

## MEASURING SEXUAL INTEGRITY & AWARENESS LEVELS OF BOTH HIV INFECTED & AFFECTED ADOLESCENTS

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### Abstract

Sexual integrity becomes crucial and important and often less or never talked about - as the consequences of ignoring Sexual Integrity leads to serious repercussions. An empirical study among the adolescent children of HIV parents in Tamilnadu state, India was carried out with the objectives to measure the extent of sexual integrity and offer suggestions was carried out. This Descriptive study used interview schedule as the tool to cover High prevalence and Low prevalence districts in Tamil Nadu state, India. There was a significant mean difference between the domicile and age of the respondents and the extent of sexual integrity among them. It has been observed that persons from rural areas had moderate extent of sexual integrity and there was no mean difference between the gender and care taking of the respondents with the level of sexual integrity. In terms of sexual awareness there was (only) a moderate level found among the variables such as religion, community, type of family and parents educational status and however statistically there is no significant difference found among the social variables.

### Key words

**Sexual Integrity, Sexual Awareness, Social variables, Personal variables, Infected and affected HIV Adolescents**

### Introduction

There is a supposition that sexual health research has immense weight on the quality of life of individuals (Shirmohammadi Maryam, et. al, 2018) as the subject matter of studies on sexual topics are highly valuable (Crawford M, Popp D. 2003). As human sexuality is complex, deciding what to believe and how to act is not always easy, striving to act with sexual integrity helps make responsible sexual decisions. A woman or man of integrity is looked up to and respected because his or her acts are characterized by three things – honesty, sincerity and ethics. The Pursuit of Sexual Integrity ([www.abba.org](http://www.abba.org)) is enumerated as Building, experiencing, maintaining healthy relationships; Fulfillment of personal goals and desires; A reputable character; Wholeness after a broken heart; Self-confidence to succeed; Empowerment that can control the life; Pride in the accomplishment of the plans; Preparation and maintenance of a successful marriage.

In a study conducted in Egypt pointed out that safe sexual behavior were low among drug addicts and thus increasing potential towards infection with STDs including HIV (Bakhoum Atef Y., et. al., 2014). Adolescence is a period of initiation of number of risk-taking activities and hence overall rates of adolescent risk-taking behavior in terms of having unprotected sex have decreased since the early 1990s, many high school students continue to engage in these actions, placing them at risk (Marelich D. William, et.al. 2012). There is a lack of knowledge about reproductive health; specifically on the emerging threat of HIV/AIDS—may have grave consequences for the country (Jejeebhoy, 1996). Further the influence of mass media, social media, internet and more specifically peers; instead of promoting sexual knowledge, spreads most of the time wrong information and misconceptions (William Thomas, 2014) often lead to less integral persons in terms of sexuality and risk towards HIV/AIDS becomes greater. In addition to that since 2018; over the last two years, awareness on the sexual mistreatment of women has astonished the world (Keplinger K, et. al., 2019) becomes the recent research indicator.

India is among the worst affected nations in the world in terms of the HIV/AIDS epidemic. Among the states, Manipur has shown the highest estimated adult HIV prevalence (1.40%), followed by Andhra Pradesh (0.90%), Mizoram (0.81%), Nagaland (0.78%), Karnataka (0.63%) and Maharashtra (0.55%). Besides these states, Goa, Chandigarh, Gujarat, Punjab and Tamil Nadu have shown estimated adult HIV prevalence greater than national prevalence (0.31%), while Delhi, Odisha, West Bengal, Chhattisgarh and Puducherry have shown estimated adult HIV prevalence of 0.28-0.30%. All other states/UTs have lower levels of HIV (NACO, 2012).

Taking stock of Tamil Nadu; it has been identified as one of the six high HIV-prevalence states of India. Out of the total 1,11,608 AIDS cases detected in the country till 2005, Tamil Nadu has a vast share of 52,036 cases, accounting for nearly 46.62 percent. The district-wise break-up of the 48,180 cases reported for the period up to December 2004, indicates that the maximum number of AIDS cases have been from the state capital itself (NACO, 2012).

Of the 40 million people living with HIV/AIDS worldwide, nearly one-third are aged 15 – 24 years (UNAIDS, 2002). This group is accounted for two-thirds newly-infected individuals in developing countries in 2003 (UNAIDS, 2004). The prevalence of HIV among 15 – 24 years old is estimated to be 1.1 per cent globally and 1.3 per cent in developing countries (UNAIDS/WHO, 2001).

The research has shown that young people can quickly become HIV carriers through sexual networking with infected adults (Kalichman C Seth, 2014). Accordingly, they are referred as a “bridge population” in the context of HIV/AIDS (UNAIDS, 2001). A “bridge population” is an important agent in the dynamic of epidemics, as it connects high-risk and low-risk populations

(UNAIDS, 1999).

Likewise, more adolescent boys than girls have mentioned that social/ economic obstacles come in the way of building such friendship. The current social situation is characterized by increasing levels of child sexual abuse, sexual crime, breakdown of family and relationships, rise in sexually transmitted diseases, sexual exploitation and sexual dysfunction ([www.sif.org.au](http://www.sif.org.au)) and tract themselves to the unreturned path of HIV. Promoting sexual awareness educational interventions on youth sexting often focus on individual sexters or would-be sexters (Setty, E. 2019). It has been observed that knowledge gaps and unsafe sexual practices are prevalent even in 2019 among adolescents (though there are technology driven information) claimed by Papadakaki, M, et. al. (2019).

Hence sexual integrity becomes crucial and important and often less or never talked about. The Consequences of Ignoring Sexual Integrity ([www.abba.org](http://www.abba.org)) is to be looked into for its serious repercussions. They are Unplanned pregnancy, Contemplation of an unwanted abortion, Infertility, Single parenting, Medical and emotional potential after effects of abortion, Medical & emotional potential effects of sexually transmitted diseases, Tarnished reputation, Depression, low self-esteem and Broken heart and spirit. Bleakley, A et. al., (2008) strongly suggested to introduce a school curriculum with sex education. Sexual education and awareness should be attainable by establishing both ‘One-stop information centres’ and “peer education” is an ideal combination to address sensitive issues among young people (Papadakaki, M, et. al., 2019). A study conducted in Delhi has indicated that peer group and mass media were the commonest sexual and reproductive health information sources among rural and urban participants (Meena Jitendra Kumar, et. al., 2015). If the sex education among the adolescents is to be attractive it should specially meet their needs and interests and then only it becomes remarkable (Brian David Unis & Christina Sällström, 2020).

### **Design and Samples**

With this background an empirical study has been mooted among the adolescent children of HIV parents in Tamil Nadu with the objectives to measure the extent of sexual integrity and suggest ways to attain sexual integrity among the adolescent children of HIV parents. The study is Descriptive in nature. An interview schedule was constructed with 50 items of sexual integrity components and data was collected.

The total districts in Tamil Nadu state, India; have been classified as High prevalence and Low prevalence based on the latest statistics available with the Govt. of Tamil Nadu. Five districts from each have been selected randomly and thus a total of 10 districts included for the study.

The samples were selected using quota sampling method from the list obtained from Government, NGO's and positive networks on HIV parents. The samples were fixed as 60 and

50 from higher and low prevalence districts respectively. Thus from a total sample of 550 the data were collected from 10 ten districts in Tamil Nadu, India.

### Sexual Awareness & Social Variables

The social variables viz., religion, community, family type, educational status of the fathers and mothers were related with extent of sexual awareness such as low, moderate and high. Table number 1 depicts the mean difference between extent of sexual awareness and the selected social variables. While the data of type of family was treated with 't' test; 'ANOVA' was used for religion, community, educational status of the fathers & mothers and present status of the respondents were correlated with the level of sexual awareness of the respondents.

**Table Number -1**  
**Level of Sexual Awareness & Social Variables (Mean Difference)**

Variable	Item	N	Mean	Std. Dev	T / ANOVA	Significance
Religion	Hindu	357	2.12	.519	ANOVA	NS
	Christian	117	2.00	.347		
	Muslim	76	1.99	.200		
Community	BC	354	2.03	.397	ANOVA	*
	MBC	129	2.12	.530		
	SC/ST	67	2.24	.553		
Family Type	Nuclear	410	2.07	.461	T	NS
	Joint	140	2.09	.447		
Educational Status of the Fathers	Illiterate	203	2.05	.388	ANOVA	*
	Primary Education	46	2.28	.621		
	Middle Education	71	2.20	.646		
	High School	118	2.03	.432		
	Higher secondary	31	2.06	.359		
	UG	60	1.95	.287		
	PG	15	2.00	.378		
Educational Status of the Mothers	Diploma/ITI	6	2.17	.408	ANOVA	*
	Illiterate	26	2.15	.543		
	Primary Education	134	2.19	.551		
	Middle Education	139	2.04	.502		
	High School	122	2.09	.364		
	Higher secondary	32	2.09	.390		

	UG	69	1.96	.268		
	PG	28	1.89	.315		
Present Status	School	300	2.09	.515	ANOVA	NS
	College	222	2.05	.352		
	Employed	28	2.07	.539		

\* 0.05 level of significance; NS – Not Significant

The variables such as community, educational status of fathers, educational status of mothers showed a significant difference (at 0.05 levels) while treating the data with ANOVA test. The post hoc test showed that the backward castes and scheduled castes/scheduled tribes were significantly different in terms of moderate level of sexual awareness.

It has also been observed that there were no mean differences between the level of sexual awareness of the respondents with religion and the type of family the respondents.

Taking specifically the educational status of the fathers of the respondents; the post hoc test showed that there was a moderate level of sexual awareness found among the illiterate and primary school educated respondents and statistically different. The respondents with primary school education and the respondents with high school education were significantly different in terms of moderate level of sexual awareness. When comparing the primary school educated with graduated it has been observed that there was a significant difference at moderate level of sexual awareness found. The respondents with middle school education and the respondents with graduation were significantly different in terms of moderate level of sexual awareness.

Similarly the educational status of the mothers of the respondents; the post hoc test showed that the respondents with primary school education and the respondents with graduation were significantly different in terms of moderate level of sexual awareness. The primary school educated respondents relating with post graduated respondents there was a significant difference at moderate level of sexual awareness found. However, the other condition comparisons were not significantly different from one another.

The present status of the respondents have been classified as education at school, college and employed and this variable when treated with ANOVA test resulted in no significance and similarly there was no mean difference between the level of sexual awareness of the respondents and the present status of the respondents. It has been observed regarding the educational level that when the education level increases, the better the knowledge towards safe sexual behavior (Bakhom Atef Y., et. al., 2014).

### Extent of Sexual Integrity

Sexual integrity values the moral principle, uprightness, character and honesty in expressing the sexuality. The level of sexual integrity of the adolescents is measured against the districts of the adolescents. There are fifty items identified to measure the extent of sexual integrity. Forty six

items with 'always' as the expected answer was coded with value 1 and the other responses 'never' and 'sometimes' were coded with value 0. The other 4 items had reverse answers, that is, responses with 'never' were coded with value 1 and the responses 'sometimes' and 'always' were codified with value 0.

Then all the fifty measuring items of the sexual integrity were computed. The computed value showed a mean value of 20.78 and standard deviation of 9.39. Addition of mean and standard deviation was graded as high level, deduction of mean and standard deviation was fixed as low level and the range between the two categories was considered as medium level. The data is presented in table 2.

### Sexual integrity & Personal variables

The extent of sexual integrity of the respondents (low, moderate, high) was tested with personal background of the respondents like type of children, domicile, age group, gender and care taking of the respondents. The table 2 shows the mean difference between extent of sexual integrity of the respondents and the personal background of the respondents. T test was applied for type of children, domicile, age group and gender with the extent of sexual integrity respondents. ANOVA test was administered for the extent of sexual integrity of the respondents with care taking of the respondents.

**Table Number -2**

Extent of Sexual Integrity and Personal variables (Mean Difference)

Variable	Item	N	Mean	Std. Dev	T / ANOVA	Significance
Type of children	CLHIV	264	2.09	.444	T	NS
	CAA	286	2.06	.462		
Domicile	Rural	245	2.15	.599	T	**
	Urban	305	2.02	.275		
Age Group	12 years to 15 years	158	2.18	.459	T	*
	16 years to 19 years	392	2.04	.445		
Gender	Male	218	2.09	.477	T	NS
	Female	332	2.07	.438		
Care Taken By	Mother	146	2.10	.522	ANOVA	NS
	Father	88	2.10	.402		
	Both	207	2.05	.495		
	Care Taker	65	2.09	.292		
	Institution	44	2.02	.263		

\*\* 0.01 level of significance; \* 0.05 level of significance; NS – Not Significant

There was no mean difference between the extent of sexual integrity of the respondents and the type of children. There was a significant mean difference between the domicile of the respondents and the extent of sexual integrity of the respondents (F value) at 0.01 level. The respondents who were dwelling in rural areas (Mean = 2.15) had moderate extent of sexual integrity.

There was a significant mean difference between the age group of the respondents and the extent of sexual integrity of the respondents (F value) at 0.05 level. The respondents who were in the age group of 12 years to 15 years (Mean = 2.18) had moderate level of sexual integrity.

There was no mean difference between the gender of the respondents and the level of sexual integrity of the respondents. There was no mean difference between the level of sexual integrity of the respondents and care taking of the respondents.

Overall the sexual integrity level was moderate among 78.9 percentage of the respondents against which there were 14.4 per cent of the respondents had higher level of sexual integrity and just 6.7% of the respondents had low level of sexual integrity.

## **Conclusion**

While the variables such as community, educational status of fathers, educational status of mothers showed a significant difference in terms of moderate level of sexual awareness; there were no mean differences between the level of sexual awareness with religion and the type of family the respondents. It could be inferred that the majority of the respondents had moderate extent of sexual integrity. To maintain high sexual integrity, the adolescents need to be educated to enhance their knowledge and practice on sexual integrity

## **Suggestions**

It is to be borne in mind before framing the curriculum of sex education and enhancing sexual integrity and to make youth to develop interest towards understanding and awareness on sex related education it should focus on fostering autonomy and identity, correcting misconceptions, counteract prejudices and these factors could be culture specific and include their own community features (Brian David Unis & Christina Sällström, 2020). The Government and NGO's should support and fund community-based education initiatives through Introducing sexual integrity as part of the core curriculum in schools, Mentoring/ peer support programs in sexual integrity, Character building programs focusing on sexual integrity, Promoting gender equality through sexual integrity, Adult sexual integrity relationship education and Tertiary courses in sexual integrity with the active participation of Professional Social Workers, Health Educators and various stakeholders in promoting the sexual integrity among these adolescents.

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