Perception of Sexuality and Body Image among Adolescent Girls

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ABSTRACT

Background: Adolescence is a phase during which major developments of sexuality take place. Development of sexuality is an important biopsychosocial development, which takes an adult shape during this period.

Objective: To study how adolescent girls perceive changes in their bodies during the growing period of adolescence and to study their sexual behaviour during this period.

Methodology: The study was a community-based cross-sectional study conducted among adolescent girls undergoing vocational training course at the rural health center. 100 participants enrolled in the institute for the course were included. A semi-structured questionnaire was prepared with informed assent. One to one interviews were conducted maintaining privacy. Data were statistically analysed using SPSS version 23.

Results: The mean age of the study participants was 16.02 +/- 1.2 years. We found that a prior awareness of menses is significantly related to a good feeling after menarche. About a third of the Community Health Workers (CHWs) felt shy or weird about their breast changes during adolescence and 66% were unhappy about their heights. 66% of the adolescents were practising masturbation and 38% among them were open to a physical relationship. 60% of them were not aware of medical intervention and 28% admitted to having experienced sexual assault.

Conclusion: Understanding adolescent development and the factors influencing it is of utmost importance as it will help the parents to guide their children in the crossroads of adolescence. Due to incomplete knowledge, accepting bodily changes during adolescence becomes difficult. We, as public health experts, need to commit to an educative practice of support for adolescents.

Keywords: Body Changes, Adolescent, Sexuality, Body Image

Introduction

Adolescence means “grow up” in Latin. Adolescence is a transitional age of physical and psychological development occurring during the period from puberty to legal adulthood. 1 in 6 of the world’s population, are adolescents aged 10
to 19 years. Some 11% of all births worldwide are girls aged 15-19 years, and majority of these births take place in low and middle-income countries. 19.6% of the world’s population are adolescent girls. There are about 350 million adolescents comprising about 22% of the population in the South-East Asia Region. Out of this, 12% are from 10-14 years age group and 10% are from 15-19 years age group. Females comprise 47% of adolescent population.

The period of adolescence can be broadly divided into three stages: Early (10-13 years), middle (14-16 years), and late (17-19 years). Physical changes in the body start early adolescence when consciousness about their body image develops. During this period, cognitive development happens, abstract thinking and reasoning develop, while in late adolescence, they develop a sense of identity through social involvement, peer interaction. Sexual interests also develop in this phase. Biologically - pubic hairs, axillary hairs take a gender-specific growth pattern. In females, breasts start developing during adolescence, menstruation starts, genitalia develop, and the physique changes to a feminine type. Sexual relationship is also influenced by hormones. Self-awareness about sexuality (gender role, gender identity) also evolves during this period. The need for intimacy and love-making with the opposite gender results in unprotected intercourse, sexual perversions etc.

Body image is a major factor in self-esteem. Self-esteem and body image are issues adolescents struggle with as they go through many changes. These changes combined with a desire to feel accepted by friends and society, have a deep influence in adolescence phase. Adolescents often get influenced by unrealistic body ideals, propagated by their peers and the media and get caught up in comparisons. In today’s societies, such pressures often lead to dissatisfaction and mental health issues. During adolescence, major biological and psychological developments take place. The myriad of changes that occurs in adolescents puts them under enormous stress. This stress along with concerns about body images, and peer pressure leads them towards crash diets, and psychiatric problems like bulimia nervosa, OCDs etc.

Understanding adolescent sexuality has important clinical, social, cultural, and educational implications. In many developing countries and most of the underdeveloped countries, sexuality is still considered taboo by society and body changes during adolescence are explained through folklore. Formal sex education in schools mostly does not exist; if at all it exists, it is imparted in a rudimentary form. Lack of proper knowledge often leads to unprotected sex, unintended pregnancy, and sexually transmitted diseases. Thus the current study is performed to acquire an in-depth understanding of adolescents’ needs, perceptions, and ideas about changes in body structure and sexual demands at this age of biological and emotional transition.

### Methodology

The current study was a community-based cross-sectional study conducted in the rural field practice area under a medical college. The rural health centre conducts a 1-year course for Community Health Workers (CHW). Permission for conduction of the study was obtained from the institutional ethics committee. All adolescent girls, irrespective of their marital status, enrolled in the institute for the course were included in the study using universal sampling. School dropouts and mentally handicapped were excluded from the study. Study duration was 4 months from July 2019 to October 2019. Sample size was taken as 100 by convenient sampling during the specified period. A semi-structured questionnaire was prepared in line with the objective of the study. The questionnaire was validated for content. Interviewers conducted an ice breaker and rapport building session with students to improve communication. Informed assent was obtained from each student before the collection of data. One to one interview was conducted with each student maintaining privacy with the help of the questionnaire. It consisted of questions on perception of body structure, body image, sexual behaviour, changes during the adolescent period, and sexual behaviour of adolescent girls. The data were entered using Microsoft Excel and analysed using SPSS version 23. Association between qualitative variables was assessed by Chi-square test, with Continuity Correction for all tables and by Fisher's Exact test for all tables where Chi-square test was invalid due to small counts. Quantitative data was represented using mean ± SD, median & IQR (Interquartile Range). Data were graphically represented where deemed necessary.

### Result

A community-based cross-sectional study was conducted among CHWs where the study participants were from the age group of 15-19 years (Figure 1).
Majority (58%) of the participants were 15 years old while only a few were of 17 years. The mean age of the study participants was 16.02+/−1.2 years.

8% of the study participants felt inferior to their peers due to their skin colour among whom 24% wanted a fairer skin colour while only 4% wanted a lighter skin tone. 30% of the CHWs felt shy or weird about their breast changes during adolescence (non tabulated data).

Table 1. Association between Prior Awareness of Menses and Feeling after Menarche

| Feeling after Menarche | Prior Awareness of Menses | Total | Value | P Value* |
|------------------------|---------------------------|-------|-------|----------|
| No                     | Yes                       |       |       |          |
| Bad                    | 2                         | 4     | 6     |          |
| Confused               | 12                        | 24    | 36    |          |
| Good                   | 6                         | 32    | 38    |          |
| No feelings            | 14                        | 6     | 20    |          |
| Total                  | 34                        | 66    | 100   |          |

*p value 0.00 < 0.05 = Significant

Table 2. Change desired by Study Participants regarding their Heights

| Change desired in Height by the Participants | Frequency | Percentage |
|----------------------------------------------|-----------|------------|
| Decrease                                     | 8         | 8.0        |
| Increase                                     | 58        | 58.0       |
| No Change                                    | 34        | 34.0       |
| Total                                        | 66        | 66.0       |

Table 2 shows that 66% of the CHWs were unhappy about their heights. 58% of the subjects wanted their heights to increase and 8% wanted their heights to decrease, while 34% had no concern about their height.

32 CHWs who had prior knowledge of menstruation felt good about it while only 6 who had no prior knowledge felt good after menarche. The association between prior awareness of menses and a good feeling after menarche was statistically significant (Table 1).

Table 3. Association between Feelings of Participants about Physical Relationship and Masturbation

| Feeling about Physical Relation | Do you Practice Masturbation? | Total | Value | df  | P Value |
|--------------------------------|-------------------------------|-------|-------|-----|---------|
| Excited                        | No                            | 0     | 10    | 10  |         |
| Fear it                        | Yes                           | 0     | 22    | 22  |         |
| Feel Like doing it             | No                            | 0     | 6     | 6   |         |
| No feelings                    | Yes                           | 34    | 28    | 62  |         |
| Total                          |                               | 34    | 66    | 100 |         |

*p value 0.00 < 0.05 = Significant

Table 3 shows that 66% of the study participants admitted to practising masturbation.

When we compared their opinion about having a physical relationship before marriage, we found that 10% of the people who masturbated were open about having a physical relationship while 28% admitted to having no feeling in this regard. The difference is statistically significant as proven by Chi-square test.

We found in our study that among the participants who were open about having a sexual relationship before marriage, all were aware of the available medical intervention in case of an accidental pregnancy while all others were unaware of the same. This difference was statistically significant (Table 4).

Table 4. Association between Opinion about Physical Relationship before Marriage and Protection during Sexual Encounter

| Feeling about Sex before Marriage | Protection during Sexual Encounter | Total | Value | df | P Value |
|----------------------------------|-----------------------------------|-------|-------|----|---------|
| Don’t Know                       | Medicine from hospital           | 0     | 0     | 0  | 2       |
| Confused                         | Medicine on their own            | 0     | 0     | 10 | 28      |
| Good                             | Medicine from a pharmacy         | 0     | 19    | 11 | 30      |
| Weird                            | Total                            | 60    | 19    | 11 | 40      |

*p value 0.00 < 0.05 = Significant
Among 100 participants, 28% admitted to having experienced sexual assault in their life. Among those, 32% reported being touched on body parts, 32% reported being touched on breasts, while 36% were assaulted by the private parts being touched (Figure 2).

![Figure 2. Type of Sexual Assault experienced by the Study Participants (N = 28)](image)

### Discussion

The current study was conducted among adolescent females to understand their perception of body image and sexuality. Majority of the study participants had prior knowledge of menses while about one-third of them did not know about them before menarche. Good feeling at menarche was significantly associated with prior knowledge of menses. Ruble et al. found in their study that girls who were unprepared or reached menarche early were more likely to consider menarche as something negative. Based on the overall pattern of results, they suggested that, initially, menarche may create inconvenience, ambivalence among the girls. Also, we found that the association between prior knowledge of menses and good feeling after menarche was statistically significant. A minority of study participants felt inferior to their peers due to their skin colour among whom majority wanted a fairer skin colour. Hutchison et al. and Reinau et al. reported in their study that females had a significantly higher skin tone dissatisfaction. The reasons they found were multi factorial and also includes the influence of the media and culture. There is a discrepancy between an adolescent’s own physical characteristics and the expectations of his or her social environment. On asking regarding their body image, about a third of the CHWs felt shy or weird about their breast changes during adolescence and 66% were unhappy about their heights. A study by Julii et al. revealed that young men and women were reasonably satisfied with their body images, but still had some regrets and wanted to change some dimensions of their bodies if possible. Though self-esteem is an outcome of many factors, body perceptions are clearly important aspects of self-esteem. A similar study by Zhang et al. reported in their study that the sexual organ dissatisfaction scores were higher in girls as compared to boys. In our study, majority of the study participants admitted to practising masturbation. When we compared their opinion about having a physical relationship before marriage, we found that 38% of the people who masturbated were open about having a physical relationship. Hawkins JD et al. found that sexual intercourse before marriage was reported by 72.1% of adolescent girls (p = 0.02). Frotenberry et al. reported masturbation as the second most prevalent adolescent sexual behaviour. Halpern et al. also found that more than 90% of adolescents lose their virginity before marriage. Pubertal changes in testosterone are a causal factor in the timing of sexual initiation and the frequency of sexual activity among adolescents. By late teenage and early 20s, most individuals experience oral or vaginal sex irrespective of marital status as found in different studies done in the US. Thus, the hormonal and physiological changes during puberty might be related to an increased sexual desire which may be linked to masturbation and illicit sexual intercourse. Logical reasoning and risk stratification are not fully developed in adolescence, which often results in unprotected sex, unplanned pregnancy, and further sexual violence. Munakampe et al. and Hounton et al. reported low awareness of contraceptives among adolescents similar to our study. 28% of the study participants in our study had experienced sexual assault in their life. Similarly, Mathur et al. reported 20% of sexual violence in their study among adolescents; among them, the majority were caused by intimate partners which resulted in a negative impact on their health.

### Conclusion

Knowledge about menses helps in better acceptibility. Fairer skin tone and taller heights were aspired by most of the adolescents. Breast changes were unacceptable by many. Majority of the study participants admitted to practising masturbation. The participants who were open about having a sexual relationship before marriage had better understanding about available medical facilities in case of accidental pregnancy.

Thus, understanding adolescent development and factors influencing it are of utmost importance as they will help the parents to guide their children in the crossroads of adolescence. Assessing body image development in adolescent females is vital. Instruments that help to identify and measure adolescent self-esteem and other factors related to body image may assist in accounting for maladaptive behaviours. We, as public health experts, need to commit to an educative practice of support for adolescents.

### Conflict of Interest:

None
References

1. Hawkins JD, Catalano RF, Kosterman R, Abbott R, Hill KG. Preventing adolescent health-risk behaviors by strengthening protection during childhood. Arch Pediatr Adolesc Med. 1999 Mar;153(3):226-34. [PubMed] [Google Scholar]

2. Office of the Registrar General & Census Commissioner [Internet]. [cited 2021 July 18]. Available from: www.censusindia.gov.in

3. World Health Organization [Internet]. Adolescent health; [cited 2021 July 18]. Available from: https://www.who.int/southeastasia/activities/adolescent-health

4. National Health Mission [Internet]. [cited 2021 July 18]. Available from: www.nrhmhp.gov.in

5. Kar SK, Choudhury A, Singh AP. Understanding normal development of adolescent sexuality: A bumpy ride. J Hum Reprod Sci. 2015 Apr-Jun;8(2):70-4. [PubMed] [Google Scholar]

6. Harris AL. Media and technology in adolescent sexual education and safety. J Obstet Gynecol Neonatal Nurs. 2011;40(2):235-42. [PubMed] [Google Scholar]

7. Ott MA. Examining the development and sexual behavior of adolescent males. J Adolesc Health. 2010;46(4 Suppl):S3-S11. [PubMed] [Google Scholar]

8. Juli MR. Perception of body image in early adolescence. An investigation in secondary schools. Psychiatr Danub. 2017 Sep;29(Suppl 3):409-15. [PubMed] [Google Scholar]

9. Ruble DN, Brooks-Gunn J. The experience of menarche. Child Dev. 1982;53(6):1557-66. [PubMed] [Google Scholar]

10. Hutchinson AD, Prichard I, Ettridge K, Wilson C. Skin tone dissatisfaction, sun exposure, and sun protection in Australian adolescents. Int J Behav Med. 2015 Aug;22(4):435-42. [PubMed] [Google Scholar]

11. Reinaud D, Meier C, Gerber N, Hofbauer GF, Surber C. Sun protective behaviour of primary and secondary school students in North-Western Switzerland. Swiss Med Wkly. 2012;142:w13520. [PubMed] [Google Scholar]

12. Zhang Y, Li T, Yao R, Han H, Wu L, Wu X, Gao H, Sun L, Fu L. Comparison of body-image dissatisfaction among Chinese children and adolescents at different pubertal development stages. Psychol Res Behav Manag. 2020;13:555-62. [PubMed] [Google Scholar]

13. Fortenberry JD, Schick V, Herbenick D, Sanders SA, Dodge B, Reece M. Sexual behaviors and condom use at last vaginal intercourse: a national sample of adolescents ages 14 to 17 years. J Sex Med. 2010 Oct;7(Suppl 5):305-14. [PubMed] [Google Scholar]

14. Halpern CT, Waller MW, Spriggs A, Halfors DD. Adolescent predictors of emerging adult sexual patterns. J Adolesc Health. 2006 Dec;39(6):926.e1-10. [PubMed] [Google Scholar]

15. Munakampe MN, Zulu JM, Michel C. Contraception and abortion knowledge, attitudes and practices among adolescents from low and middle-income countries: a systematic review. BMC Health Serv Res. 2018 Nov;18(1):909. [PubMed] [Google Scholar]

16. Hounton S, Barros AJ, Amouzou A, Shiferaw S, Maiga A, Akinyemi A, Friedman H, Koroma D. Patterns and trends of contraceptive use among sexually active adolescents in Burkina Faso, Ethiopia, and Nigeria: evidence from cross-sectional studies. Glob Health Action. 2015 Nov 9;8:29737. [PubMed] [Google Scholar]