

Risk-taking Behaviors among Youth in Dimapur, Nagaland

Amenla Nuken*, Laishram Ladu Singh**

* PhD student, International Institute for Population Sciences (IIPS), Mumbai

** Professor and Head, Department of Mathematical Demography and Statistics, IIPS, Mumbai

Abstract- The present study assesses the prevalence and pattern of risk-taking behavior among youth aged 15-24 years in Dimapur, Nagaland. Using a self administered questionnaire, we collected information on risk-taking behavior from 300 youth. Simple bivariate analysis was used in the study.

Prevalence of current use of tobacco and alcohol use is high among youth. It is observed that young people start initiating into risk-taking behavior, early, during their teenage years. Initiating to smoking behavior is found to happen earlier than initiating into alcohol use or initiating sexual act (18.2 years). There is a gender differential in terms of engaging in risk-taking behaviors. Boys are found to initiate into risk-taking behavior earlier than girls and represent more in risk-taking behaviors. Childhood exposure to alcohol use is also found to be significantly associated with alcohol use pattern.

Programs should aim at reducing early childhood exposure to alcohol by addressing the avoidance of consumption or use of alcohol in the presence of childhood. There should also be programs that educates youth about various adverse effects of engaging in risk-taking behavior and to impart refusal skills.

Index Terms- Youth, risk-taking behavior, Nagaland.

I. INTRODUCTION

Risk can be defined as “the appraised likelihood of a negative outcome for behavior” (Zuckerman, 1994). With risk defined as the chance of loss, risky behaviors have been characterized as that behavior that entails the possibility of subjective loss (Furby and Beyth –Maron, 1990). Risk taking are “volitional, purposive, goal-oriented and carry potential for harm” (Lightfoot, 1997). Irwin (1990) has defined adolescent risky-taking behaviors as those behaviors, undertaken volitionally, whose outcomes remain uncertain with the possibility of an identifiable negative health outcome. It follows that risk-taking is engaging in risky behavior. The term risk-taking behavior has been used to link, conceptually, a number of potentially health-damaging behaviors including, among others, substance use, precocious or risky sexual behavior, delinquency etc. The behaviors are considered risk-taking because of their initiation include premature sexual behavior or alcohol/other substance use.

Virtually all young persons have the potential of engaging in risky behaviors. Risk behaviors can directly or indirectly, compromise the well-being, the health, and even the life course of the young people. In addition, once these behaviors are

established during adolescence and young adulthood they often remain as major contributors to the health problem of adults. Potential negative consequences of these behaviors include unwanted pregnancy, sexually transmitted disease, HIV/AIDS, severe disability and death. Health damaging or risky behaviors must be examined as determinants of health status. Global trends suggest that the new HIV infections among young people are on the rise. Currently, young people aged 15–24 accounts for 41 per cent of new HIV infections in people aged 15 and older (UNAIDS 2010). At this juncture, understanding the behavior to bring about change or reduce risk remains the only alternative.

Young people, in their phase of growing up are characterized by curiosity and their penchant to experimentation, including engaging in activities which involve an element of risk. Adolescence is often perceived as a period of experimentation, exploration and curiosity (Newcomb and Bentler, 1989). It is also a critical period of physical and mental growth. Yet the skills of self-control are not fully developed. It is a challenging time with regard to psychosocial development. These factors expose young people to the harmful effects of alcohol and narcotics use and to the risk of their use becoming abuse. The struggle to find and test one’s own identity, to ‘fit in’, and to build self-esteem often takes place through experimentation in different areas of behavior, including sexual relations (Ashford, et al 2001). An additional characteristic of youth culture is that young people are turning more towards one another and less towards traditional cultural arbiters (Ziehe, 2000). Another crucial component of risk among young people’s sexual behavior is the use of alcohol and other drugs. Studies have shown association between substance use and high-risk sexual behaviors with increased rates of sexual intercourse, having multiple sexual partners and lower use of condom, particularly for users of illicit stimulant drugs (Lowry, et al 1994, Bailey, et al 1999, Poulin and Graham, 2001, Stueve and O’Donneel, 2005; Elkington, et al 2010). Many studies have found that early age at first sex is associated with (though again, not necessarily causing or caused by) drug and/or alcohol use. Substances linked with early sexual initiation include alcohol, marijuana, and cocaine (Floyd & Latimer, 2010; Santelli et al., 2004; Van Gelder, et al 2011) and addictive substances generally, including cigarettes (Nkansah-Amankra, et al, 2011).

In West, most studies on Risk-taking Behavior is constructed and defined within the developmental context of young people. Risk-taking among youth as a study in Asian countries gained its attention only recently. In India, though there are studies relating to risk-taking behaviors, many have studied

in isolation on particular dimension. Studies on drug use/substance use and risky sexual behavior, was mainly focused on Intravenous Drug users, street children, migrants, slum population, gender/region specific, focused only on school/college going youth etc. which does not truly portray the general youth population (Moni Nag, 1996; Jejeebhoy, 1998; Abraham and Kumar, 1999; Verma and Hemkothang, 2002; Gutpa and Singh, 2002). There is clearly a need to understand risk behavior pattern across varying cultural context and their causative factors. Little is yet known about youth's behavior which places them at risk for negative consequences (STI/HIV).

Nagaland is of course going through transition and social change, influenced by western life-style and modernization. Free-mixing nature of youngsters, longer period of dependence, unemployment and late marriages with penchant to seek fun, has its negative impact as well. It makes the youngsters more vulnerable to engage in risk-taking behaviors. There are numerous behavioral and social health risks besetting the Youth in Nagaland- youth drug/alcohol use and abuse, abortions etc. However there is no data to catalogue the concern for health risk behavior. With available data being limited, especially concerning the youth of Nagaland, an understanding of the meaning of risk taking in youth culture, from the youth perspective, is essential to successful prevention and intervention of health-compromising risk-behavior.

It is true that no all young people equally indulge in activities that might jeopardize their health and safety and that circumstance of some youth seem to deter them from taking risk, while the situation of others act to facilitate involvement in potentially hazardous practices. Risk-behaviors that is experimented out during adolescence is not necessarily abandoned in adulthood have important implications for individual psychology and physical health, both in short and long term. Because these activities entail substantial economic and social costs to the health and well-being of individuals and also to society, it is important to understand the extent of young people's involvement in them. The broad aim of the present paper is to explore the risk-taking behaviors of youth, with the specific objective to explore the prevalence and pattern of different risk-taking behaviors among youth in Dimapur.

II. RESEARCH METHODOLOGY

The unit of analysis in this study is ethnic male and female 'Naga' youth aged between 15-24 years, who are unmarried and unemployed at the time of the study. In the absence of sampling frame of risk-taking behavior among youth, the approach adopted to select youth was a stratified random sampling of secular colleges in Dimapur for selecting college going youth and stratified random sampling of communities for selecting non-college going youth. A total of 300 youth, which included college going youth (200) and non-college going youth (100), was considered in the study. Out of the pre-determined 200 college going youth, 80 youth were selected from pre-university level and 120 youth from graduate level were selected taking into consideration the streams of education- 60 were science students, 100 arts students and 40 commerce students. A total of 100 Non-college going youth was selected, through a list of non/out of college youth aged 15-24 years from community based youth

organizations functioning at society and church level. A sample of 25 youth from each of the selected 4 segment/locality ($25 \times 4 = 100$) was included in the study.

Data collection:

The data collected in this study are of mixed form, containing both quantitative and qualitative data. To describe both personal or behavioral characteristics and their relationships, quantitative data was collected from 300 individual youth, using structured self administered questionnaires. Qualitative data was collected to elicit information on various aspects of youth's behavior, their decision-making process and their motives/reasons behind those decisions or behavior.

Statistical Analysis

In this paper, simple univariate and bivariate are used. For the Bivariate analyses, the associations between the risk-taking behavior (viz alcohol use, drug use, engaging in sex, engaging in any substance use (excluding use of smokeless tobacco) was assessed. Chi square test was used to examine the bivariate associations.

Measurements and variables used

Risk-taking behavior: For the purpose of study, risk-taking behavior is the collective term used for engaging in smokeless tobacco, smoking tobacco, drinking alcohol, other substance use and engaging in sex. Each of the behavior was dichotomized as either risk absent 'No' (0) or risk present 'Yes' (1). In this paper - current use of tobacco/alcohol/other substance is defined as having smoked/used alcohol in the past 30 days. Only for engaging in sex, the reference period is in the last three months. Ever use is defined as use of tobacco/alcohol/other substance at any point of time in life.

III. RESULTS

Pattern of Tobacco use (Smokeless tobacco and cigarettes)

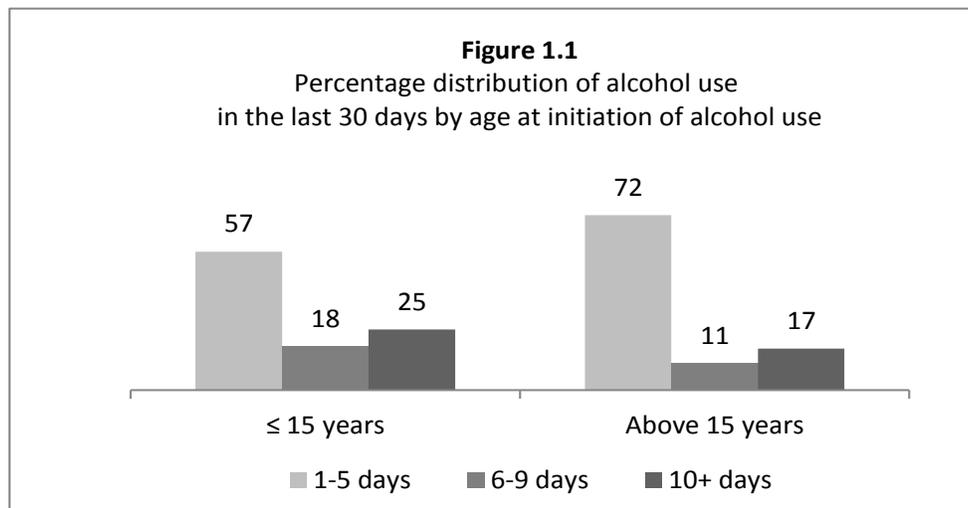
It is evident from Table 1.1 that among the study group, 64 percent of youth had ever smoked cigarettes and 31.3 percent of youth are currently smoking. Fifty-four percent of youth are currently using smokeless tobacco products, for example like - chew pan, *talab*, *gutkha*, *sada* etc. Within the tobacco users, as expected boys/male tobacco users are more compared to girls/female tobacco users. Similarly, the frequency of taking smokeless tobacco for more than 3 times in a day during the last 30 days is more among males/boys than females/girls. Among those who currently smoke, boys dominate in the behavior of smoking cigarettes. The mean age of initiation for smoking is 13.9 years (ranging from a low of 4 years to 23 years), and for smokeless tobacco it is 15.7 years (ranging from 8 years to 22 years). The corresponding mean age for boys being 13.6 years and 15.4 years respectively while for females it is 14.6 years and 16.3 years respectively, indicating that boys initiate into smoking and use of tobacco products earlier than girls (table not shown).

Pattern of alcohol use

As shown in Table 1.2, sixty-seven percent of youth had ever used alcohol, 46.3 percent of youth are currently using alcohol. Thirty percent of youth, in the last 30 days had used

Table 1.1 Pattern of tobacco use					
Percentage of youth by their status of tobacco use, frequency of tobacco use in the last 30 days and the percent distribution by sex within tobacco use behavior					
	Percentage (%)	Percent distribution of sex within tobacco use behavior			Number of youth
		Male	Female	Total	
Ever tasted smokeless tobacco (<i>chew pan,talab/gutkha</i> etc)					
Yes	57.0	62.6	37.4	100.0	171
No	43.0	33.3	66.7	100.0	129
Currently using smokeless tobacco					
Yes	53.7	61.5	38.5	100.0	161
No	46.3	36.7	63.3	100.0	139
During the past 30 days, u took smokeless tobacco					
0 times	46.3	36.7	63.3	100.0	139
1-2	5.3	37.5	62.5	100.0	16
3-9	15.0	60.0	40.0	100.0	45
10-19	20.3	55.7	44.3	100.0	61
20-29	5.7	70.6	29.4	100.0	17
30+	7.3	90.9	9.1	100.0	22
Ever smoked cigarettes					
Yes	64.3	63.2	36.8	100.0	193
No	35.7	26.2	73.8	100.0	107
Currently smoking					
Yes	31.3	80.9	19.1	100.0	94
No	68.7	35.9	64.1	100.0	206
Total	100.0	50.0	50.0	100.0	300
Among those who are currently smoking, Number of cigarettes smoked per day in the past 30 days?					
Less than 1 cigarette	39.4	67.6	32.4	100.0	37
2-5 cigarettes	40.4	81.6	18.4	100.0	38
6-10 cigarettes	18.1	100.0	0.0	100.0	17
11-20 cigarettes	2.1	100.0	0.0	100.0	2
Total	100.0	50.0	50.0	100.0	94

Table 1.2 Pattern of alcohol use					
Percentage of youth by their status of alcohol use, frequency of alcohol use in the last 30 days and the percent distribution by sex within tobacco use behavior					
	Percentage (%)	Percent distribution of sex within alcohol use behavior			Number of youth
		Male	Female	Total	
Ever tasted any form of alcohol					
Yes	67.0	82.7	51.3	100.0	201
No	33.0	17.3	48.7	100.0	99
Currently drinking alcohol					
Yes	46.3	63.3	29.3	100.0	139
No	53.7	36.7	70.7	100.0	161
No days alcohol used in the last 30 days					
0	53.7	36.7	70.7	100.0	161
1-5	30.3	38.7	22.0	100.0	91
6-9	6.7	10.0	3.3	100.0	20
10-30	9.3	14.7	4.0	100.0	28
Total	100.0	50.0	50.0	100.0	300



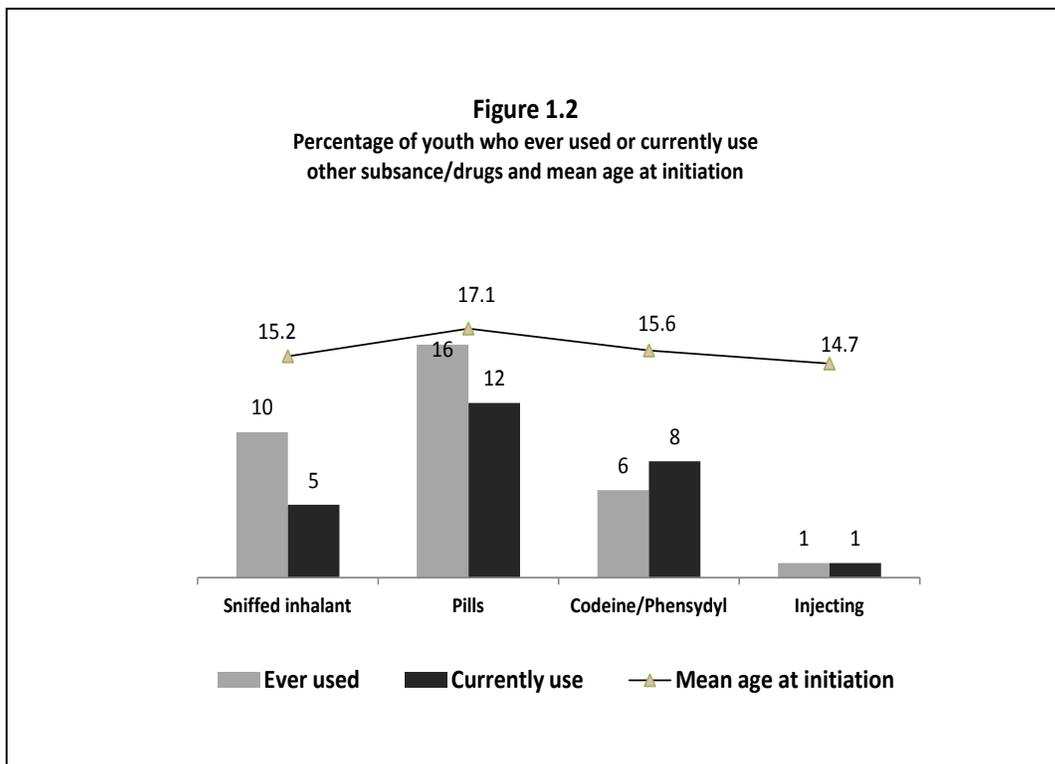
alcohol for 1 to 5 days, 6.7 percent of youth for 6-19 days, and 9.3 percent of youth had used alcohol for 10-30 days in the last month. The mean age of initiating alcohol use is 15.6 years; for boys being 15.3 years and 16.1 years for females. It indicates that boys initiate into drinking earlier than girls. Among youth, who are currently engaging in alcohol use in the last 30 days, 65.5 percent of them are have used alcohol for 1-5 days, 14.4 percent of youth have used alcohol for 6- 9 days and twenty percent of youth have used alcohol for 10 days or more (table not shown).

Age at Initiation of alcohol use and alcohol use (Figure 1.1) shows that, those youth who first initiated alcohol use, at the age of 15 years and below, are more likely to report, using alcohol for more than 10 days (25 percent) in the past month compared to those who initiated later after 15 years of age (17 percent). Similarly use of alcohol for 6-9 days in the past month is slightly higher among those who initiated alcohol use early (≤ 15 years) than those youth who initiated alcohol use after 15 years of age.

Table 1.3 Childhood exposure to alcohol and pattern of alcohol use
 Among those you have ever used alcohol, the percent distribution of alcohol use pattern by childhood exposure to alcohol

Childhood exposure to alcohol	Age at alcohol initiation ***		Currently use alcohol***		Frequency of alcohol use in the last 30 days***			Number of youth
	≤ 15 years	15+ years	Yes	No	1-5 days	6-9 days	10+ days	
	Low	26.7	73.3	43.3	56.7	56.7	26.7	
Medium	34.2	65.8	63.2	36.8	36.8	44.7	18.4	76
High	54.7	45.3	82.1	17.9	17.9	51.6	30.5	95
Total	42.8	57.2	69.2	30.8	30.8	45.3	23.9	201

Chi square significant level ***P<0.001;**P<0.05;*P<0.01



The findings from Table 1.3 also reveals that pattern of drinking among young people is significantly associated with childhood exposure to alcohol use. Among those who had ever used alcohol, initiating into alcohol use early before 15 years of age is significantly higher among youth with high childhood exposure to alcohol. Over half of youth (54.7 percent) who had high childhood exposure had initiated into alcohol use \leq 15 years. Current use of alcohol is significantly higher among youth with high childhood exposure to alcohol (82.1 percent). Similarly, the frequency of alcohol use in the last month is significantly linked with childhood exposure to alcohol. Those youth with high childhood exposure to alcohol were more likely to engage in alcohol use for ten or more days (30.5 percent) compared to youth with medium (18.4 percent) and low exposure to alcohol (16.7 percent). Childhood exposure to alcohol, shows statistically significant association at $P < 0.001$ with age at alcohol initiation, current use of alcohol and frequency of alcohol use in the last month.

Patterns of other substance/drug use

Other than smoking cigarette, using smokeless tobacco products or drinking alcohol, youth in Nagaland also use substance/drugs. These substances includes sniffing of inhalants like dendrite, using ganja/ pills etc. Substance use is measured in this study with respect to the consumption of five specified substances excluding tobacco use or alcohol use. The substance use ranges from inhaling volatile substance like dendrite/glue to use of pills, ganja heroine or injecting drugs. Substance/drug use is categorized into ever use of substance (subject's lifetime use of substance) and current use of substance with reference to use of substance in to last month. As evident from Table 1.4a and Figure 1.2, among different types of lifetime substance use, use of pills is more common (16 percent), followed use of ganja (13 percent) and use of inhalants (10 percent). Six percent of youth have ever used heroine/cocaine and negligible few (1.3 percent) have ever injected drugs. The mean age of initiating substance use, is 15.2 years for using inhalants, 16.7 years for use of ganja, 17.1 years for use of pills and 18.0 years for injecting non medical drugs. It is also found that boys started using the substance at slightly younger age than girls. Among those who reported ever use of substance/drug use, higher level of use is found among boys or male youth.

<u>Table 1. 4a Ever use of other substance/drug use</u>					
Percentage of youth by ever use of different substance and the percent distribution of sex within ever use of other substance/drug use behavior					
Ever of other substance/drug use	Percentage (%)	Percent distribution of sex within ever use of other substance/drug use behavior			Number of Youth
		Male	Female	Total	
Have you ever tried sniffing glue/inhaled anything to get high					
Yes	10.3	80.6	19.4	100.0	31
No	89.7	46.5	53.5	100.0	269
Have you ever tried pills					
Yes	16.0	72.9	27.1	100.0	48
No	84.0	45.6	54.4	100.0	252
Have you ever tried heroine/cocaine/powder/crack					
Yes	6.3	68.4	31.6	100.0	19
No	93.7	48.8	51.2	100.0	281
Have you ever tried Ganja					
Yes	13.3	82.5	17.5	100.0	40
No	86.7	45.0	55.0	100.0	260
Have you ever tried injecting non-medical drugs					
Yes	1.3	100.0	0.0	100.0	4
No	98.7	49.3	50.7	100.0	296
Table Total	100.0	50.0	50.0	100.0	300

Table 1.4b Current use of other substance/drugs use					
Percentage of youth by current use of other substance/drugs and the percent distribution of sex within current use of other substance/drug use behavior					
Current substance/drug use behavior	Percentage (%)	Percent distribution of sex within current use of other substance/drug behavior			Number of youth
		Male	Female	Total	
Currently sniff glue/inhaled anything to get high					
Yes	5.3	75.0	25.0	100.0	16
No	94.7	48.6	51.4	100.0	284
During the past 30 days , on how many days did you sniff glue or other inhalants to get high					
0 days	94.7	48.6	51.4	100.0	284
1-3 days	4.3	69.2	30.8	100.0	13
3-9 days	1.0	100.0	0.0	100.0	3
Currently use pills					
Yes	12.3	70.3	29.7	100.0	37
No	87.7	47.1	52.9	100.0	263
During the past 30 days , on how many days did you use pills					
0 times	87.7	47.1	52.9	100.0	263
1-2	4.0	75.0	25.0	100.0	12
3-9	4.7	64.3	35.7	100.0	14
10-19	2.0	66.7	33.3	100.0	6
20-29	1.3	75.0	25.0	100.0	4
30+	0.3	100.0	0.0	100.0	1
Currently use codeine (phynsedyl)/cocaine/powder/crack/ Ganja etc					
Yes	7.7	73.9	26.1	100.0	23
No	92.3	48.0	52.0	100.0	227
During the past 30 days ,on how many days did you use cocaine/powder/crack/Ganja/brown/white etc					
0 times	92.3	48.0	52.0	100.0	277
1-2 days	3.0	77.8	22.2	100.0	9
3-9	2.7	87.5	12.5	100.0	8
10-19	1.3	50.0	50.0	100.0	4
20-29	0.7	50.0	50.0	100.0	2
Currently injecting non-medical drug					
Yes	1.3	75.0	25.0	100.0	4
No	98.7	49.7	50.3	100.0	296
During the past 30 days ,on how many days did you inject drugs/non-medical drugs					
0 days	98.7	49.7	50.3	100.0	296
1-2	1.3	75.0	25.0	100.0	4
Total	100.0	50.0	50.0	100.0	300

Regarding current use of substance (Table 1.4b) and Figure 1.2, five percent of youth are found to currently sniff inhalants like dendrite, 12 percent of youth are currently using pills, eight percent of youth are found to currently use codeine/phensydl and one percent of youth are found to inject drugs. Among the current substance users, boys or males dominates in all the different types of substance use.

Regarding use of substance in the last one month (current use of substance), twelve percent of youth had used pills like spasmoproxyvon (SP), relief pain (RP); 7.7 percent had used cocaine/powder/ganja etc.; five percent of youth had sniffed glue/inhalant to get high and 1.3 percent of youth had injected drugs/non-medical drugs in the last one month. As explicable,

among the current users of substance, higher level of use of substance in the last one month is found more among male youth/boys compared to female youth/girls.

Pattern of Sexual Behavior

As seen in Figure 1.3, twenty-five percent of youth have ever engaged in sexual intercourse and 16 percent have engaged in sexual behavior in the past 3 months preceding the survey. The mean age at first sexual intercourse is 18.2 year, while it is 17.9 years for males and 18.8 years for females. Boys initiate d into sexual activity a year younger than girls. Among those youth who had ever engaged in sexual intercourse, 65.3 percent of youth are found to have engaged in sexual intercourse in the past three months preceding the survey (Table 1.5a).

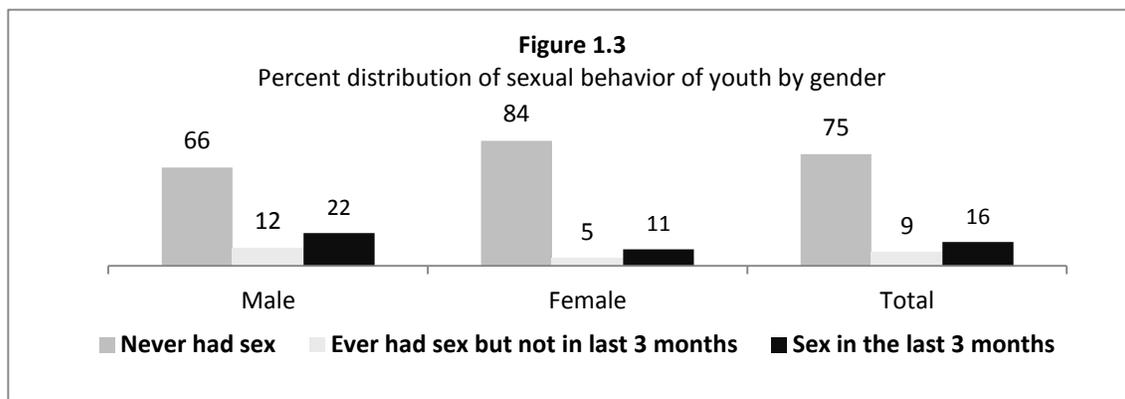


Table 1.5a Sexual behavior
Among youth who had ever experienced sex, percentage of different sexual behavior characters in the last 3 months, and percent distribution of sex within different sexual behavior

Sexual behavior characters in the last 3 months	Percentage (%)	Percent distribution of sex within different sexual behaviors			Number of Youth
		Male	Female	Total	
Currently engage in sex					
Yes	65.3	69.2	30.8	100.0	49
No	34.7	67.3	32.7	100.0	26
No of sexual partners					
None during the past 3 months	34.7	69.2	30.8	100.0	26
1	45.3	64.7	35.3	100.0	34
2+	20.0	73.3	26.7	100.0	15
Use of protection/condom during sex					
Yes	30.7	73.9	26.1	100.0	23
No	69.3	65.4	34.6	100.0	52
Kind of relationship with partner at the moment of last sexual intercourse					
Stable	61.3	58.7	41.3	100.0	46
Unstable	38.7	82.8	17.2	100.0	29
Use of substance before the sexual intercourse					
Yes	57.3	72.1	27.9	100.0	43
No	42.7	62.5	37.5	100.0	32
Total	100.0	50.0	50.0	100.0	75

Among those who reported to have more than two sexual partners in the last 3 months, seventy three percent of them were boys/male youth and 26.7 percent of them were girls. Similarly, among those who reported no use of protection during last sex, to be in unstable relationship or use of substance before sexual act, boys or male youth outnumbered girls or female youth.

Context of sexual debut

Findings from Table 1.5b shows that, among those who had ever engaged in sex, majority of them had sex for the first time with their, boyfriend or girlfriend (66.7 percent). Twenty one percent to youth had engaged in sex for the first time with their friend. Negligible few of them had engaged in first sex with stranger, relative or with sex worker. Sex with sex worker or with stranger is reported only by boys/male. For majority of the young people, the first partner to have sex with had been their boyfriend/girl friend, for 62 percent of males, their first sexual partner had been their girlfriends whereas less than two-fifths (38%) of females had first had sex with a boyfriend. Only one male each and no females reported that their first partner had been a sex worker or a stranger.

Regarding location/place of sex during the first sexual encounter, the most common place or location is partner’s house (32.0 %) followed by hotel (26.7%). Twenty four percent of youth reported having experienced first sex at their own home while negligible few had sex for the first time at party (4.0 %). Among those who reported having first sex in hotel, a significantly greater proportion of them were boys/males (75.0 percent) than girls/females (25.0 percent). The most common reason cited, for having sex for the first time was desire to have sex (46.7 percent), the first sex was chance, it just happened (41.3 percent), to express love (37.4 percent) and engage in sex out of curiosity or experience (table not shown).

As evident from figure 1.5, the motive/reasons for engaging in sexual activity differed sharply by gender. A significantly greater number of females (62.5 percent) than males (11.8 percent) said that they had engaged in sex for the first time due to pressure from partner. Similarly girls/females were more likely (54.2 percent) to give reasons related ‘to prove love’ than boys (29.2 percent). On the other hand, greater proportion of male/boys than of females/girls had first had sex for reasons related to sexual desire (60.8 percent), fun/pleasure/enjoyment (37.3 percent) and curiosity or to gain experience (39.2 percent).

<u>Table 1.5b Context of sexual debut</u>						
Among youth who had ever experienced sex, percentage of youth by circumstances of sexual debut and percentage distribution of sex/gender within circumstances of sexual debut.						
Circumstances of sexual debut	Percentage	Percentage distribution of sex/gender within circumstances of sexual debut			Number of youth	
		Male	Female	Total		
Partner during first sex						
Boyfriend/Girl friend	66.7	62.0	38.0	100.0	50	
Friend	21.3	75.0	25.0	100.0	16	
Sex worker	1.3	100.0	0.0	100.0	1	
Stranger	6.7	100.0	0.0	100.0	5	
Relative	4.0	66.7	33.3	100.0	3	
Location/place of first sex						
Own house	24.0	61.1	38.9	100.0	18	
Partner’s house	32.0	70.8	29.2	100.0	24	
Friend’s house	13.3	60.0	40.0	100.0	10	
Hotel	26.7	75.0	25.0	100.0	20	
Party	4.0	68.0	32.0	100.0	3	
Total	100.0	50.0	50.0	100.0	75	

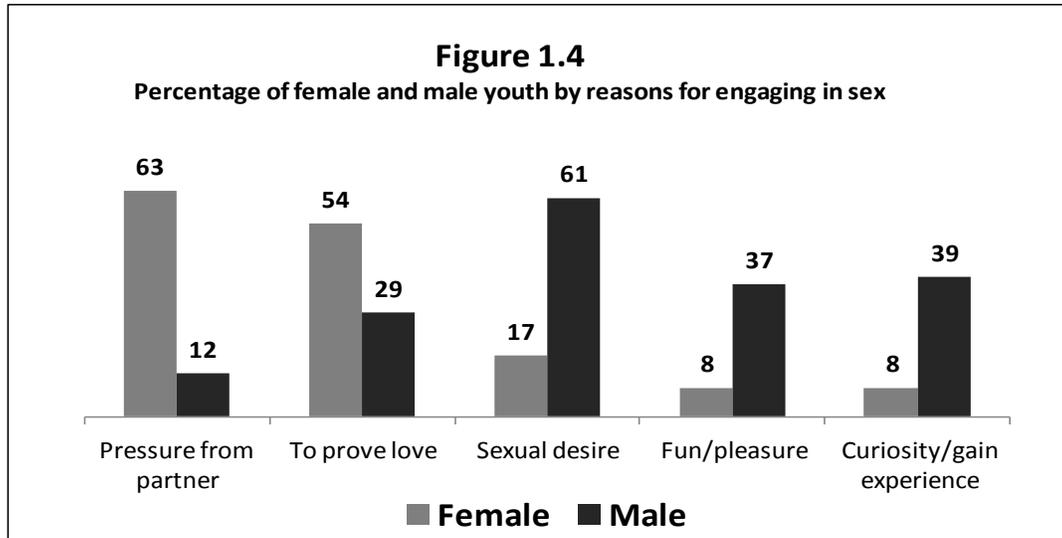
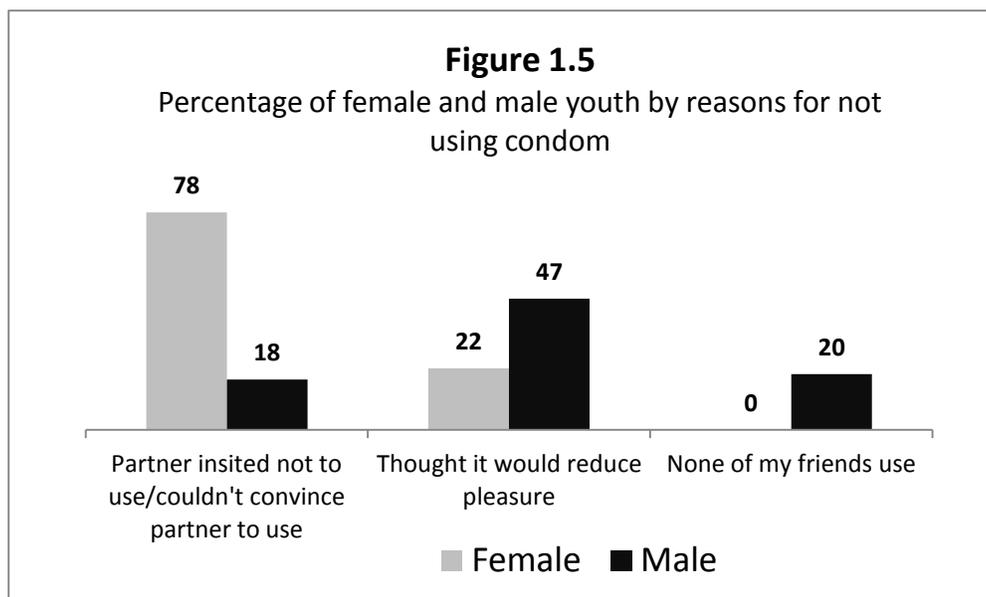


Table 1.5c Reasons for not using condom
 Among those who had not used condom during the last sex, percent distribution of reasons given for not using condom

Reasons for not using condom	Yes	No
Sex suddenly happened/condom was not available at the time of act	96.2	3.8
Uncomfortable to carry a condom	40.4	59.6
Thought it would reduce pleasure	38.5	61.5
Partner insisted not to use/couldn't convince partner to use condom	38.5	61.5
None of my friends use condoms	13.5	86.5
Felt shy/embarrassed to buy condom	11.5	88.5
It is a hassle to put on condom	11.5	88.5
Did not know how to use condom	3.8	96.2



Barriers of condom use

Table 1.5c shows that, among those who had not used condom, the most common reason cited for none use of condom is that 'sex suddenly happened/ condom was not available at the time of sexual act'. Two in five youth told that they had not used condom, because it was uncomfortable to carry a condom and thirty nine percent of youth had cited reasons that they did not use condom because they thought it would reduce pleasure. About two-fifths of youth, cited reasons related to 'unwillingness of the partner to use condom or not being able to convince the partner to use condom'.

As evident from Figure 1.5, there are differentials in reasons cited for non use of condoms by sex/gender. Girls are more likely (77.8 percent) to report 'unwillingness of partner to use condom or not being able to convince the partner to use condom' compared to boys (17.6 percent); while boys were more likely to give reasons relating to reasons like - 'thought that it would reduce pleasure (47.1 percent) compared to females (22.2 percent). It is also found among the boys that, their friend's behavior have an influence on their condom use behavior. Twenty percent of youth had not used condom because none of youth's friends use condom. In focus-group discussion, participants never cited poor access, as a reason for nonuse or inconsistent use of condoms; almost no one considered the method expensive and everyone was aware of condoms. Most girls apparently believe that their relationships are unwavering and do not seem worried about the risk of acquiring an STD and does not find a need to rely on condoms to protect themselves against disease. Although condoms are viewed primarily as contraceptive rather than prophylactics, they are frequently perceived by youth of both sexes as a promiscuous/ extramarital contraceptive method. The other reason for barriers to condom use reflects unease with the method stemming from its occasional association with illicit sex. Likewise, comments made by male focus-group participants reveal that the experience of friends influence their evaluation of condoms. The notion of preserving male comfort is a common theme in the focus-group transcripts; many boys complain that condoms interfere with sexual pleasure. Undoubtedly, condoms have several negative relational and sensational attributes, as borne in other research (Woodson and Koo, 1999). Some boys may use this argument as an excuse to forgo condom use, whereas others may equate condoms with unfaithfulness to avoid using them. Because both boy and the girl assume that their partner is sexually faithful and because other contraceptive options exists, a perceived need for condom use within stable relationship is lacking, which adds to the explanation of the method's limited use, despite its accessibility and affordability.

"It is not a necessity for me to use (a condom) all the time. It's not like I'm going to use it every time I'm going to have intercourse as it often unplanned or unexpected sex (and might not carry a condom). Moreover, I don't have to bother much about impregnating a girl, as I can have control over withdrawing and ejaculating outside of vagina" (Male respondent, aged 21 years).

"Ours is a stable relationship, we have been going around for three years now. I cannot suggest condom use to my partner, because it might raise his suspicion of me being unfaithful or he might also feel that I do not trust him and he may also leave me for another girlfriend, if his sexual pleasures are not gratified" (Female respondent age 22 years).

"Even though my girlfriend insists on using condom during sex, I do not like using condom, as it does not give me any sensation. I do not enjoy sex with condom. We usually end up having sex without condom" (Male respondent age 22 years).

"Though I know the importance of condom use, I cannot convince my boyfriend to use condom as he is 5-6 older to me. Even though, I feel guilty to avoid him getting angry, I place my boyfriend's pleasure as priority and end up having sex with my boyfriend without condom" (Female respondent age 19 years).

IV. DISCUSSION AND CONCLUSION

It is observed that young people start initiating into risk-taking behavior, such as initiation of tobacco use, smoking, and alcohol use early, during their teenage years. Initiating to smoking behavior is found to happen earlier than initiating into alcohol use or initiating sexual act (18.2 years). Similar to the findings of other research, we found that self reported life time use (ever use) and current use of alcohol or tobacco is more common than use of other illicit drugs. There are also gender differentials in terms of engaging in risk-taking behaviors. Boys are found to initiate into risk-taking behavior earlier than girls and represent more in risk-taking behaviors. Peer related reasons (peer pressure, because of friends drinking/to be part of group) were among the most common reasons cited for tobacco/alcohol use for the first time use. The most common reasons cited for having sex for the first time are by chance- 'sex just happened', highlights serious program attention. In such settings, it would be unlikely that young people would engage in safe sex with protection. There is also gender difference in reasons cited for engaging in sex. A significantly greater number of girls/females than boys/males said that they had engaged in sex due to pressures from partner and to prove love; whereas for boys it was related to fun/pleasure/enjoyment or curiosity or to gain experience. Our findings clearly suggest that females are more likely to find themselves caught between opposing pressures from their boyfriends and from society at large. Majority of girls reported that they had been persuaded to engage in their first sexual experience through a partner's subtle pressure and promises of a permanent relationship. Normally, this generation is well aware of this disease (AIDS) and how it can be prevented, but couples in stable relationship may not find a need to rely on condoms to protect themselves against this disease. Childhood exposure to alcohol use is also found to be significantly associated with alcohol use pattern; programs should aim at reducing early childhood exposure to alcohol by addressing the avoidance of consumption or use of alcohol in the presence of children.

It is important to provide young people with objective information, to prevent them from engaging in risk-taking behaviors and educate youth about various adverse effects of engaging in risk-taking behavior.

To change values and norms, youth should be taught about the life skills, the advantages of abstaining from risk-taking behavior or using condoms and they also be taught refusal skills/focus on self-efficacy to refuse substance, sex and to use condoms etc; intention to abstain from sex or to restrict sex or partners. Since the concept of self-efficacy relates to 'empowerment issues', focusing on improving the self-efficacy and working on building self confidence and refusal skills would have important application for working with vulnerable youth. Norms based interventions to ensure safe sexual practices should also focus on promoting condom as dual protection.

REFERENCES

- [1] Furby, L., & Beyth-Maron, R. (1990). *Risk taking in adolescence: A decision making perspective*. Washington, DC: Carnegie Council on Adolescent Development.
- [2] Furby, R., and Beyth-Maron, R. (1992). Risk-taking in adolescence: A decision making perspective. *Development Review*. Vol. 12, Pp 1-44.
- [3] Lightfoot, C. (1997). *The Culture of adolescent risk taking*. New York: The Guilford Press.
- [4] Irwin (1990) Irwin, C. E. Jr. (1990). The theoretical concept of at-risk adolescents. *Adolescent Medicine: State of the Art Reviews*. Vol.1, Pp 1-14.
- [5] Newcomb, M.D. & Bentler,P.M. (1989). Substance use and abuse among children and teenagers. *Journal of American Psychologist*. Vol. 44, Pp 242-248.
- [6] Ashford JB, LeCroy CW, Lortie KL (2001). Human behavior in the social environment: A multidimensional perspective. Pacific Grove, CA: Belmont: Brooks/Cole/Thomson Learning.
- [7] Ziehe, T. (2000). Engagement and Abstention - Youth and the school in the second modernization. *European Education*. Vol.31, Pp 6-22.
- [8] Lowry, R, Holtzman D, Truman BI, et al. (1994). Substance use and HIV-related sexual behaviors among U.S. High School Students: Are they related? *American Journal of Public Health*. Vol. 83, Pp 1400-1408.
- [9] Bailey, SL, Pollock NK, Martin DT, O'Neal EC. (1999). Risky sexual behaviors among adolescents with alcohol disorders. *Journal of Adolescent Health*. Vol.25, Pp 179-181.
- [10] Poulin, C & Graham, L. (2001). The association between substance use, unplanned sexual intercourse and other sexual behaviours among adolescent students. *Addiction*. Vol. 96, Pp 607-621.
- [11] Stueve, A. & O'Donnell, L.N. (2005). Early alcohol initiation and subsequent sexual and alcohol risk behaviors among urban youths. *American Journal of Public Health*. Vol. 95, Pp 887-893.
- [12] Elkington, K.S., Bauermeister, J.A., & Zimmerman, M.A. (2010). Psychological distress, substance use, and HIV/STI risk behaviors among youth. *Journal of Youth and Adolescence*. Vol. 39, Pp514-527
- [13] Floyd, L.J., & Latimer, W. (2010). Adolescent sexual behaviors at varying levels of substance use frequency. *Journal of Child and Adolescent Substance Abuse*. Vol.19 (1),Pp 66-77.
- [14] Santelli, J.S.,Kaiser, J., Hirsch, L., Radosh, A., Simkin, L., Middlestadt, S. (2004). Initiation of sexual intercourse among middle school adolescents: The influence of psychosocial factors. *Journal of Adolescent Health*. Vol. 34, Pp 200-208.
- [15] Van Gelder, M.M.H.J., Reefhuis, J., Herron, A.M., Williams, M.L., & Roeleveld, N. (2011). Reproductive health characteristics of marijuana and cocaine users: Results from the 2002 National Survey of Family Growth. *Perspectives on Sexual and Reproductive Health*. Vol. 43 (3), Pp 164-172.
- [16] Nkansah-Amankra, S., Diedhiou, A., Agbanu, H.L.K., Harrod, C., and Dhawan, A. (2011). Correlates of sexual risk behaviors among high school students in Colorado: Analysis and implications for school-based HIV/AIDS programs. *Maternal and Child Health Journal*. Vol 15 (6), Pp 730-741.
- [17] Joint United Nations Programme on HIV/AIDS, UNAIDS Report on the Global AIDS Epidemic 2010, UNAIDS, Geneva, 2010.
- [18] Jejeebhoy, SJ. (1998). Adolescent Sexual and Reproductive Behavior: A review of the evidence from India. *Social Science and Medicine*. Vol. 46(10), Pp 1275-1290.
- [19] Abraham L and K A Kumar. (1999). Sexual Experiences and their correlates among college students in Mumbai city, India. *International Family Planning Perspectives*. Vol. 25(3), Pp 139-146.
- [20] Verma Ravi K and Hemkothang L. (2002). Rural Sexual Behavior in India. International Institute for Population Sciences, Mumbai, India.
- [21] Gupta, Kamla and S. K. Singh. (2002). Social Networking, Knowledge of HIV/AIDS and Risk-taking Behavior among Migrant Workers, Paper presented in the IUSSP Regional Conference, Bangkok, June 10-12.

AUTHORS

- First Author** – B Amenla Nuken, PhD student, International Institute for Population Sciences, Govandi, Mumabi. Email: amenlanuken@hotmail.com
- Second Author** – Laishram Ladu Singh, Professor and Head, Department of Mathematical Demography and Statistics, International Institute for Population Sciences, Govandi, Mumbai Email:lsishram@iips.net
- Correspondence Author** – B Amenla Nuken, Email: amenlanuken@hotmail.com