Original paper

Sexual behaviour of Advanced Level students in Southern Sri Lanka

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Abstract

Objectives: To identify the prevalence of different types of sexual experiences among advanced level students in the district of Galle in Sri Lanka and to identify the students' attitudes and skills in condom use.

Methodology: This is a cross sectional survey. Data was collected from 446 advanced level students in the district of Galle using a self-administered questionnaire.

Results: Among 446 students surveyed, approximately 50% of male students and 30% of female students were sexually active at the time of the survey. Male students were significantly more likely than female students to indulge in sex (11.5% vs. 2.7% for sexual intercourse experience). Science stream students were less likely to have exposure in sexual activities compared to Commerce and Arts stream students. Moreover, economically privileged students seems to have indulged in sexual activities more, compared to others. Among those who were involved in risky sexual activities, the use of condoms was considerably low.

Conclusions: Among late teenagers in the school going population, sexual health plays a major role in promoting their overall health. Existing sexual health programmes targeted at school children need to be evaluated continuously and attention should be paid to improve students' attitudes and skills in safer sex methods.

Key words: Teenagers, Sexual health, Condom use

Introduction

Reproductive health problems of young people are a major worldwide health issue (1, 2). It is estimated that, on an average, 7% of teenage girls in the developing world give birth every year and 20% to 60% of those births and pregnancies are unintended (3, 4). Unwanted adolescent pregnancies very often end up with induced abortions where there is a high risk of adverse health consequences including death. Recent studies conducted in Sri Lanka have indicated that there is an increasing trend of abortions in the country (De Silva I, personal communication). Moreover, sexual relationships during the teens are also associated with the risk of contracting sexually transmitted diseases including HIV/AIDS. Nearly 50% of the HIV infected persons in the world are under the age of 25 years (4). It is reported that this pandemic at present is spreading in Asian countries and from urban to rural areas (5). In 1996, there were 11 reported cases of AIDS in Sri Lanka, 38 cases in China, 294 cases in Japan and 17,942 cases in Thailand (6). World Health Organization (WHO) estimates that by the year 2000, there will be 10 million HIV positives in Asian countries (5).

Apart from these health risks, females who marry during their teens often have little knowledge about safe sex and also very little power in making decisions as to when to have a child. As a consequence, those who have children at their early ages would eventually have to abandon education and other personal development activities. Males who marry during their teens also suffer from these adverse consequences, but to a lesser degree (4).

In the developing world the gravity of these social and health problems are comparatively high due to two main reasons. First, the poor socio-economic conditions prevailing in those

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countries where the governments face difficulties in allocating adequate funds to maintain health and social welfare services in reproductive health. Second, due to cultural factors, such as religion and traditional concepts of sex and marriage have limited young people's knowledge and positive attitudes in reproductive health matters.

During the period of puberty (between ages 8 and 14) very remarkable physical changes occur in young adults arousing curiosity about sexual experience. However, in Sri Lanka, very little factual information is available on sexual behavior of teenagers. In order to work out strategies to overcome adverse reproductive health consequences of teenagers, knowledge of their current sexual behavior and safe sex practices is essential. Sexual experiences and use of condoms among advanced level students in the district of Galle in southern Sri Lanka are presented.

Methodology

The study population was the advanced level students in the district of Galle. A boys' school, a girls' school and three mixed schools in the Galle education circuit were selected randomly to conduct the survey. All the advanced level students in the selected schools were surveyed using a pre-tested, self-administrated, structured questionnaire. Four newly passed out medical officers attached to the Department of Community Medicine at the Faculty of Medicine, Galle, supported the Principal Investigator in the administration of the data collection instrument. In order to increase the validity of the data gathered, teachers were asked to leave the classrooms until the survey was over. Then the students in each class were divided into two groups. The second group was surveyed after the first group. The survey was conducted under "examination conditions" where students were asked to sit in every other desk when answering the questionnaire and by doing so it was possible to make students feel ease and secure when answering a questionnaire with some sensitive questions. Before answering the questions, verbal as well as written information was given to the students to make them realize how children of their age would benefit from the survey results. Ethical clearance was obtained from the ethical committee of the Faculty of Medicine, University of Ruhuna, Galle.

Results

Four hundred and forty six (446) school children aged between 17-19 years were surveyed using a self-administered questionnaire.

Table 1. Demographic characteristics of the respondents

Characteristic	No.	%
Sex		
Male	191	42.8
Female	255	57.2
Age		
17	211	47.3
18	207	46.4
19	28	6.3
Education Stream		
Arts	189	42.0
Commerce	83	18.6
Science	174	39.1
Social Class		
Higher	48	10.8
Middle	197	44.1
Low	201	45.1

There were 191 (42.8%) males and 255 (57.2%) females in the sample. The majority of the students (98%) were Sinhala Buddhists. Fathers' occupation and family income were considered together as an indicator of the social class of the student. Some demographic characteristics of the sample subjects are given in Table 1. Student's experience of sexual intercourse, oral sex, anal sex, interfemoral sex and "other forms" of sex (kissing, hugging etc) were obtained and the results are given in Table 2.

It is observed that a comparatively high proportion of male students had the experience of all types of sexual activities than female students ($p<0.05$ for all types). None of the female students had exposed to anal sex. Students who had sexual experiences

were further studied according to certain demographic characteristics.

Table 2. Students experience on sexual activities

Type of sex	Male (N=191)	Female (N= 255)	p value
Intercourse	11.5%	2.7%	<0.05
Anal sex	12.6%	0.0%	<0.05
Oral sex	20.9%	7.5%	<0.05
Inter-femoral	31.9%	3.5%	<0.05
Other forms	42.9%	27.8%	<0.05

Age and sexual experience

It is seen that the percentage of students having sexual experiences increases with increasing age (Table 3).

Table 3. Percentage distribution of age and sex experience

Type of sex	Age (in years)					
	17		18		19	
	M	F	M	F	M	F
	N= 78	N=134	N=96	N=110	N=17	N=11
Intercourse	6.4	1.5	18.1	6.3	23.5	0.0
Anal sex	7.7	0.0	14.9	0.0	17.6	0.0
Oral sex	20.8	4.5	21.5	10.8	23.5	9.1
Interfemoral	21.1	3.0	39.4	3.6	41.2	9.1
Other forms	35.9	20.1	45.7	36.1	58.8	36.4

M – Males F – Females

A sharp increase of the percentage of students having sexual experiences was observed from those of aged 17 to those of aged 18. For example only 2 out of 134 (1.5%) female students of aged 17 reported of having sexual intercourse experience, whereas 7 out of 110 (6.3%) female students of aged 18 reported the same. This is nearly a fourfold increase.

Study stream and sexual experience

It is observed that none of the science female students had either vaginal or anal sex experiences (Table 4). Moreover, they were the least exposed group to oral sex.

Table 4. Study stream and sex experience (% given)

Type of sex	Educational Stream					
	Arts		Commerce		Science	
	M	F	M	F	M	F
	N= 62	N=127	N=64	N=14	N=65	N=114
Intercourse	15.0	6.3	9.5	7.1	17.2	0.0
Anal sex	11.7	0.0	9.5	0.0	15.6	0.0
Oral sex	18.3	12.7	24.6	7.1	21.9	1.8
Interfemoral	33.4	2.4	26.2	7.1	37.5	4.4
Other forms	41.7	33.1	44.4	21.4	42.2	22.1

M – Males F – Females

Among male students, commerce male students had reported the lowest rates of vaginal and anal sex experiences. When analyzing "science" and "non science" students separately, 11 out of 179 (6.1%) science students and 24 out of 267 (8.9%) of non -science students had reported that they had had experience of vaginal sex ($p>0.05$) while 16 out of 179 (8.9%) science students and 43 out of 267 (16.1%) non- science students had reported that they had had experience of oral sex ($p<0.05$). Slightly higher percentage of non-science students was exposed to risky sexual activities such as vaginal and oral sex compared to science students. However it is noted that the sample size of commerce female students is considerably low and further research is needed to understand the relationship of sexual behaviour and the type of education that the students are engaged in and related other factors.

Social class and sex experience

The data was analyzed by putting middle and high social class together as economically 'privileged' and lower social class as economically 'underprivileged'. 15 out of 203 (7.4%) 'underprivileged' and 20 out of 243 (8.2%) 'privileged' social class students had vaginal sex experience ($p>0.05$) while 23 out of 203 (11.3%) 'underprivileged' and 36 out of 243 (14.8%) 'privileged' students had oral sex experience ($p>0.05$). So it can be seen that a slightly higher percentage of economically privileged students have had

vaginal and oral sex experience compared to economically underprivileged students.

Condom use

Table 5 summarizes the results of the use of condoms among those who have had vaginal, oral and/or anal sex experiences. A very low percentage of both male and female students reflected use of condoms at least once.

Table 5. Use of condoms among students who had sexual experiences

Sexual Activity	Use condoms at least once	
	No.	%
Sexual Intercourse		
Male (N=26)	6	23.1
Female (N=9)	1	11.1
Oral Sex		
Male (N=40)	4	10.0
Female (N=19)	0	0.0
Anal Sex		
Male (N=23)	3	13.0
Female (N=0)	0	0.0

Overall, 35 out of 255 (13.7 %) female students and 136 out of 191 (71.2%) male students had seen a condom at the time of the survey. There were 61.3% male students and 47.5% female students who agreed with the statement "I might use condoms in my future sexual activities", and therefore, it may be an indication of positive attitudes to condoms use, as it was high among male than female students.

Discussion

Nearly half of male students and one third of female students were sexually active before completion of grade 12 (year 13). Compared to females, males had relatively high rates of vaginal, oral, anal, interfemoral and "other forms" of sex experiences. The onset age of sexual activities with a partner cannot be derived from available data. However, by the age of 17 years, a majority of the students do have opportunities to be involved in sexual activities with partners of the same sex or of the opposite sex. There were 18.1% of male students and 6.3% of female students who have had a vaginal sex experience while 21.5% of male students and 10.8% of female students have had an oral sex experience by the age of 18 years.

Developments in the fields of mass media, transport and communication and women's involvement in modern occupations, have made significant contributions in exposing young people especially young women to early sexual activities. Traditional value systems have been changed and there are more opportunities for young people to engage in sexual activities. Our observations revealed that even though the majority of young school children have sufficient knowledge on safe sex methods, in reality, the majority indulges in unsafe sex practices. Thus, health and education professionals should put more emphasis on skills and attitudes development in the field of sex education. Research conducted in Sri Lanka and abroad (7,8) identified that only well-designed long-term sex education programs would yield better results and our results justify this view. For effective sex education programs school authorities should get support from outside youth agencies. In the United Kindom, it is proved that the direct use of medical staff and peers can produce behaviour changes that lead to sexual health benefit (9). In Sri Lanka there may be certain practical problems in organizing such programs but certainly it will not be formidable task for most of the school and health authorities in this country.

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