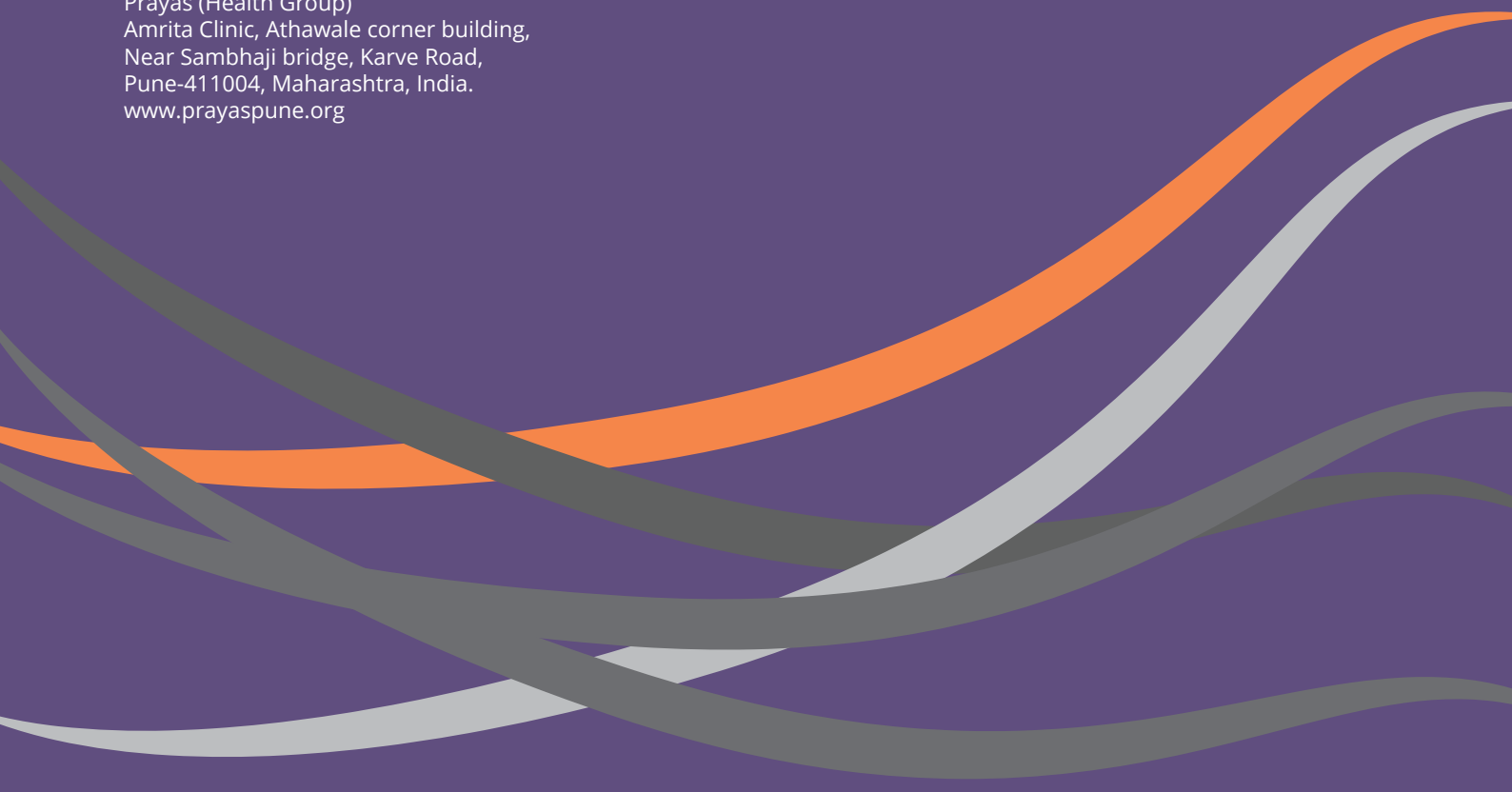


YOUTH IN TRANSITION

METHODOLOGICAL DETAILS OF YOUTH IN TRANSITION STUDY



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Youth in Transition

Methodological details of youth
in transition study

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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 (12th pass or 10th + 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

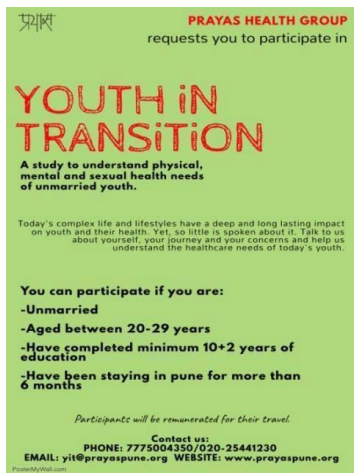
This was a retrospective descriptive study, which applied a non-probability sampling method similar to quota sampling. During the recruitment process, proportions of participants with some characteristics such as current age (20-25 and more than 25), occupational status (working and non-working), sexual 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.

Image 1: Study Flyer



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.

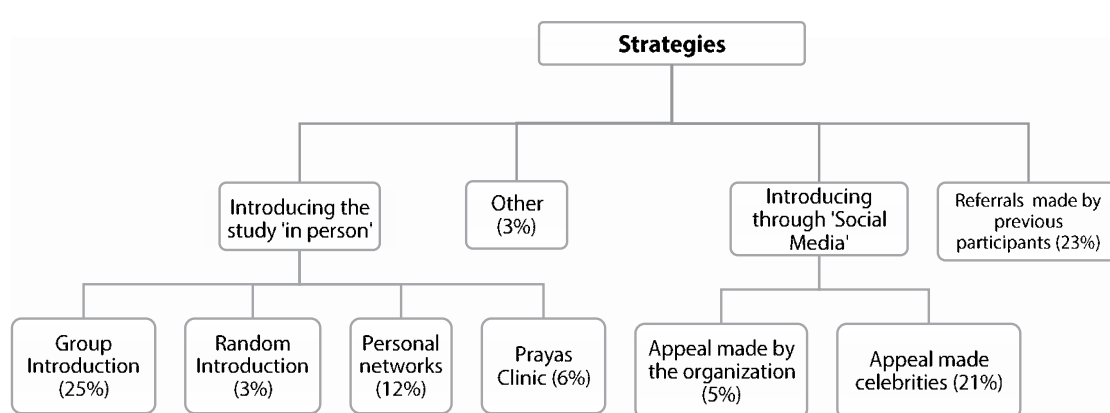
Random introductions: The study team also did random introductions to youth who were located at hang out places like parks, tea and snack shops, restaurants, jogging tracks, malls, cafes etc. This was to reach out to a diverse group of youths. The random introduction session was in the form of asking 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 1 indicates the proportion of participants recruited through each strategy.

Figure 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 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 1: Codes used for each domain in Relationship history calendar

Domain	Codes
Education	After plotting 10 th and 12 th 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 2: Profile of the participants

Variable	Categories	Men (N=655)	Women (N=585)
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 th /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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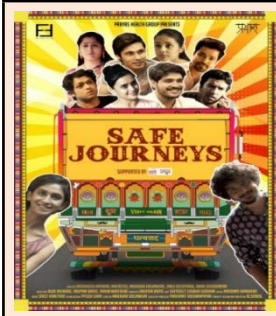
Publications and resources based on insights from the Youth in Transition Study

The Wire Marathi Article Series

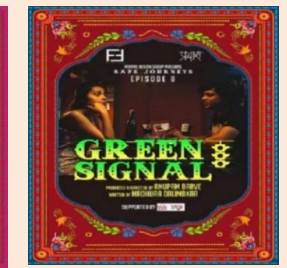
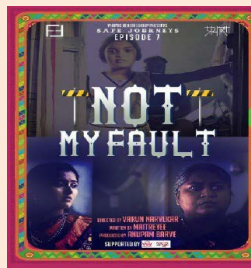
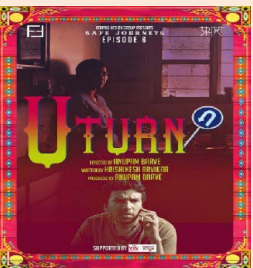
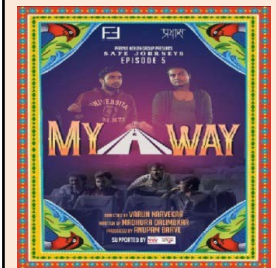
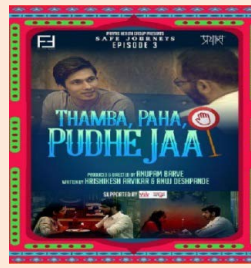
The findings of Youth in Transition Study were shared through a series of articles written in a Marathi news portal, The Wire Marathi. Click the title of the articles to read more.

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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