

Abuse in relationships is being recognized as one of the major social and public health concerns due to its negative consequences on mental, sexual, physical health and overall development of a person. With high prevalence of abuse in non-marital relationships, it is essential to provide required health care and psychosocial support services to youth. Because of the secrecy associated with non-marital relationships, access to services is challenging. Currently, there are no sexual health services for young unmarried adults. The only sexual health program, the Rashtriya Kishore Svasthya Karyakram (RKSK) caters to adolescents up to 19 years of age. Therefore, there is a need to establish services which will be non-judgmental, affordable and youth friendly.

### **There is a need to increase capabilities of young people to recognize and address abuse in relationships**

Capabilities of young people or their power/ability to do something is at the core while dealing with the issue of abuse in relationships at an individual level. Specifically, young people need to know different forms of abuse, how to identify when one is a victim of abuse and how to address it. They need to be empowered to address and seek appropriate care, which could include confiding in a trustworthy person to seeking professional support to deal with. Young people's abilities are shaped by their socio-cultural context. As non-marital relationships are self-arranged, and are not socially approved many young people are likely to deal with them on their own and are less likely to believe that having a relationship free of coercion and violence is their right. Therefore, it is also important to make young people aware about their rights and responsibilities with respect to sexuality.

### **Both men and women need to be involved in the abuse prevention and mitigation efforts**

Compared to men, more women experience abuse. However, experiences of abuse by men are not negligible. There is a need to shift the perspective of 'men as perpetrators and women as victims' while dealing with relationship abuse. Therefore, both men and women need to be involved in the abuse prevention and mitigation efforts. The issue of abuse of transgender people in relationships is another serious one; albeit beyond the scope of this study.

### **A life course approach is needed to understand and address abuse in relationships**

There is increasing research to indicate that sustaining and perpetrating abuse have strong linkages with upbringing and experiences during childhood. This research also found that people who had difficult childhood, those who were maltreated or who were sexually abused were more likely to experience abuse in relationships during adulthood. There are attempts to theorize these findings. Some believe that attachment patterns of children with their parents is an important factor that determines the nature of relationships in adulthood. Others believe that neglect from family and abusive experiences during childhood can lower the self-esteem of the person, which can further hamper the ability to respond to abuse in relationships. (Paat Yok-Fong et al. 2016). Irrespective of the theoretical perspective, it is increasingly evident that the issue of abuse in relationships needs to be understood by taking a diachronic approach which focuses on how things evolve rather than only cross-sectional examining.



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## Chapter 5

# Experiences and Impact of Childhood Sexual Abuse among Unmarried Youth

*"During summer vacation, I went to my Aunt's place. I was 13 then. There, my aunt's son forcefully kissed me and tried to have sex with me. I was shocked. To avoid family dispute, I did not disclose it to anyone... After that, I had often experienced bad (ghanerde) touch in crowded places. In response, I created my own defense mechanism. I started avoiding people, refrained from going out of the house or going in crowded places. I cut my hair, started wearing loose clothes so that I do not look attractive... I even took therapy (counselling) to overcome this fear but it was of no use. Even now when someone approaches me, my first reaction is of fear." (A 23-year-old woman)*

### Background

Child sexual abuse (CSA) includes all forms of sexual abuse against people aged under 18 years. CSA is one of the largest silent pandemic occurring in countries at all levels of development and hence a significant human rights and public health issue. Devastating and long term impacts [1] of CSA on physical [2], mental [3,4] and sexual health [5] have been reported in the literature. Reliable estimates of prevalence of CSA are lacking. While reliable estimates of CSA are lacking, a meta-analysis of data reported from 24 higher and middle-income countries reported that the prevalence could range from 8 to 31 % for girls and 3 to 17 % for boys [6].

The prevalence of CSA is very high in India. In the national survey conducted by the Ministry of Women and Child Development (MoWCD) in 2007, 53% children (both boys and girls) had reported some sexual abuse and more than 20% reported severe sexual abuse. Some other studies have also reported a very high prevalence of CSA in India [7]. Beyond these numbers, there is an overall lack of literature on long-term impact of CSA from India. A recent systematic review of research of CSA in India suggested the need of further research on this issue [8]. This section describes the experiences shared by the participants regarding CSA.

### Methodology

Retrospective data about experiences of CSA was collected from each participant, who were between the age of 20-29 years at the time of interview. In line with the current literature, experiences of CSA were categorized in three categories, non-contact abuse, contact abuse and forced sexual intercourse [8]. There were nine questions

asked under these three categories. The data about frequency of abusive act, age of the participant when the abuse was experienced for the first time, age and gender of the perpetrator and whether perpetrator was a family member or not was collected for each question. Considering the highly sensitive nature of the topic, interviewers were rigorously trained to undertake the interviews in an utmost sensitive and non-judgmental manner. In addition to ethical review of the study protocols and tools from the ethics committee, the questions regarding child sexual abuse and the way they should be asked were discussed with an expert working in the area. Counselling care was made available to participants when needed and they were linked to child sexual abuse survivors' support group if they wanted.

Further details about study recruitment, data collection and overall profile of the participants are provided in Annexure 1.

## **Participant profile**

Total 1240 participants were enrolled in the study out of which 653 were men, 584 were women, and 3 participants marked their gender as 'other'. One of them mentioned that she (her preferred pronoun) is still questioning her gender identity and for the purpose of the research, her identity can be marked as woman. While we completely understand and support collection and analysis of gender identity data to reflect the diversity, because of the very small number of participants with other gender identity in the research, it was not possible to include a separate gender category in analysis. There was no apparent difference in the trajectories of participants with other gender identities compared to men and women. Therefore, an analytical category of gender with 655 men and 585 women was created.

The median age of the participants was 23 years. Majority of the participants reported to belong to the middle/upper middle class (81% men, 91% women). Average monthly family income between 21000-75000 was reported by 46% men and 41% women whereas above 75000 was reported by 28% men and 43% women. Majority of the participants had completed or were studying for graduation (55% men, 47% women) or post-graduation (21% men, 23% women) degree. Almost half of the participants (57% men, 50% women) were involved in remunerative work at the time of interview. Majority of the participants were born and lived in the city during their childhood whereas 38% of the men and 23% of women were born and at least had schooling (up to 10<sup>th</sup>) in village or town and later migrated to the city for higher education or work.

## **Findings**

### **High proportion of men and women reported sexual abuse in childhood**

Among 1240 participants, 810 (65%) reported experience of at least one form of child sexual abuse. The proportion of women experiencing any form of child sexual abuse was significantly higher than men (86% vs 47%).

Table 5.1 below provides details of the different sexually abusive experiences reported by men and women study participants.

**Table 5.1: Childhood sexual abuse reported by participants**

Non-Contact Abuse	Men	Women	Total
Any non-contact abuse	208 (31.8%)	388 (66.3%)	596 (48.1%)
Made sexual remarks/comments	140 (21.4%)	253 (43.2%)	393 (31.7%)
Harassed/stalked (in person)	43 (6.6%)	185 (31.6%)	228 (18.4%)
Harassed online (using internet)	6 (0.9%)	108 (18.5%)	114 (9.2%)
Exposed sexual organs	53 (8.1%)	111 (19%)	164 (13.2%)
Made to see pornography	30 (4.6%)	15 (2.6%)	45 (3.6%)
Contact Abuse			
Any form of contact abuse	185 (28.2%)	394(67.4%)	579 (46.7%)
Touched sexually	162(24.7%)	388 (66.3%)	550(44.4%)
Made you touch sexually	70 (10.7%)	74 (12.6%)	144 (11.6%)
Forced Sexual Intercourse			
Any form of penetrative abuse	45(6.9%)	34(5.8%)	79(6.4%)
Tried penetrative sex	44 (6.6%)	33 (5.6%)	76 (6.1%)
Forced penetrative sex	18 (2.7%)	14(2.4%)	32 (2.6%)

## Context of child sexual abuse

### **Non-contact abuse**

**Made sexual remarks/comments:** Among 140 men and 253 women who reported that someone made sexual remarks at them, 61% of the men and 69% of the women reported that this happened very often. Most of the time family members, relatives, neighbors or school friends were the one who passed comments on their looks, color, weight, height, behavior (boy behaving like girl or vice versa), breast size etc. The body shaming by family members and relatives was often associated with expressing concerns about the person's chances of getting married in future.

**Harassed/stalked (in person):** Women more commonly reported stalking in person than men (32% vs 7%). The stalker was always a man except in one case where a man reported that a woman stalked him. Seventy-two percent of the men stalking girls were older to them while 24% were of the same age. Stalking was usually done by someone stranger to the child. Even among boys, it was always a man older than them did stalking. It was mostly in the form of forcing for a relationship by seniors from school or other boys/men standing on streets, some random boys following for a few days, following on bikes, etc. Overall girls were more likely to experience harassment/ stalking in person compared to boys.

*“When I was in 10th standard, some boys started coming everyday behind the school van. I used to stay in a gated community. Every day they used to wait in front of the gate. I never told this to my parents as I used to feel very scared. I thought that my parents would blame me. One day one of them proposed to me on the road and sent a letter with my friend. School principal saw it and called my mom to school and then they read that letter and understood that it was not my fault.”  
(A 21-year-old woman)*

**Harassed online (using internet):** Mostly women reported experiences of online abuse. Of the 108 women reporting it, 73% reported that this harassment happened multiple times. It was mostly in the form of unknown persons calling continuously, blank calls, harassing by sending unwanted messages, porn videos and photos on mobile, through WhatsApp or on Facebook.

*“When I was in 11th standard, someone had created a fake account on my name on social media. After that, many people used to send dirty messages. I had to change my SIM card 2 to 3 times. Till date I don’t know who was doing that.” (A-23-year old woman)*

**Exposed sexual organs:** Fifty-three men and 111 women reported that they experienced a situation when someone showed them sexual organs without their consent mostly in public space. Of these, 40% of the men and 76% of the women reported to experience this situation multiple times. Most of the time it was in the form of a stranger masturbating on the train, in bus, on road, in front of a hostel or house, in a rickshaw, or near school, etc.

*“I used to go to school by bus. In the bus, one boy used to pull out his penis and play with it. He was caught doing this by others at least 7-8 times. One day the conductor stopped the bus and made him get down.” (A 22 years old woman)*

**Made to see pornography:** Compared to other forms of non-contact abuse, relatively less number of participants reported that someone made them see porn against their wish. Among them, more men (n=30) compared to women (n=15) reported it. Most of the time school friends, elder cousins (male/female), elder boys or girls from the neighborhood were the one who showed porn to the participants.

Overall, 707 participants ever experienced non-contact sexual abuse. Analysis of sociodemographic factors associated with reporting of non-contact abuse showed that women compared to men were almost 6 times more likely to report any form of non-contact abuse. Though the sample size was too small, people with lesbian, gay, bisexual, queer or questioning (LGBQ) sexual orientation compared to heterosexual, were almost twice more likely to report non-contact abuse. Those living in nuclear families and with higher family income (>75000) were also more likely to report non contact abuse. However, the relationship of higher family income reporting abuse was not statistically significant.

**Table 5.2: Factors associated with reporting of non-contact sexual abuse during childhood**

		No	Yes	OR	P value
<b>Gender</b>	Boys	406 (62.0%)	249 (38.0%)	Ref	<0.001
	Girls	127 (23.8%)	458 (64.8%)	5.79[4.47-7.49]	
<b>Sexual orientation</b>	Heterosexual	500 (44.3%)	629 (55.7%)	Ref	<b>0.015</b>
	LGBQ	33 (29.7%)	78 (70.3%)	1.78[1.12-2.84]	
<b>Family type</b>	Joint	165 (48.7%)	174 (51.3%)	Ref	<b>0.002</b>
	Nuclear	368 (40.8%)	533 (59.2%)	1.56[1.18-2.06]	
<b>Family Income</b>	0-21000	129 (49.6%)	131 (50.4%)	Ref	<b>0.614</b>
	21000-75000	259 (47.3%)	289 (52.7%)	0.92 [0.67;1.27]	
	>75000	145 (33.6%)	287 (66.4%)	1.39[0.99;1.97]	

### **Contact abuse**

**Touched sexually:** women (66%) as well as men (25%) reported sexual touching as a form of abuse. The percentage of women reporting this abuse was much higher and 50% of the women and 37% of the men experienced this situation multiple times. The experiences ranged from unknown person touching breasts, buttocks, penis in public crowded places, on bus stop, in bus, train or while walking on streets, to neighbors, known person, or relative (close as well as distant) inappropriately touching at night during sleep or some other time. Men and women also reported such type of abuse by rickshaw drivers, spiritual gurus, male/female teachers, police, etc. A Few men reported that seniors in the school or hostel touched them sexually.

*“When I was 13-14 years old my uncle used to come and sit near me and touch my penis. I did not like it. I used to be scared of him so I never disclosed this to anyone. Until the last couple of years, he used to send pictures of his penis on my WhatsApp.” (A 26-year-old man)*

*“One of my grandmother’s relatives used to come to my place for my tuition. I must have been 5-6-year-old then. She used to do fingering (touch genitalia/put finger inside vagina). This went on for almost 6-7 yrs. It used to hurt. I am still scared of the pain and hence I have never tried sex in any of my relationships.” (A 24-year-old woman)*

**Made you touch sexually:** Almost equal number of men (n=70) and women (n=74) reported sexual abuse where the child was made to touch someone sexually. Half of the participants had experienced this abuse several times. Almost always a person older to them perpetrated the abuse. Women experienced this abuse usually from men. Men participants reported that they were made to touch sexually by other men (69%) as well as women (29%). Two men reported that a transgender person abused them. Among 34% of the men and 43% of the women, the abuser was a family member.

*“I was in 5th standard and there were two girls from 9th and 10th standard. They used to live near my house. They used to ask me to remove my clothes. They used to touch my penis and used to ask me to touch their breasts and vagina.” (A 24-year-old man)*

Overall, the experiences of any form of contact abuse were reported more by women and people with LGBTQ sexual orientation compared to men and people with heterosexual orientation respectively. In addition, younger people who were born after 1995 were less likely to report contact sexual abuse compared to those born before 1995 which might suggest possible decline in contact CSA in recent years.

**Table 5.3: Factors associated with reporting of any contact sexual abuse during childhood**

		No	Yes	OR	P value
<b>Gender</b>	Men	398 (60.8%)	257(39.2%)	Ref	<b>&lt;0.001</b>
	Women	135 (23.1%)	450 (76.9%)	5.63[4.35-7.28]	
<b>Sexual orientation</b>	Heterosexual	499 (44.2%)	630 (55.8%)	Ref	<b>0.015</b>
	LGBQ	34 (30.6%)	77 (69.4%)	1.76[1.12-2.76]	
<b>Cohort</b>	Post Millennial (Gen Z)	162 (44.9%)	199 (55.1%)	Ref	<b>0.001</b>
	Millennial (Gen Y)	371 (42.2%)	508 (57.8%)	1.61[1.22-2.12]	

Millennial- Born between 1987-1995; Post Millennial- Born in or after 1996

### **Forced sexual intercourse**

**Tried penetrative sex:** There were 44 men and 33 women who reported that they experienced abuse where someone tried penetrative sex with them (anal, vaginal). Twenty men and 11 women reported that they experienced this abuse multiple times. Men, often older to the child, were the perpetrators. Abuse by family members was more common among girls (42%) compared to boys (25%).

*“We were in school and there was a college going girl who was our neighbor. She used to take me and my friend to her house every afternoon after school. She used to ask us to remove our clothes and used to try for penetrative sex. This was going on for 2 months”. (A 22-year-old man)*

**Forced penetrative sex:** Eighteen men and fourteen women reported forced penetrative sex. Of these, 14 men and 8 women mentioned that this happened multiple times. In most of the cases the perpetrator was an older man. Five men and six women said that the perpetrator was someone from the family. A man from rural background reported forceful penetrative sex with him for at least 15 times from a relative.

*“When I was in 6th standard my brother forcefully kissed me and did anal sex twice. Recently when I read about sexual abuse, I confronted my brother. He also said sorry for that. Now my relationship with him is good like it never happened.” (A 20-year-old woman)*

Overall, there were no specific demographic factors that increased the likelihood of reporting forced sexual intercourse except sexual orientation. Those who reported LGBTQ as their sexual orientation were three times more likely to report forced sexual intercourse during childhood compared to heterosexual. There is no difference in reporting of forced sexual intercourse among men and women.

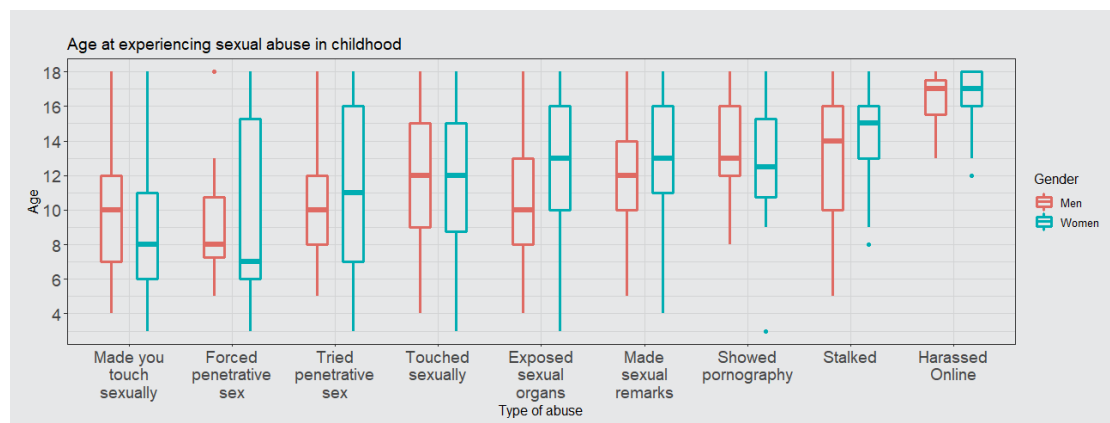
**Table 5.4: Summary of regression analysis for variables predicting reporting of forced sexual intercourse during childhood**

		No	Yes	Odds ratio	P value
<b>Gender</b>	Men	604 (92.2%)	51 (7.8%)	Ref	
	Women	537 (91.8%)	48 (8.2%)	1.17[0.76-1.81]	0.475
<b>Sexual orientation</b>	Heterosexual	1052 (93.2%)	77 (6.8%)	Ref	
	LGBQ	89 (80.2%)	22 (19.8%)	3.51[2.07-5.97]	<0.001

### The pattern of abuse differed with the age of the child

Forced sexual intercourse and contact sexual abuse started at earlier age (from 5-8 years of age) compared to non-contact abuse. Stalking (in-person or online) started after puberty. Similar age pattern was seen among men and women. The mean age of experiencing forced sexual intercourse was 9 years. Also, at this age, children were made to touch the perpetrators in a sexual manner. The average age to experience sexual remarks and sexual touch from others is 12 years. The average age when someone forcibly showed pornography was 13 years. The average age at experiencing harassment or stalking in person was 14 years and that through the internet was 6 years.

**Figure 5.1: Age at experiencing sexual abuse in childhood**





## Experiences of sexual abuse in childhood affected relationship decisions in later life

Experiences of child sexual abuse had multidimensional and long-term impact on the relationship choices and decisions people make in later life. Overall, men and women who experienced any type of CSA were more likely to ever have a relationship compared to those who did not experience CSA. In addition, those with experience of CSA were more likely to engage in penetrative sex in their intimate relationships in later life. Men who experienced forced intercourse during childhood were more likely to have earlier sexual debut compared to those who did not experience forced intercourse, whereas women who experienced any form of contact CSA had delayed sexual debut compared to those who did not experience contact CSA. In addition, men and women who reported to have experienced any form of CSA were more likely to report that they ever had short relationships (lasting for less than a month).

Experiences of sexual abuse in childhood were significantly related to reported emotional and sexual abuse in adult relationships. Women and men experiencing any form of contact sexual abuse were more likely to report emotional as well as sexual abuse in intimate relationships.

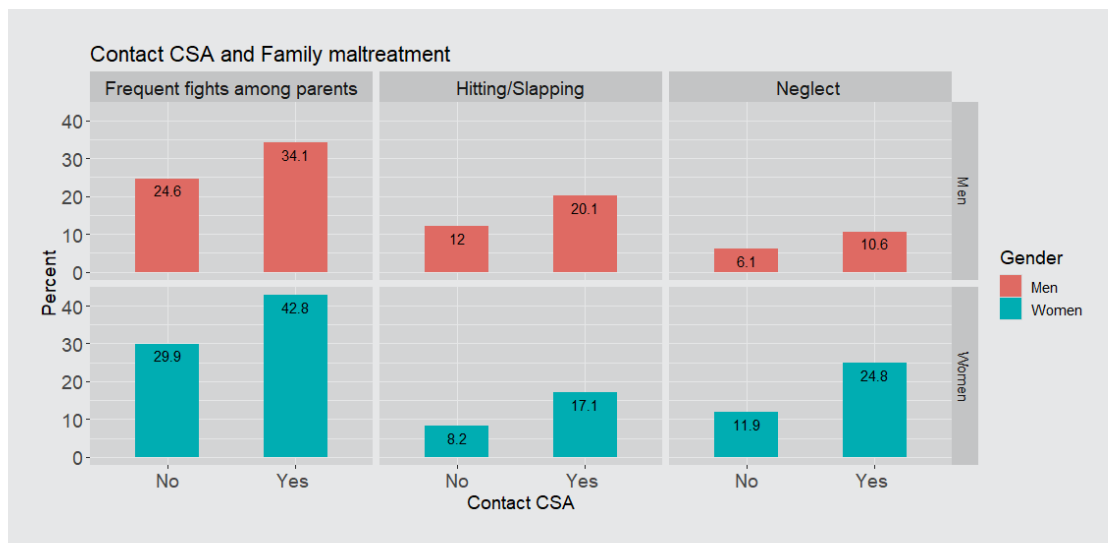
**Table 5.5: Summary of regression analysis for variables predicting any type of childhood sexual abuse**

	Non-contact abuse		Contact abuse		Forced intercourse	
	No	Yes	No	Yes	No	Yes
<b>Age at start of relationship (Mean)</b>						
<b>Men</b>	18.7	18.0	18.2	18.0	18.1	17.5
<b>Women</b>	17.8	17.7	18.1	17.6	17.8	17.0
<b>Ever had penetrative sex</b>						
<b>Men</b>	151 (37.2%)	120 (48.2%)	143 (35.9%)	128 (49.8%)	240 (39.7%)	31 (60.8%)
<b>Women</b>	37 (29.1%)	209 (45.6%)	36 (26.7%)	210 (46.7%)	214 (39.9%)	32 (66.7%)
<b>Age at sexual debut (Mean)</b>						
<b>Men</b>	20.8	20.0	20.3	20.6	20.7	18.7
<b>Women</b>	20.5	20.8	20.1	20.9	20.7	21.1
<b>Ever had a short relationship</b>						
<b>Men</b>	102 (35.5%)	90 (45.0%)	98 (34.9%)	94 (45.6%)	168 (37.9%)	24 (54.5%)
<b>Women</b>	22 (21.2%)	134 (34.1%)	19 (18.3%)	137 (34.9%)	133 (29.3%)	23 (53.5%)

## Children who experienced contact sexual abuse were more likely to report neglect and maltreatment from the family

There was statistically significant correlation between children experiencing any form of contact sexual abuse and reporting that they experienced adverse childhood in the forms of witnessing frequent fights among parents; being hit or slapped by parents in their teenage; and had the feeling that their parents neglected them during the childhood. Similar pattern was observed among both men and women. These data support the growing evidence of adverse childhood experiences and the multidimensional nature of vulnerabilities of the children.

Figure 5.2: Contact abuse and family maltreatment



## Summary

Analysis of experiences of child sexual abuse as reported by unmarried educated youth, majority belonging to middle and upper middle class, provided following insights. Men and women commonly reported experiencing contact and non-contact sexual abuse in childhood. Women compared to men and people with LGBTQ sexual orientation, compared to heterosexual, were significantly more likely to report non-contact and contact sexual abuse in childhood. Men and women equally reported forced penetrative sexual abuse during childhood. However, participants with LGBTQ sexual orientation were more likely to report forced penetrative abuse compared to heterosexual participants. There was an age pattern in experiencing abuse. Most participants experienced forced penetrative abuse at a very young age (before puberty). Experiences of CSA also appeared to be related to relationships decision-making in later life. Those who had reported CSA were more likely to ever have an intimate relationship and choose to have penetrative sexual relationships with the partner. The finding that those reporting CSA also reported neglect and other adverse childhood experiences in this study showed the multidimensionality of children's vulnerability. Though the findings are derived from a purposive sample and have

limitations in generalizing the proportions to all the youth, it provides important insights about the context of CSA pointing towards several implications.

## **Implications and way forward**

### **There is a need for interventions to support survivors of child sexual abuse**

A huge proportion of population experiences sexual abuse in the childhood and a significant proportion of it continues to experience its adverse impact later in life. However, currently there are no specific interventions and initiatives in the public health system for survivors of child sexual abuse to help them cope with the stress. Many a time people cannot relate their current emotional, inter-personal and sexual issues to their abusive experiences. It also makes it necessary for health care providers as well as counselors to have adequate skills to identify and address the issues arising from childhood experiences of sexual abuse. Many participants were narrating their CSA related experiences for the first time during this research interview and mentioned that the interview process helped them reflect on their past and understand the linkages of abusive experiences to their current anxieties, fears and behavior. This also highlights the need for having a non-judgmental, non-medical space for people to share their concerns and identify their conflicts with the help of a trained person.

### **Strategies to address CSA should recognize that vulnerabilities and risks are cumulative in nature**

In line with the emerging global research, our research clearly suggests that children who experience sexual abuse are also likely to experience other forms of victimization such as abuse from parents or abuse in relationship happening in later life. It significantly affects their relationship choices. These findings highlight the need to look at CSA not only as an acute 'state' of vulnerability and stress to the child when the abuse has happened but as a cumulative process that hampers the psychological and interpersonal growth of the child. Adopting this perspective would also entail recognition that the severity and negative consequences of CSA, would not entirely depend on the type of CSA but on the presence of individual and interpersonal resources to deal with the stressor. Non-contact CSA may not always have less severe impact than contact CSA have. Therefore, interventions for building resilience, self-esteem and self-efficacy of children and young people are essential not only for prevention of CSA but also mitigating its impact and preventing re-victimization in later life.

### **Need to move away from the stereotype 'men are perpetrators-women are victims'**

There is enough evidence from several studies including this youth in transition study, that both men and women experience sexual abuse in childhood. There is not much of a gender difference in abusive experiences, especially when it comes to contact abuse

and forced intercourse. Some of the CSA prevention interventions targeting boys are centered on the idea of boys as future perpetrators neglecting their vulnerability to experience abuse. It is however, important to include boys and girls, and gender non-conforming children, in the interventions to prevent child sexual abuse. It is observed from this study that a significantly higher proportion of participants who identify themselves as LGBTQ reported contact or non-contact abusive experiences during childhood. Those children who display non-normative gender expressions are more likely to be targets of abuse for not conforming. Therefore, it is also important for prevention interventions to focus on gender norms, gender diversity, power and patriarchy.

### **Education program should go beyond ‘good touch-bad touch’**

One of the most advocated approaches for preventing CSA is teaching children about good touch/bad touch. However, as can be seen in the data, CSA does not necessarily involve touch. In the context in which CSA happens (mostly from a known person), it could also be very confusing for kids to determine what is ‘good’ and what is ‘bad’ touch? While children certainly need to know about their safety from an early age, care must be taken that the approach to teach them is comprehensive, non-moralistic and does not perpetuate misconceptions and confusions in later life. The good touch/bad touch program, by qualifying the touch as good or bad appear to take a moralistic stand. In addition, this approach appears narrow in its perspective by restricting to specific forms of abuse. The CSA prevention interventions need to go beyond good-touch/bad-touch by adopting a more affirmative, comprehensive and incremental approach to education. To build agency of children to understand and act for preventing CSA, the education must also talk about choice and body autonomy from a very young age.

### **With increasing access to mobile phones and internet technology, comprehensive response to online child sexual abuse is required**

With rapid expansion of mobile and internet technology in India, there are concerns about significant rise in online child sexual abuse. Several forms of online abuse such as cyberbullying, grooming (preparing a child for sexual exploitation), online sexual exploitation, revenge pornography etc. have been documented. However, there is limited research based understanding of the prevalence, context and impact of online child sexual abuse in India. While there are some recent legal and policy initiatives to address the issue such as the plan to set up special prevention/investigation unit for online sexual abuse and exploitation of children and strengthening child protection laws, the issue still remains to be fully addressed. In addition, laws and policies alone will not be able to address the issue of interpersonal online abuse. Comprehensive approach involving communities, particularly parents and children is needed to address it. In the current context where there is almost complete lack of parent-child

communication about sexuality, children may not disclose their abusive experiences with parents for the fear of being blamed or losing access to mobile phones/internet services. Addressing this lack of communication is essential to address offline CSA as well. Therefore, response to online child sexual abuse should be a part of overall response to CSA which should be based on comprehensive education, building abilities and resilience of children and strengthening support systems including legal support.

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## Chapter 6

# Sexuality and Mental Health Issues among Unmarried Youth

*"I was pursuing a bachelor's in Engineering in Pune. I used to stay alone. I did not have friends. My family had fixed my marriage with one girl. I never met her, I only saw her photo. I did not want to marry that girl but my family won't listen to me. After coming to Pune, I always felt that I should have a girlfriend but now that is not possible. Now I see porn and masturbate the whole day and I feel very guilty about it. I often have sleepless nights. I don't feel like doing anything. I can't concentrate on study". (A 24-year-old man)*

### Background

Sexuality plays a significant role in human functioning throughout life and it encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. The experience and expression of sexuality could be a source of pleasure and wellbeing or could become a stress factor [1], affecting people in a negative way depending on the individual, socio-cultural religious and political context affecting sexuality. Developing romantic relationships is generally considered as an important developmental marker for adolescents' and young adults' self-identity, functioning and capacity for intimacy [2]. However, many young people in India who live in a situation where there is non-acceptance of non-marital relationships, negative approach towards sexuality and lack of informal and formal support system, might find navigating through their intimate lives stressful [3] leading to short and long term mental health consequences such as depression, anxiety, self-harm, suicidality etc. This section focuses on mental health issues in unmarried youth with respect to sexuality related issues.

### Methodology

Participants were asked whether they felt depressed any time in their life. To confirm the depression a few questions were asked about duration of the depression (continuous for 15 days or more than that) and symptoms (feeling extremely low, not interested in anything, not able to enjoy things which the participant used to enjoy a lot previously, not able to do routine tasks, etc.) of depression. These two questions are validated as screening questions for depression and are included in Mini International Neuropsychiatric Interview. Participants were asked about the duration, period of all the depression episodes and whether it was related to sexuality related issues or not.

Participants were also asked if they ever tried to self-harm or attempted suicide. Self-harm included injuring oneself by making cuts on hands or other body parts, slapping oneself or banging head on something, starving, etc. It was asked whether participants had sought any professional help to deal with depression/thoughts of suicide/self-harm. Participants were also asked about whether thoughts of suicide/self-harm were related to sexuality related issues or not.

Further details about study recruitment, data collection and overall profile of the participants are provided in Annexure 1.

## **Participant profile**

Total 1240 participants were enrolled in the study out of which 653 were men, 584 were women, and 3 participants marked their gender as 'other'. One of them mentioned that she (her preferred pronoun) is still questioning her gender identity and for the purpose of the research, her identity can be marked as woman. While we completely understand and support collection and analysis of gender identity data to reflect the diversity, because of the very small number of participants with other gender identity in the research, it was not possible to include a separate gender category in analysis. There was no apparent difference in the trajectories of participants with other gender identities compared to men and women. Therefore, an analytical category of gender with 655 men and 585 women was created.

The median age of the participants was 23 years. Majority of the participants reported to belong to the middle/upper middle class (81% men, 91% women). Average monthly family income between 21000-75000 was reported by 46% men and 41% women whereas above 75000 was reported by 28% men and 43% women. Majority of the participants had completed or were studying for graduation (55% men, 47% women) or post-graduation (21% men, 23% women) degree. Almost half of the participants (57% men, 50% women) were involved in remunerative work at the time of interview. Majority of the participants were born and lived in the city during their childhood whereas 38% of the men and 23% of women were born and at least had schooling (up to 10<sup>th</sup>) in village or town and later migrated to the city for higher education or work.

## **Findings**

More than half of the participants reported to have ever experienced depression and only 15% participants sought professional help for the same. More women than men reported to be ever depressed. Around 10% participants reported to have injured themselves and more than 3% participants reported the attempt of suicide.

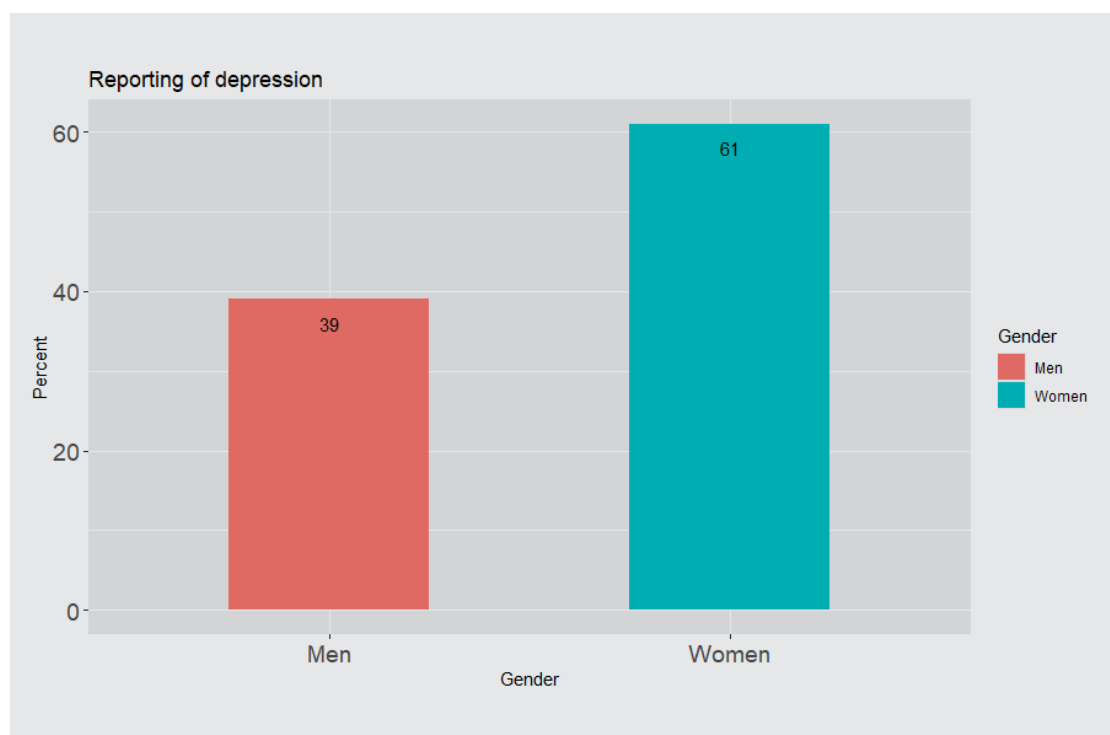
Table 6.1: Ever reporting of mental health issues by participants

Variable	Total (%)	Men (%)	Women (%)
Ever depressed	642 (51%)	252 (39%)	390 (61%)
Ever injured themselves	119 (9.6%)	27 (4.1%)	92 (15.7%)
Ever attempted suicide	41 (3.3%)	9 (1.4%)	32 (5.5%)
Sought professional help	191 (15.4%)	50 (7.6%)	141 (34.1%)

## Depression

### Depression was more commonly reported by women compared to men

Figure 6.1: Reporting of depression

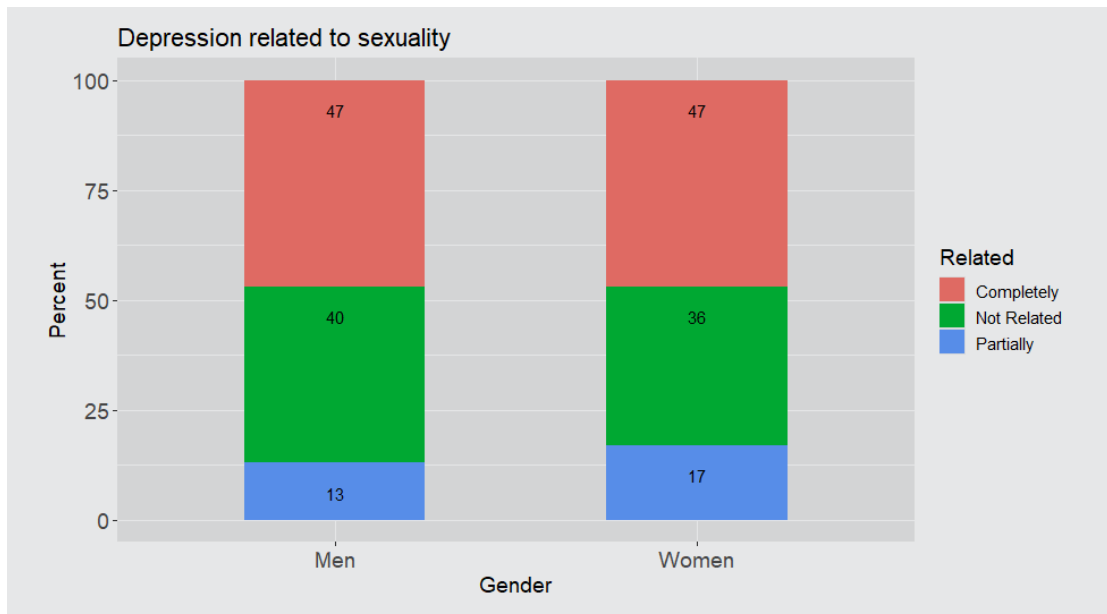


Overall, 642 participants reported 805 episodes of depression. More women (61%) reported depression compared to men (39%). Of the 252 men who ever reported depression, majority (89%) reported only one episode. Of the 390 women who ever reported depression, 65% reported only one episode and 35% reported more than one episode. The maximum number of episodes were four (2 men and 3 women reported 4 episodes). Of the total episodes of depression, 333 episodes were reported within 12 months from the interview dates and can be considered as current episodes of depression. Of these current episodes, 218 (65.5%) episodes were among women and 115 (34.5%) were among men.



## For majority, depression was related to the issues linked with sexuality

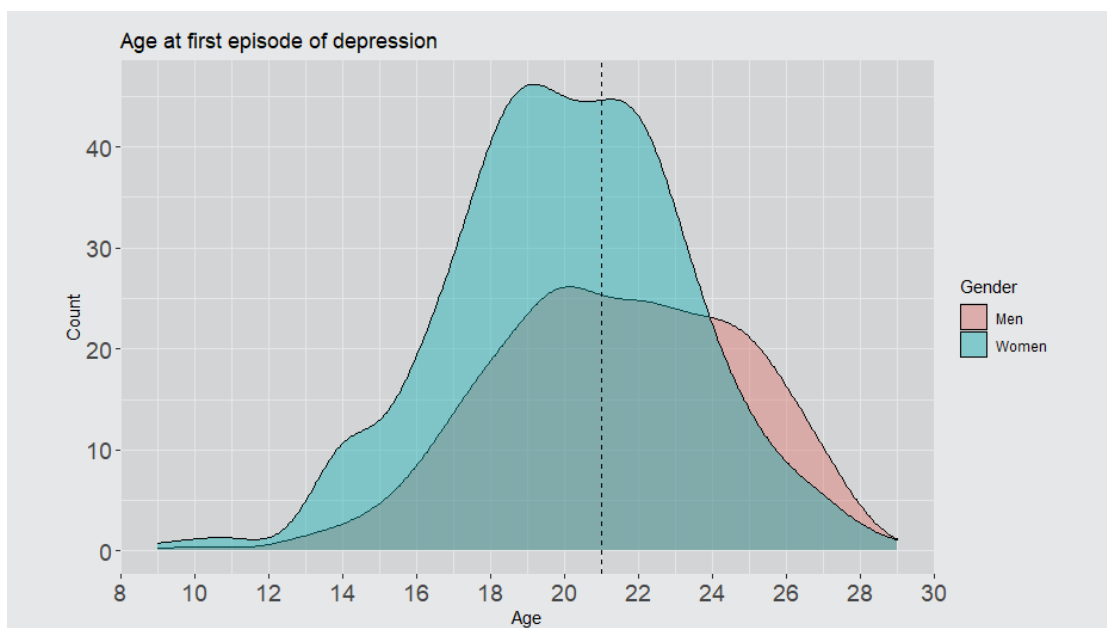
Figure 6.2: Depression related to sexuality



During the data collection on depression episodes, participants were also asked about the stressors for depression. Depression was considered as completely related to sexuality when the stressors were due to break up in relationship, abusive relationship, not being in a relationship, rejection, frequent fights with partner, issues related to sexual orientation, etc. Depression episodes due to family issues, parenting related issues, job or education related stress, financial issues, etc. were considered as not related to sexuality. Sometimes stressors were related to both sexuality and other issues; such episodes were considered as partially related to sexuality. As can be seen in the figure, the majority of the depressive episodes (47%), were completely related to sexuality.

## For one in three participants, the first episode of depression was in the teenage

Figure 6.3: Age at first episode of depression



Thirty-eight percent of the participants (28.2% men and 43.6% women) reported their first episode of depression in their teenage. The proportion of women reporting depression in teenage was significantly higher than men. Whereas the proportion of men reporting the first episode of depression in the age of 25-29 was higher than women. Half of the participants (median age) had their first episode of depression before the age of 21 years. Overall, 47 % of the participants said that their first episode of depression was completely related to sexuality, 15% said that it was partially related to sexuality and 38% said that it was not related to sexuality. These proportions remained more or less similar across the age groups. For example, among those who reported depression in the age of 10-19 age, 42% said that it was completely related to sexuality, 13% said it was partially related and 45% said it was not related to sexuality. Depression, completely related to sexuality, was highest in the age group of 20-24 (51%) then dropping slightly to 46% in the age group of 25-29.

### Those with adverse experiences in childhood were more likely to report depression

Table 6.2: factors associated with reporting of depression

Variable	Category	Odds ratio & CI	P value
Gender	Men	Ref	
	Women	2.76 (2.16-3.54)	<0.001
Sexual orientation	Heterosexual	Ref	
	LGBQ	1.76 (1.12-2.78)	0.015
Physical abuse by family (slapping/hitting)	No	Ref	
	Yes	1.91 (1.29-2.82)	0.001
Experiencing sexual abuse in childhood	No	Ref	
	Yes	1.70 (1.21-2.39)	0.002
Ever had penetrative sex	No	Ref	
	Yes	1.57 (1.19-2.06)	0.001
Place of residence	Village	Ref	
	Town	1.36 (0.88-2.11)	0.168
	City	1.51 (1.07-2.13)	0.019

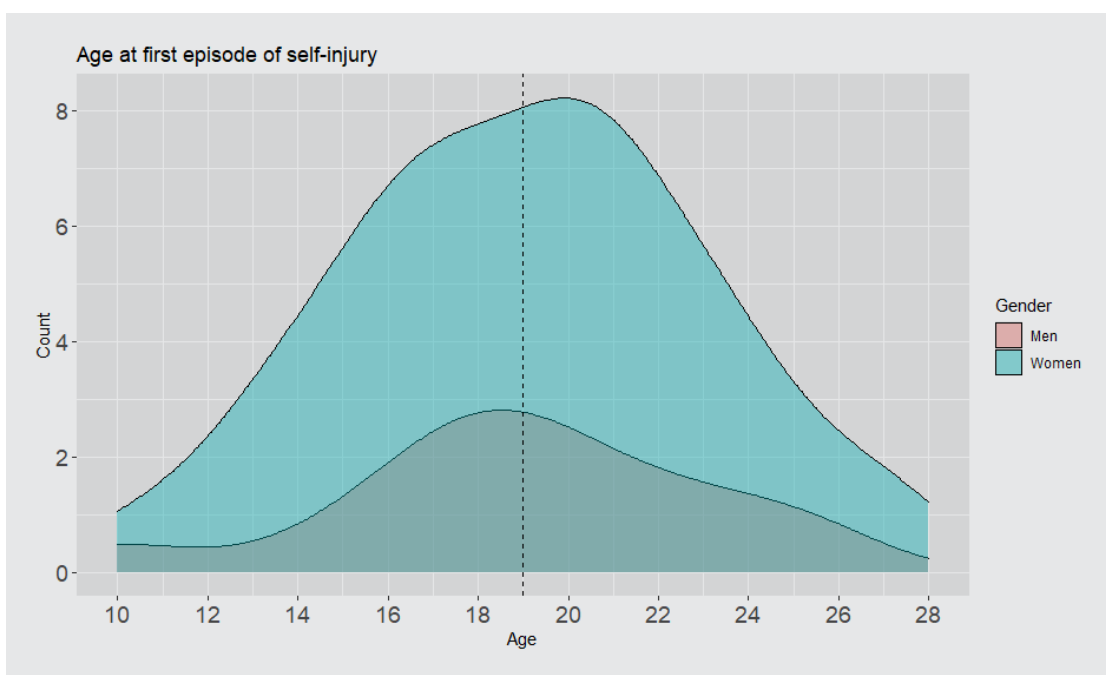
From a logistic regression analysis performed to understand the factors associated with ever reporting depression it was observed that women were almost 3 times more likely to report depression compared to men. In addition, people who identify themselves as lesbian, gay, bisexual, queer or questioning (LGBQ) were almost twice more likely to report depression than who identify themselves as heterosexual. The

factors that appeared significant in the analysis point out that facing difficulty in childhood, in the form of physical abuse from the family or experiencing sexual abuse in the childhood (in the form of being forced to touch someone, or experiencing forceful sexual intercourse) was an important predictor of experiencing depression in later life. In addition, participants who ever had penetrative sex and those who were living in the city since their childhood were more likely to report depression.

## Self-injury

Several people who engage in physical self harm may not have the intention to die and do so to distract from the emotional pain they are experiencing or to feel something because they are feeling numb. Hence, data were separately collected on self-injury and attempted suicide. Participants were asked if they ever injured themselves in any form. Dates when these instances happened were recorded. Participants were also asked if they believed that these acts of self-injury were in any way related to sexuality (issues related to relationships or lack of it).

Figure 6.4: Age at first episode of self-injury



Women reported self-injury more than men did. Of the total 119 participants who reported self-injury 92 women and 27 men reported to ever inflict self-injury.

For the majority of the participants, there was a single period in life when they injured themselves. However, nine women and one man reported two different time phases and one woman reported three time phases where they injured themselves. Of those who reported self-injury, more than fifty percent reported it in their teenage. The median age at self-injury was 19 years among both men and women. There was no statistically significant difference in the age pattern of self-injury among women and men.

More than half of the self-injury acts were completely related to sexuality and additional 13% were partially related to sexuality among men and women.

Most common form of self-injury was cutting one's hand/wrist. Participants also reported self-harm by banging head/hand against wall, over consumption of drugs, starving oneself, heavy smoking and drinking, hitting oneself with a belt etc.

*"There was a period when I was very depressed. I had started to smoke Marijuana occasionally. I never liked relationships only for the sake of sex. I have always longed for a stable long term partner whom I can marry and spend the rest of my life. Unfortunately, none of the partners I had relationships with wanted that. This made me very depressed. During that period, I started harming myself by making cuts on my hand". (period of depression and self-harm was at the age of 27years) (A 28-year-old homosexual man)*

Factors associated with ever reporting self-injury were similar to factors associated with ever reporting depression. Women compared to men, those who identified themselves as LGBTQ, who had experienced sexual abuse in the childhood, had witnessed frequent quarrels between parents were more likely to report self-injury. Also, there was significant correlation in reporting of depression and self-injury. Of all those who reported to ever injure themselves, 82% also reported to ever had depression.

*"I had a very bad childhood. My father was very aggressive and abusive but honest. My mother used to be scared of him. She used to hide things from him. They used to fight a lot. From 7th to 10th standard I was bullied by my classmates. They used to tease about one of the boys in the class. He used to get very irritated with this which used to make me feel insulted. All this led me to the feeling that I am unattractive and it also impacted on my relationships in the future. I started making small cuts on my hand during that time. I never shared this with my mother. But now I think that if I could have shared it with her, she would have helped me. During the first year of college I frequently started piercing my body. I used to enjoy that pain" (A 24-year-old woman)*

## **Attempted suicide**

Forty-one participants (3.3%), of which 32 were women and 9 were men, reported that they attempted suicide. Of these there were 8 participants who reported more than one attempt of suicide. Majority of the suicide attempts were reported to be related to sexuality/relationship (7/9 among men and 25/32 among women). The median age at the suicide attempt was 19 years (Inter-quartile range, 16-22). The minimum age was 10 years and the maximum age was 22 years.

*"I was in a relationship with a boy when I was sixteen and it lasted till I completed 19. We had sex after I completed 18. He became insecure after we had sex. He started suspecting me of having an affair with another boy. Also started verbally abusing me in public. I realized that I won't be able to marry this person. So I broke the relationship. But after the break-up I went into depression. I did not want to live so I attempted suicide twice. Once I took a lot of sleeping pills and the second time I consumed Baygon spray (insecticide)...My friends helped me through that phase. I also had a rebound relationship after that for six months". (A 26-year-old woman)*

## Summary

The analysis of mental health concerns among unmarried educated youth, majority belonging to middle and upper middle class, provided following insights. Large number of participants experienced depression, injured themselves as a result of stress and attempted suicide. For many participants, these mental health issues were linked with sexuality (relationship break-up, sexual orientation etc). The life course perspective provides insights into strong linkages between adverse childhood experiences and mental health issues in adulthood. Very few participants had sought professional help to deal with their stressors highlighting issues in provision and access to mental health services. The study was conducted among a purposive sample of young people limiting the generalizability of the findings (especially the proportions and gender differences). Nonetheless, the insights about the pattern and context of mental health issues have important implications.

## Implications and way forward

### **More research on interventions to prevent adverse childhood experiences in needed**

There is increasing research evidence globally which suggests that adverse childhood experiences (ACE) such sexual abuse, physical abuse, strained relationship with parents, bullying etc. have lasting impact on child's health and development [4,5]. There are several complex and interrelated socio-biological pathways that are hypothesized through which ACEs affect developmental process and mental health outcomes. Early stress can act as a catalyst for further stress events leading to accumulated stress and maladaptive coping strategies (stress proliferation)[6]. Despite the fact that a daunting proportion of children in India experience ACEs, very limited research has been undertaken to understand the nature and context of this problem and how it affects several mental and physical health issues. What is particularly important to evaluate is the effective strategies to prevent ACEs and the factors that can mitigate the impact of ACEs (resilience building interventions, social support, etc.)

## **Mental health professionals need to be sensitized on issues related to sexual health and rights**

Availability and access to mental health services has been a significant challenge in India. Among the participants involved in this study who reported depression and self-injury, almost 73% and 62% participants respectively never sought any professional help. For many young people, mental health concerns such as depression, anxieties, phobia, and post-traumatic stress disorders are linked with sexuality (issues related to sexual orientation, relationship experiences etc.). It is known that there is a significant shortage of mental health providers [7]. The access to these providers is further reduced if the issues are related to sexuality given the stigma to sexuality in addition to the stigma for seeking professional care for mental health issues. Along with the efforts to increase the number of providers and trying innovative models of providing mental health care to people, it is also very important that they are sensitized and trained on the issues related to sexuality and sexual rights.

## **Gender differences in mental health issues related to sexuality need better understanding to develop effective interventions**

Women report significantly higher distress and mental health burden compared to men in studies done across the globe. Similar trend was observed in the current study for mental health issues related to sexuality (understanding the mental health needs of transgender people was beyond the scope of this study). The pathways and the factors through which gender differences in mental health outcomes are created are poorly understood. Therefore, there is a need for comprehensive understanding of the role of 'gender' in mental health outcomes in order to design interventions and health communication that is appropriate to the context.

## **It is important to promote sexual health with positive, inclusive and respectful approach towards sexuality**

World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality and also highlights that sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Promoting sexual health from the rights based framework is needed for ensuring that sexuality does not become a source of stressors. This can be achieved by promoting comprehensive sexuality education in the schools and building sexual self-efficacy of youth, encouraging and enabling parents to talk to young people about sexuality. Destigmatizing sexual health and creating a framework for provision of sexual health services that are non-judgmental, inclusive, and safe and rights based is also important. Given that many people experience depression, self-harm and suicidal attempts in their teenage, it is important that positive communication should be started at a very young age.

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## Annexure 1

# Methodological details of youth in transition study

### Background

India is one of the youngest countries in the world with around 28% of its population in the age group of 15-29. In recent years, the context of life of many young people especially in urban India is changing very rapidly. Urbanization, globalization and technological revolutions are leading to diverse impacts on people. Many young people are moving to cities in the pursuit of higher education and jobs and leading a relatively independent life. The age at marriage is increasing, especially in urban areas providing the youth more time and freedom to explore their sexuality. Increasing age at marriage, widespread availability of internet and social media, availability of spaces that are not under family surveillance and the desire to lead independent life are important aspects of social context of youth in neo-liberal urban India. In this changing context, it is essential to examine the choices young people make about their relationships and sexual intimacy, how these choices evolve over a period and how these choices are interdependent with other life domains. In order to address these issues, the Youth in Transition study was conducted, adopting a life course perspective. Detailed study methodology is provided in this document.

### Objectives

Youth in transition study was a retrospective life course study conducted among unmarried youth who were living in Pune city at the time enrollment.

The overall objectives of the study were to understand:

- Trajectories of intimate relationships from adolescence to adulthood
- Changes in the risk of Sexually Transmitted Infections (STIs) and HIV over this period
- Pattern of use of contraception
- Experiences of abuse in intimate relationships
- Experiences of mental health issues and their relation to sexuality



The research was informed by specific research questions-

- 1) What are the typical sequential patterns (timing of occurrence and transitions) of sexual relationships, from adolescence to adulthood?
- 2) What are the trajectories of risk of STI/HIV, from adolescence to adulthood? In addition, if and how gender, family background, childhood experiences of abuse and substance use influence sexual risk trajectories?
- 3) What is the extent and context of experiences of sexual abuse during childhood?
- 4) What are the experiences of emotional, sexual and physical abuse in relationships, among young adults?
- 5) How sexuality is related to mental health issues?

### **Study approach: Life course perspective**

The study draws on life course theory, or more commonly termed as life course perspective to analyze the answers to the research questions. It is a multidisciplinary paradigm for the study of people's lives, structural contexts and social change [1]. In particular, it directs attention to the powerful connection between individual lives and the historical and socioeconomic context in which these lives unfold. A life course as a concept is defined as "a sequence of socially defined events and roles that the individual enacts over time". Life-course approach views developmental processes as a trajectory, which is shaped by multiple interacting factors, the interrelation of which is likely to change based on timing and sequences of life experiences and transitions. The life course perspective also takes into account social embeddedness, which implies that lives change when relationships and social roles change and people have agency and personal control to make choices that construct their own life journeys within systems of opportunities [2]

Adopting this perspective to the current research helps in understanding how relationships and sexual behavior change over a period, as young people navigate through different social roles from adolescence to adulthood. It also helps in understanding how these changes are linked with changes in other life domains such as, childhood experiences, mental health conditions (depression, suicidality), substance use, migration (youth moving away from family and relocating to independent living arrangement in the city), initiation into remunerative activity and changes in education status (studying or not). In the current research, we retrospectively constructed trajectories from age 10 until the time of interview to understand the evolution of intimate relationships and risks associated with sexual behaviors.

The details of the methodology such as sample and recruitment process, data analysis and participant profile are given below.

## Study area and eligibility criteria

The eligibility criteria to participate in the study were

1. Never married: In the Indian context, sex is mostly linked with marriage and therefore sexual health needs of unmarried youth remain unaddressed. Given the rapidly changing demographic and socio-cultural context of youth in the country, the study aimed at understanding the needs of unmarried youth.
2. 20-29 years old: People who are currently in the age group of 20-29 were included in the study in order to retrospectively analyze the trajectories of young people.
3. Had 12 years of education: The level of education in urban areas and among young people is increasing rapidly. Hence, the study recruited people who had a minimum 12 years of education (12<sup>th</sup> pass or 10<sup>th</sup> + 2 years of diploma).
4. Living in Pune city for the last 6 months: In order to have participants who all have exposure to urban living, people who were currently residing in Pune city and were doing so for the last 6 months irrespective of their native place in India were eligible to participate in the study.

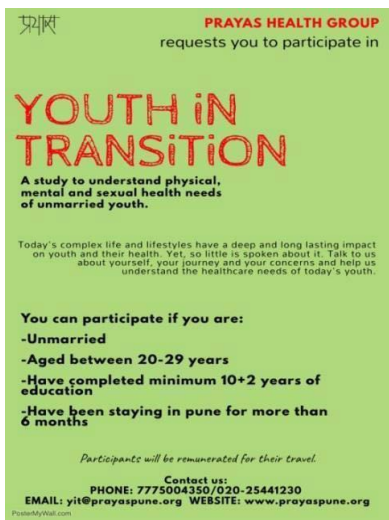
## Sample

This was a retrospective descriptive study, which applied a non-probability sampling method similar to quota sampling. During the recruitment process, proportions of participants with some characteristics such as current age (20-25 and more than 25), occupational status (working and non-working), sexual activity (ever had penetrative sex) etc. were monitored and efforts were made to get adequate numbers in each group. However, being a descriptive study that mainly aims at finding different trajectories and clusters of participants that follow a particular trajectory, a priori estimation of sample size was difficult.

## Recruitment

A total of 1240 (653 were men, 584 were women, and three participants who marked their gender as other) participants were recruited in the study from July 2017 till Jan 2019. The overall recruitment approach was to make an appeal to young people to participate in the study and provide them opportunities to self-nominate for participation. There were several strategies and tools used for reaching out to young people. The specific strategies are discussed later, some general tools used for outreach are described at this point below.

**Flyer** – A flyer explaining purpose and goal of the study, enlisting the eligibility criteria and providing contact details was prepared in Marathi and English. The flyer was printed in a size that was easy to carry in a pocket or a purse.



**Pamphlet-** A pamphlet was prepared containing frequently asked questions about the study with their answers. It was prepared in both English and Marathi language. It explained the study procedure in detail.

**Poster-** A poster with the information about the study was printed that could be put at different places such as colleges, study circles, workplaces etc. It was prepared in both English and Marathi language.

## Strategies to reach out to youth

Study team tried to recruit participants from different backgrounds by adopting several strategies. These can be clubbed into three main categories.

- 1) Contacting people in person to introduce the study and make an appeal to participate
- 2) Contacting people through social media
- 3) Referrals from previous participants

### Contacting people in person

Several platforms were explored to contact people in person and inform them about the study.

**Group Introductions:** Study team approached different colleges, places where private classes for UPSC/MPSC/competitive exams preparation are conducted, study rooms, hostels, youth organizations, NGOs and workplaces for introducing the research study. Introduction session was conducted after seeking formal permission from the respective authority. The typical introduction session lasted for 10-15 minutes where the study team spoke about our organization, objectives of the study and procedure of data collection. At the end of the introduction session, everyone was handed a printed sheet and an appeal was made to those who were willing to participate in the study to provide details such as name, age, marital status and contact number.

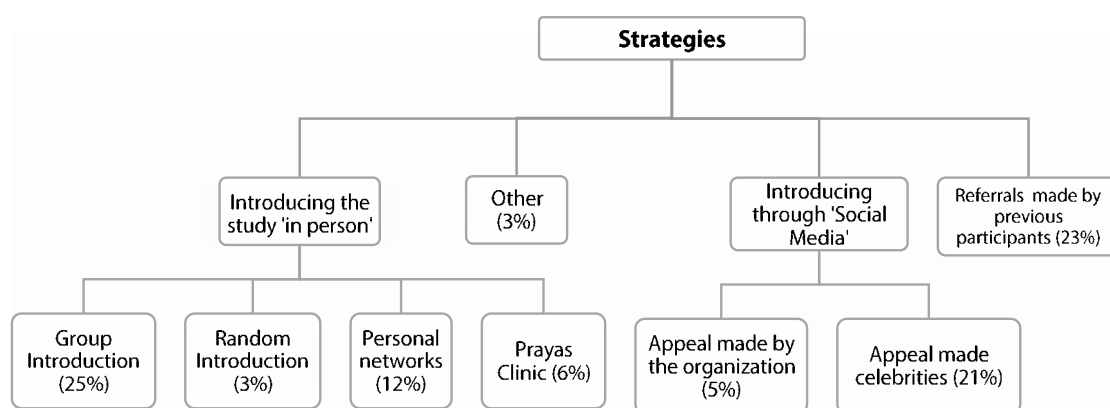
**Random introductions:** The study team also did random introductions to youth who were located at hang out places like parks, tea and snack shops, restaurants, jogging tracks, malls, cafes etc. This was to reach out to a diverse group of youths. The random introduction session was in the form of asking people if they could spare 5 minutes, and then introducing about the study if they were interested and collecting contact details if they were willing. The response from the random introduction was very poor because of trust issues. Many people did not feel comfortable to share their contact details with a stranger.

**Personal Networks:** The information about the study was shared through the personal networks of the study team along with the flyers and the pamphlets. This resulted in dissemination of information about the study through personal networks and potential participants approached us with willingness to participate in the study.

**Prayas Clinic:** Prayas has a HIV/STI and dermatology clinic. Young people coming to Prayas clinic were informed about the study. Those who were interested to know more were provided detailed information about the study and if they were eligible and willing, an interview was scheduled with them.

The percentage given in figure a.1 indicates the proportion of participants recruited through each strategy.

Figure a.1: Strategies to reach out to youth



### Summary of recruitment through contacting people in person

- Study team approached more than 200 youths through their personal networks and 13.4 % of the total recruited youths, (N=167, 81 men and 86 women) were enrolled through this strategy.
- Six percent of the total recruited youths were enrolled through Prayas Clinic (N=73, 50 men and 23 women).
- Twenty five percent of the total recruited youths were enrolled through group introductions (N=315, 160 men and 155 women). More than 1100 youths were contacted through this strategy.
- Three percent of the total recruited youths were enrolled through random introduction (N=40, 22 men and 18 women). More than 300 youths were approached through this strategy.

### Contacting people through social media

#### Appeal to participate in the study made by the organization on social media:

Mainly Facebook and Instagram pages of the organization as well as the study team's personal social media pages were used for sharing the information about the study. A google form was created where people can check if they are eligible to participate

in the study and send their contact information along with preferred time to contact them if they were willing to participate.

**Appeal made by celebrities through social media:** Many young people follow posts and messages of their favorite celebrities on social media regularly. So, it was thought that getting these celebrities (mostly from Marathi theater and film industry) could be an effective means to reach a young population. Some of the study team members had personal contacts with some celebrities in the industry. When they were approached and informed about the research, they realized the importance and social validity of the project and volunteered to make an appeal through their social media pages. A short video (of 1-2 minutes) of the introduction of the study by each celebrity was prepared and was posted on their Facebook or Instagram accounts along with google form link. After seeing the video and associated information, those who were willing to participate completed the google forms and shared their contact information with us. The propagation from celebrities did not involve any financial transactions and was totally voluntary.

There were more than 75000 likes to videos posted by celebrities on their social media accounts. We received more than 900 google forms from youths who showed interest in participating in the study. Half of them were not eligible as they did not fulfil inclusion criteria.

### **Summary of recruitment from contacting people through social media**

- Of the total enrolled 5.4% (N=68, 40 men and 28 women) were recruited through appeal made by Prayas through its social media accounts
- Of the total enrolled 21.2% (N=263, 145 men and 118 women) were recruited through appeals made by celebrities on social media.

### ***Referred by participants***

All the participants who came for the interview were asked at the end of the data collection if they would be willing to share the information about this study with their friends/in their networks. Those who were willing received study flyers along with the link to google form, which they could forward in their networks. The youths who participated in the study also shared their experiences participating in the study along with the flyer on their social media pages and made appeal to people in their network to participate in the study. Around 22.6% of the total enrolled youths were recruited through this strategy (N=281, 138 men and 143 women).

### ***Other***

Of the total recruited participants, 2.6% (N=33, 19 men and 14 women) mentioned that they approached the study team after seeing flyers or referred by someone not known to the study team, self-referred, etc.

## **Process of contacting the participants and scheduling the interviews**

The name and contact information received either through a printed sheet or through google form was entered into a separate password protected excel sheet. Eligibility criteria was explained to all potential participants during introduction sessions, was printed on a sheet and was also described in the Google form. Study team contacted (phone call/text message as per the preference of the participant) only those who were eligible and had indicated their willingness to participate in the study. Maximum three phone calls were made to schedule the interview. The eligibility was once again confirmed on phone prior to scheduling the interview and detailed explanation was provided to those who were not eligible to participate regarding the logic of having these eligibility criteria. Once the interview was scheduled, the relevant information such as time, date, place of the interview and name of the interviewer was updated in the same sheet. Most of the interviews were conducted in Prayas office in a closed room providing privacy. However, for some participants who were not willing to travel to Prayas office, interviews were conducted at mutually convenient public space, which provided adequate privacy and safety.

## **Data collection**

The interaction with the participant started with the interviewer introducing him/herself and providing brief information about the study. Eligibility of the participant was assessed using structured form. If found not eligible, participants were asked if they would like any information about sexual and reproductive health and if required were referred to appropriate services. If they were found eligible, a written informed consent was sought from the participant before starting the interview. A copy of the signed consent form was given to participants for their reference. After collecting basic demographic information, the Relationship History Calendar (RHC) was completed. The RHC is a modification of life history calendars, which have been successfully used in other studies to gather retrospective information on contraception use, births, migration, schooling, and employment [3–5]. The RHC, like other life event calendars, gathered information on monthly changes in the status with respect to schooling, migration, relationship, physical intimacy etc (see below for details). The participant and the interviewer had a side-by-side sitting arrangement so that the participant was able to see the calendar and could participate in filling it and ensure the correctness of the information collected. Narrative interview technique [6] was adopted for completing the calendar where participants were encouraged to narrate their story. The RCH with narrative interview technique has been shown to help people recall the events and reduce recall bias [7]. Other details about relationships plotted on the calendar, information about childhood experiences, child sexual abuse, porn use and self-efficacy were collected through structured questionnaire. The study tools were prepared in Marathi and English language.

The following study tools were used during the data collection:

## Relationship history calendar

Time event data were collected using month as a unit, on a standard age scale starting from 10th year of life until the current age at the time of interview.

Image a.2: Relationship history calendar

Data on following domains were included in the calendar. Each domain had predefined codes, which were marked on the calendar.

Table a.1: Codes used for each domain in Relationship history calendar

Domain	Codes
Education	After plotting 10 <sup>th</sup> and 12 <sup>th</sup> education was plotted with the specific name of the degree/diploma
Work	Remunerated work Non-remunerated work
Place of residence	City Town Village
Staying arrangement	Independent Partially independent (hostels, PG) With family With siblings
Relationship	For each relationship that was marked, there was space to mark if penetrative sex happened in that month; if yes, then if condom was used (A-Always, S-Sometimes, M-Most of the times, N-Never); If condom not used then reason for not using condom(Unavailable, Drunk/Drug, No need perceived, No liking, Other, Can't say)

Short relationship	Because the calendar had 1 month as a minimum unit, relationships that lasted for less than a month were plotted separately as short relationships and the same information as above was collected for each short relationship.
Rejection	If the person ever proposed someone and got rejected
Pregnancy	If there was pregnancy in that relationship then what was the outcome of the pregnancy (IA-Induced abortion, SA-Spontaneous abortion, CDC-Continued because of delayed care seeking, CW-Continued because you/your partner wanted) and if abortion was done then what was the method used (M-medical, S-Surgical, NM-Non-medical)
Tobacco/Alcohol/ Marijuana/Inj. Drugs	First time use Daily Weekly Monthly Occasionally
Depression	Depression completely related to sexuality Depression partially related to sexuality Depression not related to sexuality
Suicide attempts/Self harm	Period when it happened along with information on ever seeking professional help for that

## Relationship form

A relationship that lasted for more than a month was considered as a long-term relationship and a relationship that lasted for less than a month was considered as a short-term relationship. The use of the words 'long' and 'short' are only with respect to the convenience of plotting on a calendar and further data collection and do not imply any value judgement. A separate questionnaire was prepared for collecting information about each long-term relationship. This included collecting information on the background characteristic of each partner (gender, marital status), the type of their relationship, disclosure of the relationship to family, friends, type of sexual activity (oral/vaginal/anal) if any, use of different contraceptives including emergency contraceptive (EC) pills if applicable, abusive experiences during relationship (a questionnaire of 12 questions for emotional, physical and sexual abuse) etc. For short term relationships, instead of collecting detailed information of each short-term relationship, which would have been challenging to recollect for most, collective information was collected on approximate number of total short term partners, sexual intimacy with them, use of condom and EC pill, number of partners who were sex worker and any abusive experience during these relationships etc.

## Childhood experiences form

Data about parental restrictions, conversation on sexuality related issues with parents during adolescence, neglect, physical abuse by parents, addiction to alcohol and



separation or divorce between parents during adolescence was collected in a separate questionnaire.

### **Experiences of sexual abuse**

A separate questionnaire was prepared to collect data about different sexual abuse related experiences from childhood. It included experiences like passing dirty comments, touching, stalking, showing porn, and flashing sexual organs, trying to have forced sex and had forced sex. Information was also collected about the age of the participant when abuse was experienced, age and gender of the perpetrator and whether the perpetrator was a family member or not.

### **Use of pornographic material**

A separate questionnaire was prepared to collect data about age at watching pornographic material for the first time, frequency of watching porn in the last 3 months, etc.

### **Risk perception and self-efficacy**

Information on perceived risk of HIV and STI and current self-efficacy to protect from HIV/STI and refusal to unwanted sex was collected through a structured questionnaire. Additionally, participants were also asked if they have tested for HIV prior to the interview, their willingness to undertake HIV testing. Information on their preference for self HIV testing versus testing done in a health facility was also collected along with the reasons for the preference.

### **Data management and analysis**

Two separate software programs were prepared to enter calendar data and data from other forms respectively. Data were first checked on the hard copies to resolve any inconsistencies and then entered in the software. With the help of access queries, entered data were cleaned from time to time.

Different statistical techniques were used to analyze the data based on the research questions. Data analysis was done using statistical software 'R' and 'SAS'. Trajectory analysis was done using sequence analysis technique[8] and growth mixture modeling. Descriptive analysis and logistic regression analysis was done to describe the data and estimate the predictors of independent variables respectively.

### **Ethical issues**

The study protocol, consent forms and data collection tools were reviewed and approved by the organization's Institutional Ethics Committee for Research (IECR) before starting the recruitment of the participants. A written informed consent was taken from all the participants prior to data collection. Confidentiality and anonymity were strictly maintained. None of the data forms had identifying information. All hard

data files were stored in locked cabinets with restricted access only to the study team. All soft data were stored in password protected files. Considering the highly sensitive nature of the topic, interviewers were rigorously trained to undertake the interviews in an utmost sensitive and non-judgmental manner. Interviewer's gender was the same as the gender of the interviewee. If the potential participant mentioned that they are gender non-confirming at the time of scheduling the interview then they were asked for their preference for the gender of the interviewer. Of the total participants, 653 participants identified themselves as men, 584 as women, and 3 participants marked their gender as other.

After the interview was over all participants were provided a printed list with contact details/websites of different service providers offering free/subsidized HIV/STI testing and counseling, contraceptive counseling and care, psychological counseling and care, abortion care, legal counseling etc. The counseling care at Prayas was offered free of cost to the study participants. Whenever required participants were linked to appropriate services such as support group for survivors of sexual abuse, psychiatric care etc. The participants were provided a fixed amount approved by the ethics committee to compensate for their time and travel. No other monetary incentive was provided.

### **Socio-demographic profile of the participants**

Total 1240 participants were enrolled in the study out of which 653 were men, 584 were women, and 3 participants marked their gender as other. One of them mentioned that she (her preferred pronoun) is still questioning her gender identity and for the purpose of the research, her identity can be marked as woman. While we completely understand and support collection and analysis of gender identity data to reflect the diversity, because of the very small number of participants with other gender identity in the research, it was not possible to include a separate gender category in analysis. Therefore, an analytical category of gender with 655 men and 585 women was created. The median age of the participants was 23 years. Majority (85%) were Hindu and from the general category (67%). Participants who didn't want to tell their religion or caste or didn't believe in it, an option of don't want to tell was provided.

Majority (62%) participants reported their socio-economic status (SES) as middle class. SES was self-reported by participants. For SES it was asked, "what you think is the overall SES of your family" and options like poor, lower middle class, middle class, upper middle class and rich were provided. As very few participants reported SES as poor or rich it was clubbed with lower middle class and upper middle class categories respectively. Participants were also asked about the total monthly family income in the last 3 months excluding their own income if any. Family income was categorized in 10 categories (No income, <2000, 2001 to 6000, 6001 to 10000, 10001 to 16000, 16001 to 21000, 21001 to 45000, 45001 to 75000, 75001 to 150000 and > 150000). For analysis it was re-categorized into 0 to 21000, 21001 to 75000 and more than 75000.

Majority (91%) participants were heterosexual. To determine sexual orientation participants were asked, with whom they get sexually attracted, and options provided were only men, only women, both men and women, other and none.

**Table a.2: Profile of the participants**

<b>Variable</b>	<b>Categories</b>	<b>Men (N=655)</b>	<b>Women (N=585)</b>
Age (Years)			
	20-22	206 (31.4%)	280 (47.8%)
	23-25	253 (38.6%)	207 (35.3%)
	More than 25	196 (29.9%)	98 (16.7%)
Religion			
	Hindu	564 (86.1%)	485 (82.9%)
	Muslim	8 (1.2%)	14 (2.3%)
	Christian	4 (0.6%)	11 (1.8%)
	Baudh	28 (4.2%)	20 (3.4%)
	Jain	14 (2.1%)	21 (3.5%)
	Other	15 (2.2%)	19 (3.4%)
	Don't want to tell	22 (3.3%)	14 (2.3%)
Caste			
	General	418 (63.8%)	409 (69.9%)
	Other Backward Caste	116 (17.7%)	83 (14.1%)
	SC/ST/VJNT	121 (18.4%)	93 (15.8%)
Socio-economic status			
	Lower middle class	124 (18.9%)	55 (9.4%)
	Middle class	423 (64.5%)	342 (58.4%)
	Upper middle class	108 (16.4%)	188 (32.1%)
Family Income (INR)			
	0 to 21000	170 (25.9%)	90 (15.3%)
	More than 21000 to 75000	300 (45.8%)	239 (40.8%)
	More than 75000	181 (27.6%)	251 (42.9%)
Education			
	12 <sup>th</sup> /Diploma	158 (24.1%)	174 (29.7%)
	Graduation	362 (55.2%)	274 (46.8%)
	Post-graduation	135 (20.6%)	137 (23.4%)
Currently working			
	Yes	376 (57.4%)	292 (49.9%)
	No	279 (42.6%)	293 (50.1%)
Residence type			
	City	408 (62.2%)	452 (77.2%)

	Town	102 (15.5%)	79 (13.5%)
	Village	145 (22.1%)	54 (9.2%)
Sexual orientation			
	Heterosexual	603 (92%)	526 (89.9%)
	Homosexual	21 (3.2%)	9 (1.5%)
	Bisexual	26 (3.9%)	44 (7.5%)
	Asexual	1 (0.1%)	1 (0.1%)
	Exploring/ questioning	4 (0.6%)	5 (0.8%)

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- 8] Gabadinho A, Ritschard G, Müller NS, et al. Analyzing and Visualizing State Sequences in R with TraMineR. *Journal of Statistical Software* 2011;40:1–37.

## Annexure 2

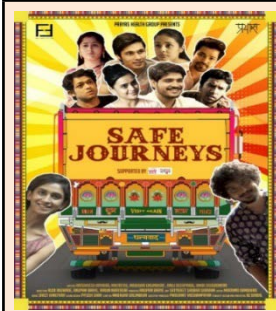
### Publications and resources based on insights from the Youth in Transition Study

#### *The Wire Marathi Article Series*

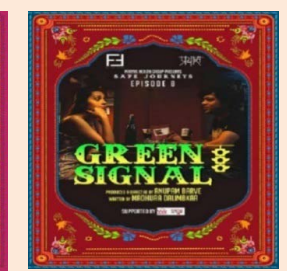
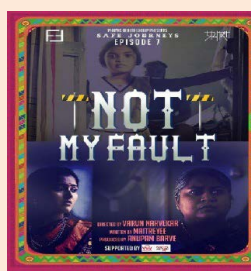
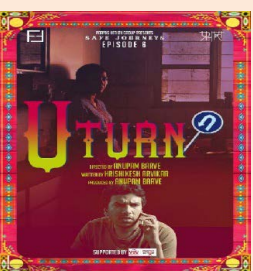
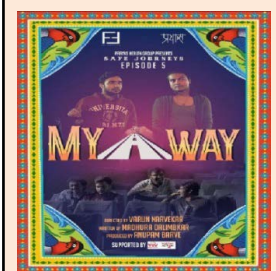
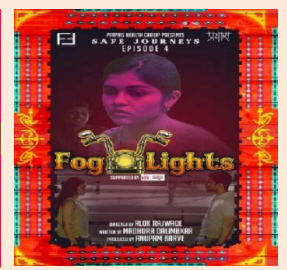
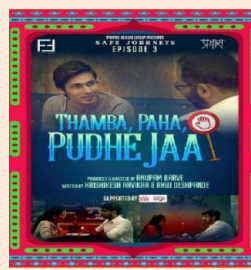
The findings of Youth in Transition Study were shared through a series of articles written in a Marathi news portal, The Wire Marathi. Click the title of the articles to read more.

1. युवकांना स्थित्यंतरात समजून घेण्याचा 'प्रयास'
2. 'सिरीयस', 'कॅज्युअल' आणि जातीची जाणीव
3. नाती, नात्यांच्या कल्पना आणि अदृश्य दबाव
4. लैंगिक अत्याचार आणि आपण सर्व
5. लैंगिक अत्याचाराचा लपलेला चेहरा
6. लैंगिकता आणि नैराश्य
7. संमतीची जाणीव- नेणीव
8. सेक्स आणि इज्जत का सवाल
9. सेक्स आणि जोखमीचे जोखड

#### *Safe Journeys- A Web Series*



The web series is based on the insights from the Youth in Transition study and is created with the aim of increasing young people's ability to deal with issues related to sexuality. The series of eight videos can be accessed from [Safe Journeys web page](#) and through [Prayas Health Group's You Tube channel](#)





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