

RESEARCH BRIEF

# YOUTH IN TRANSITION

## SEXUALITY AND MENTAL HEALTH ISSUES AMONG UNMARRIED YOUTH



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# Youth in Transition

## Experiences and Impact of Childhood Sexual Abuse among Unmarried Youth

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### Citation

Prayas Health Group (2020), Experiences and Impact of Childhood Sexual Abuse among Unmarried Youth- Findings from the Youth in Transition Study



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Prayas (Initiatives in Health, Energy, Learning and Parenthood) is a non-governmental, non-profit organization based in Pune, India. Prayas Health Group (PHG) is committed to generate evidence-based discourse on emerging issues on sexual and reproductive health and rights (SRHR). PHG is actively involved in socio-behavioral and epidemiological research, awareness building, programmatic interventions and provision of clinical and counseling services especially to persons living with HIV and youth.

## About Youth in Transition Study

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

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

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

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

### Why life course perspective?

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

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

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

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

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

The findings of Youth in Transition study are shared through research briefs focusing on specific thematic issues.

# Sexuality and Mental Health Issues among Unmarried Youth

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

## Background

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

## Methodology

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

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

Further details about study recruitment, data collection and overall profile of the participants are provided in a separate document and can be accessed through [this link](#).

### **Participant profile**

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

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

### **Findings**

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

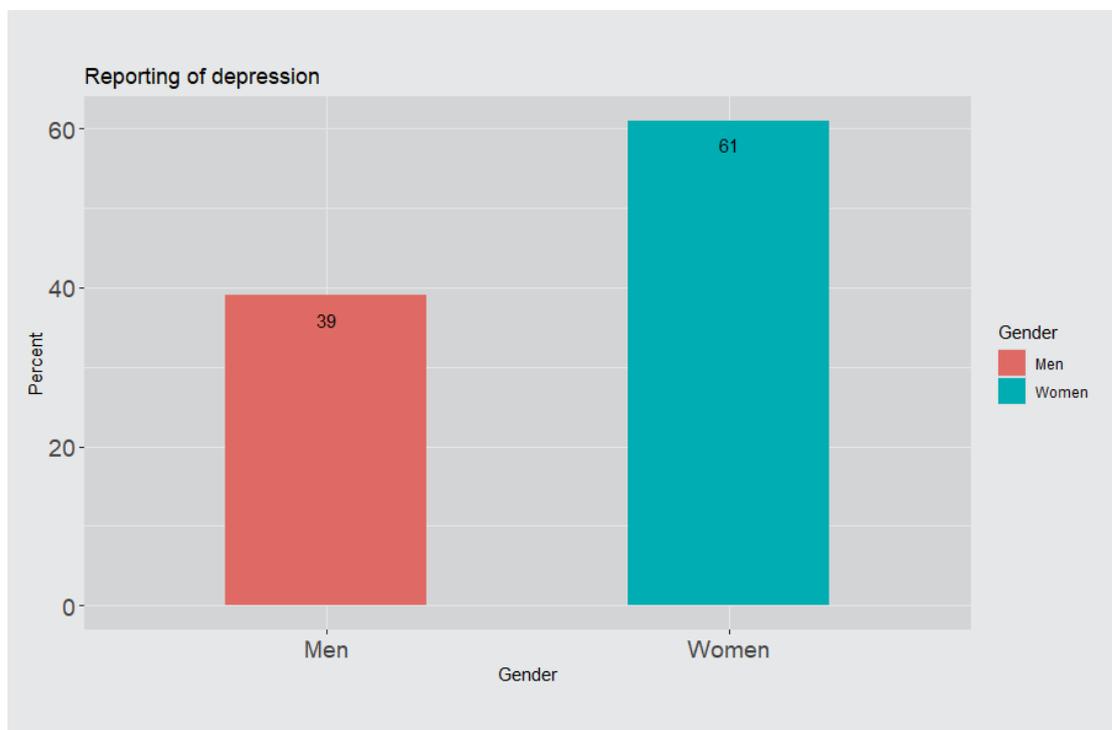
Table 1: Ever reporting of mental health issues by participants

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

## Depression

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

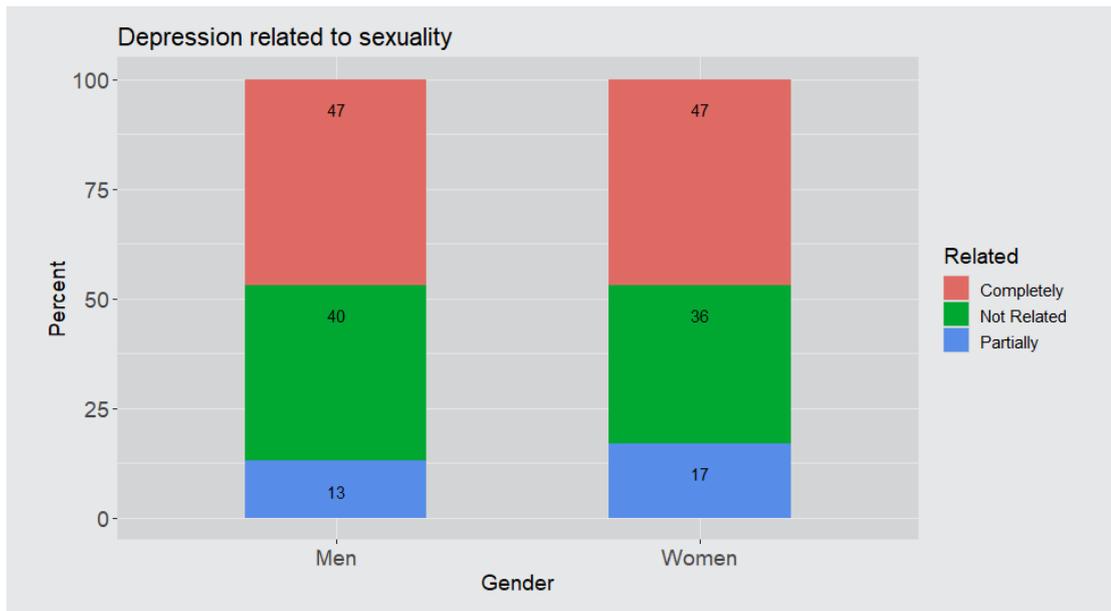
Figure 1: Reporting of depression



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

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

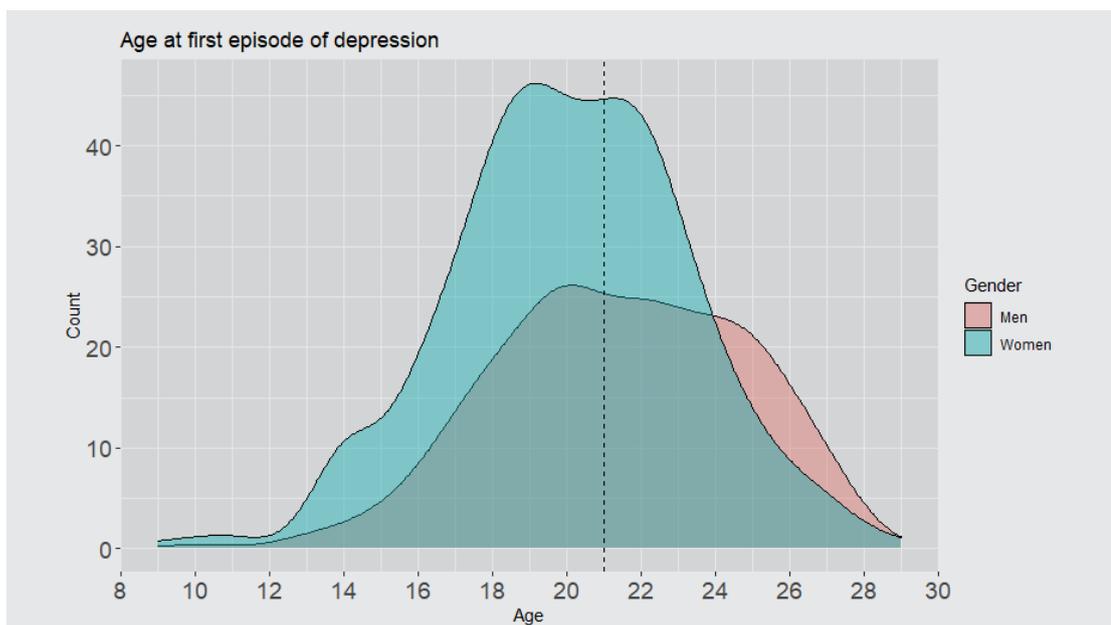
Figure 2: Depression related to sexuality



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

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

Figure 3: Age at first episode of depression



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

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

Table 2: factors associated with reporting of depression

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

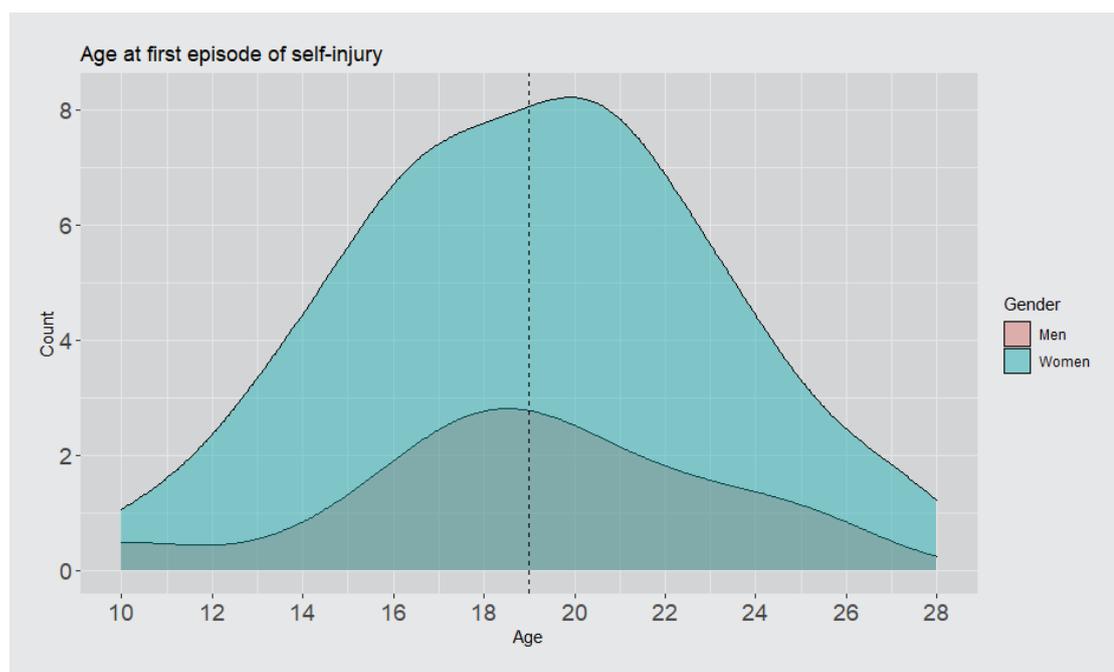
From a logistic regression analysis performed to understand the factors associated with ever reporting depression it was observed that women were almost 3 times more likely to report depression compared to men. In addition, people who identify themselves as lesbian, gay, bisexual, queer or questioning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

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

## Self-injury

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

Figure 4: Age at first episode of self-injury



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

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

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

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

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

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

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

### **Attempted suicide**

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

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

## Summary

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

## Implications and way forward

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

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

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

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

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

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

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

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

## Acknowledgements

We gratefully acknowledge the efforts of Population Foundation of India and Prabha Nagaraja of TARSHI (Talking About Reproductive and Sexual Health Issues) in reviewing the research briefs and providing their valuable comments. We thank our data collection team – Maitreyee Kulkarni, Archana Kulkarni, Sanjay Chabukswar, Amar Deogaonkar and Anuj Deshpande for their sensitive and sincere efforts of talking to young people and their help in data entry and validation. Many thanks to all the participants who cooperated enthusiastically during long interviews and trusted us to share their personal journeys. We would like to thank Mr Makarand Sathe for language editing, Mr Mitwa AV of Elements of Poetry Studio for design and Mrs Rohinee RC for layout.

## References

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## List of research briefs from the Youth in Transition Study

1. Relationship Patterns and Dynamics among Unmarried Youth
2. Sexual Health Risks among Unmarried Youth
3. Contraceptive Use and Unwanted Pregnancies among Unmarried Youth
4. Abuse in Non-Marital Relationships
5. Experiences and Impact of Childhood Sexual Abuse among Unmarried Youth
6. Sexuality and Mental Health Issues among Unmarried Youth

All the research briefs and detailed methodology of the Youth in Transition study is compiled in a report, which can be accessed through [this link](#).

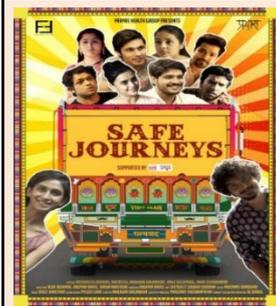
## Publications and resources based on insights from the Youth in Transition Study

### *The Wire Marathi Article Series*

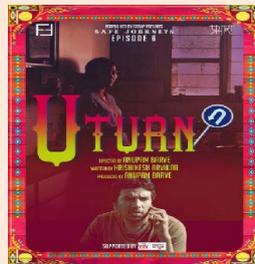
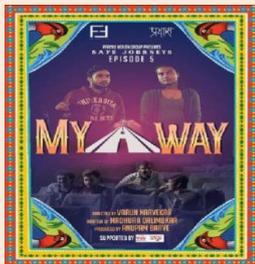
The findings of Youth in Transition Study were shared through a series of articles written in a Marathi news portal, The Wire Marathi. Click the title of the articles to read more.

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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