

Attitude of Adolescents towards Sexuality and Healthy behaviours in Churachandpur district of Manipur: A Critical study

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Abstract

Adolescence is a transitional phase of life spanning ages 10 to 19 that bridges childhood and adulthood, during which an individual's emerging sexuality develops rapidly through interconnected biological, psychological, and social changes. According to the World Health Organization (WHO), this period is crucial for establishing long-term health foundations. Emerging sexuality is a natural, normal part of this journey. It encompasses not just physical acts, but a developing sense of identity, emotional expression, and relationship-building. The objective of the present study is to find out the Attitude of adolescents towards sexuality and Healthy behaviours. For the study, a sample of 400 students belonging to ten different schools in Churachandpur district of Manipur was selected. A questionnaire to assess the attitude of adolescents relating to sexuality and healthy behaviours constructed by the investigators was used for data collection. The study revealed that irrespective of their gender a high percentage of adolescents have positive attitude towards sexuality and engaging in healthy behaviours.

Keywords: Attitude, Adolescents, Students, Sexuality, Healthy behaviours

Introduction

Sexuality remains one of the most fiercely debated topics in modern education and adolescent health. Public discourses and curriculum initiatives are frequently driven by conflicting religious, social, and cultural values, often overshadowing empirical, scientific evidence.

Adolescence is a critical transitional phase marked by profound biological, psychological, and social shifts. As youths navigate this struggle for autonomy, they become highly vulnerable to risks such as unprotected or nonconsensual sex, sexually transmitted infections (STIs), and sexual abuse. This lack of accurate sexual health literacy directly correlates with increased mortality, morbidity, and severe social challenges among young people.

Furthermore, systemic social pressures and cultural taboos make dialogues surrounding sex, gender sensitivity, and anatomy highly complex. These conversations can feel particularly sensitive or risky when engaging prepubescent children (Morgan & Leent, 2021).

Comprehensive sex education dismantles these taboos, empowering young people to make safe, informed choices. Often framed as family life education, it provides factual knowledge while fostering healthy attitudes and values (Ferguson et al., 2022). Ultimately, cultivating positive perspectives on sexual health requires schools to implement age-appropriate curricula that carefully balance evidence-based instruction with local societal customs and cultural ethos.

Review of related literature

Pathak et al. (2026) conducted a study on “Assessing Sexual Health Knowledge, Attitude, and Perception Among Adolescents: A Pre-post Intervention Study in Varanasi, India”, and found that there was a significant change in Knowledge, Attitude, and Perception of adolescents regarding sex education through their intervention. The findings support the need for culturally appropriate, age-sensitive, and evidence-based school-based sexuality education as part of adolescent health promotion.

Ena et al. (2015) in their study “Knowledge, Attitudes and Practices towards Risky Sexual Behaviors among Adolescents of Jimma University Community High School, Southwest Ethiopia, 2015”, concluded that there was high practice of sexual activity, high prevalence of premarital sex, low utilization of condom and contraceptives and only around half of the participants thought of condom as it prevents HIV/ AIDS, that increases short and long term consequences and risks of sexual behaviour.

Hegde et al. (2022) analysed “Understanding Adolescent Sexuality: A Developmental Perspective” and found that in developing countries such as India, challenges for adolescents increase with higher risk associated with early marriages, unplanned pregnancies, sexual abuse, and insufficient information regarding sexual behaviour and risks. Therefore, flexible, religious, and culturally sensitive yet scientifically sound developmentally informed programs are the need of the hour to educate the youth about sexuality.

Rationale of the study

As the second-largest town in Manipur and a hub for numerous ethnic tribes, Churachandpur possesses a rich tapestry of dialects, customs, and traditions. The town features a dense educational and religious landscape, comprising eight colleges, over thirty schools, and numerous churches representing various Christian denominations. The population is overwhelmingly tribal (approximately 99%), predominantly consisting of Chin, Kuki, Hmar, and Mizo language speakers. Consequently, students come from diverse backgrounds, each shaped by distinct cultural practices, belief systems, and worldviews.

Within this community, customary rites, religious practices, and family traditions deeply govern individual lives. These structures dictate milestones like birth, death, marriage, and divorce, while defining social obligations, gender roles, education, and career paths. Consequently, sexuality operates at a complex intersection of rigid cultural norms and a deeply ingrained heteronormative social system. Communal life remains dominated by patriarchal, gender-conforming values, rendering dialogues about sexuality deeply uncomfortable. Ironically, this widespread reticence persists despite the town's remarkably high literacy and education rates.

While public health data reveals pressing challenges—including sexual abuse, teenage pregnancies, and high HIV/AIDS prevalence rates—and LGBTQ+ visibility has steadily grown,

public discourse regarding sexual health remains highly taboo. Community members frequently avoid discussions on sex education and reproductive health. To address this critical gap, this study assesses adolescent attitudes toward sexuality and healthy behaviours, offering data-driven recommendations to foster constructive interventions.

Objectives of the study

1. To examine the attitude of adolescents on sexuality and healthy behaviours in Churachandpur district of Manipur.
2. To examine the gender differences in the attitude of adolescents on sexuality and healthy behaviours in Churachandpur district of Manipur.
3. To compare the gender differences in the attitude of adolescents with regard to the different components on sexuality and healthy behaviours in Churachandpur district of Manipur.
4. To suggest measures for promoting positive attitude towards sexuality and healthy behaviours among the adolescents.

Hypotheses of the study:

For the present study the following null hypothesis has been formulated

1. There is no significant difference between male and female students with regard to their attitude on sexuality and healthy behaviours in Churachandpur district of Manipur.
2. There is no significant difference between male and female students with regard to their attitude on the different components on sexuality and healthy behaviours in Churachandpur district of Manipur.

Methodology

The descriptive survey method was used for the present investigation since the study's primary purpose is to determine the attitude of adolescents towards sexuality and healthy behaviours.

Population and Sample

The population in the present study consists of all adolescents between the ages of 12-17 years studying in ten high schools in Churachandpur district of Manipur. The total sample of the study comprised of 400 students comprising of 200 urban male and 200 urban female adolescents respectively.

Tools used for data collection

A questionnaire to assess the attitude of adolescent students relating to sexuality and healthy behaviours constructed by the investigators was used.

The questionnaire consisted of 32 statements, of multiple-choice type and alternative response types ("YES" and "NO") to reveal the attitude of adolescent students on each of the four components i.e. sexuality, sexual abuse, sexually transmitted infections HIV/AIDS, Sex education.

Mode of data collection

For the present study, data was collected from ten high schools in Churachandpur district of Manipur.

Analysis of data

Data collected was analysed quantitatively and qualitatively using descriptive statistics like percentage, mean, S.D, and t- tests.

Findings and interpretation

The findings of the present study are presented in the following tables followed by components-wise interpretation.

Table 1
Overall Attitudes of Adolescents Towards the Four Components of Sexuality and Healthy Behaviour in Churachandpur district of Manipur

Sl.no	Components	Group	N	Low attitude	Moderate attitude	High attitude
1	Sexuality	Male	200	30 (15)	64 (32)	106 (53)
		Female	200	26 (13)	91 (45.5)	83 (41.5)
		Total	400	56 (14)	155 (38.75)	189 (47.25)
2	STIs /HIV/AIDS	Male	200	29 (14.5)	72 (36)	99 (49.5)
		Female	200	34 (17)	62 (31)	104 (52)
		Total	400	63 (15.75)	134 (33.5)	203 (50.75)
3	Sexual abuse	Male	200	25 (12.5)	85 (42.5)	90 (45)
		Female	200	34 (17)	62 (31)	104 (52)
		Total	400	59 (14.75)	147 (36.75)	194 (48.5)
4	Sex Education	Male	200	24 (12)	80 (40)	96 (48)
		Female	200	27 (13.5)	60 (30)	113 (56.5)
		Total	400	51 (12.75)	140 (35)	209 (52.25)

*Figures in the Parenthesis indicate percentage

From table-1, it can be seen that out of all the students taken for the study, on the component on sexuality it was found that 94.5 % of students irrespective of their gender have high attitude towards their sexuality, healthy practices and to abstain from unhealthy sexual behaviours.

On the component on sexual abuse, it was found that 50.75% of students have high attitude towards the negative impact of sexual abuse. While 33.5% have moderate attitude and 15.75% of all the students irrespective of their gender have low attitude towards the negative impact of sexual abuse.

On the component on STIs /HIV/AIDS, table-1 reveals that 48.5% of students irrespective of their gender have high attitude towards healthy sexual behaviours. Whereas 14.75% of all the students in the study have low attitude and about 36.75% have moderate attitude towards healthy sexual behaviours to avoid contracting STIs /HIV/AIDS

Table-1 also reveals that on the component on sex education, 52.25% of students irrespective of gender have high attitude with regard to sex education and dissemination of information on sex and healthy behaviours. 35% of all students were found to have moderate attitude towards sex education while 12.75% had low attitude towards sex education and dissemination of information on sex and healthy behaviours.

Hence, it can be concluded that irrespective of gender, majority of the students (adolescents) have high attitude towards sexuality and healthy behaviours.

Table 2
Comparison of Attitudes of Adolescents Towards the Four Components of Sexuality and Healthy Behaviour in Churachandpur district of Manipur

Sl. no	Components	Group	N	Mean	S.D.	t-value	Significance level
1	Sexuality	Male	200	20.65	2.99	1.24	NS
		Female	200	20.26	3.37		
2	Sexual Abuse	Male	200	20.56	3.07	1.07	NS
		Female	200	20.23	3.02		
3	STIs /HIV/AIDS	Male	200	20.26	3.37	0.93	NS
		Female	200	20.56	3.07		
4	Sex Education	Male	200	20.23	3.02	1.39	NS
		Female	200	20.65	2.99		

**NS-Not Significant*

Table-2 reveals that the t-values relating to the comparisons of attitudes of students on the different components of sexuality and healthy behaviours are not significant. Therefore, the

hypothesis- ‘There is no significant difference between male and female students with regard to their attitude on the different components on sexuality and healthy behaviours’ is not rejected. This implies that there are no significant differences in the attitudes of students irrespective of their gender with regard to the different components on sexuality and healthy behaviours.

Table3
Gender Differences in the Attitudes of Adolescents in Churachandpur district of Manipur

Groups Compared	N	Mean	S.D.	t-value	Significance level
Male	200	20.43	3.11	1.16	NS
Female	200	20.41	3.10		

*NS-Not Significant

Table-3, reveals that the calculated t-value relating to gender differences on their attitude towards sexuality and healthy behaviours is not significant. Therefore, the hypothesis- ‘There is no significant difference between male and female students with regard to their attitude on sexuality and healthy behaviours’ is not rejected. This implies that there is no significant difference in the attitude of male and female college students on sexuality and healthy behaviours.

Major findings

1. From the present study it was found that majority of adolescents/students (94.5%) have high attitude towards sexuality and healthy behaviours, and on the risks of indulging in unhealthy sexual activities. Table -1 revealed that all students have healthy attitude and they opined individuals should accept their biological sex, that only married people should have sex, that it is against cultural values to have sex before marriage, that it is not the right time to experience sex, that there is harm to enjoy sex during school life despite mutual consent of partners, and that engaging in sexual activities before marriage leads to many problems later.
2. It was also found that out of all the students taken for the study, 50.75% have high attitude towards the negative impact of sexual abuse such as hurting someone using sex, committing sexual crimes as minors, that individuals could be both victims and perpetrators, sexual offences etc.
3. The present study also revealed that irrespective of their gender, out of all the students taken for the study 48.5% have high attitude towards healthy sexual behaviours. The results indicated that students were of the opinion that by involving in unhealthy sexual activities they were at the risk of being infected by STIs /HIV/AIDS. That STIs /HIV/AIDS infected people were the victims of their own irresponsible behaviour, majority of STIs /HIV/AIDS infected people may be married persons, STIs /HIV/AIDS is most common among drug users and prostitutes, that students with STIs /HIV/AIDS should continue their studies, and it is possible to prevent STIs /HIV/AIDS transmission through creative awareness and students should not be tempted to experience sex and drugs.

4. It was found that all the students irrespective of their gender have high (52.25%) attitude towards sex education. They are of the opinion that sex education should start early, that proper knowledge about sex and related issues should be disseminated in the classrooms and the community at large, that transmission of STIs /HIV/AIDS could be avoided largely with sex education, that healthy behaviours regarding sexuality should be encouraged, etc.
5. The present study indicated that there is no significant difference in the attitude of adolescents/students irrespective of their gender regarding their attitude on sexuality and healthy behaviours. On comparisons of attitudes of adolescents on the different components of sexuality and healthy behaviours the study indicated that there is no significant difference in the attitudes of adolescents irrespective of their gender regarding the different components on sexuality and healthy behaviours.

Discussion of Results

The results of the study revealed that most students, irrespective of gender, exhibit a positive attitude toward their sexuality, healthy practices, and abstaining from unhealthy sexual behaviours. This trend may largely be due to the fact that across all societies—whether historical or contemporary—marriage remains a foundational socio-religious institution. It serves to satisfy the physical, biological, psychological, and spiritual needs of individuals, ultimately leading to the formation of a family unit. Consequently, the growth, development, and overall stability of human society depend on this universal and primary institution. Given this vital importance, the sanctity and permanence of marriage are heavily emphasized in most cultures, and the tribal society of Churachandpur is no exception. Another contributing factor is religion. Most of the students (Chin-Kuki-Hmar-Mizo) identify as Christian. Research indicates that higher levels of religiosity predict a lower likelihood of adolescent sexual initiation, an association often mediated by conservative sexual attitudes (Haydon et al., 2012). This religious influence persists into adulthood; individuals who attend religious services regularly during adolescence remain significantly less likely to engage in risky sexual behaviours later in life.

The study also revealed that most students exhibit a strong awareness of the negative impacts of sexual abuse and maintain positive attitudes toward healthy sexual behaviours to prevent STIs and HIV/AIDS. Irrespective of gender, adolescents strongly support sex education and the dissemination of information on sexual health. These perspectives may stem from the traditionally conservative views on sexuality held by tribal students in Churachandpur, who generally oppose liberal social interactions between adolescent boys and girls, as well as pre-marital sex. This mindset can be attributed to two key factors: deep-rooted respect for their cultural ethos and the influence of formal education. Education undoubtedly shapes adolescent mindsets to encourage abstinence, motivate academic completion, and provide critical information regarding the risks of unwanted pregnancies, unnecessary encumbrances, and a bleak future.

Suggestions

Based on the current findings, the following recommendations are proposed to enhance adolescent sexual health education and safety.

- **Comprehensive Information Dissemination:** Provide adolescent students with accurate, age-appropriate, and essential information regarding sex, sexuality, sexual orientations, and healthy behaviours.
- **Legal and Protection Awareness:** Deliver comprehensive education on legal rights, the legal implications of sexual abuse, and statutory protection frameworks such as the POCSO Act.
- **Expert-Led Educational Seminars:** Organize institutional lectures, seminars, and workshops featuring specialists from relevant fields to raise awareness about healthy sexual behaviours, the dangers of sexual abuse, and the prevention of STIs, HIV, and AIDS.
- **Early Curriculum Integration:** Address historical gaps in early childhood sex education by mandating that educational boards incorporate comprehensive sexual health content into curricula and textbooks at an early stage. This proactive approach aims to mitigate sex-related crimes, high-risk sexual practices, teenage pregnancies, and STIs without societal prejudice.
- **Multi-Sectoral Collaboration:** Foster structural partnerships among schools, non-governmental organizations (NGOs), and relevant government sectors—such as the Department of Education, the Ministry of Health and Family Welfare, and the Department of Social Welfare—to cultivate robust life-skills education within the community.
- **Institutional Support Systems:** Establish institutional support structures, including sexual harassment committees, rehabilitation networks, and dedicated counselling programs, to address student concerns regarding sexuality and to foster healthy behavioural development.
- **Clinical Assessment Frameworks:** Adolescents face pervasive exposure to sexual imagery and messaging on television, which is universally normalized with minimal discussion of potential risks or adverse health consequences. Healthcare practitioners should routinely evaluate electronic media consumption, internet habits, and age-restricted content access when taking medical histories to assess risk behaviours.
- **Proactive Stakeholder Engagement:** Convene regular parent-teacher conferences to allow guardians to review the sexual health curriculum and instructional methodologies prior to implementation, thereby preventing future systemic friction or misalignment.

Conclusion

Today's youth represent the future of society; the attitudes they form during adolescence profoundly shape their adult identities. Consequently, sexuality must not be viewed merely as a reflection of biological changes. Instead, it is a lifelong process encompassing a diverse matrix of experiences, including emotions, physiological urges, intrinsic motivations, self-perception, moral precepts, and interpersonal dynamics. It is therefore crucial that educators, parents, and academic institutions engage adolescents in comprehensive, inclusive, and evidence-based dialogues regarding sexuality, healthy practices, and developmental challenges. Providing adolescents with holistic knowledge and essential life skills fosters the positive attitudes necessary for healthy sexual development and overall well-being.

Furthermore, parental supervision and guidance regarding media consumption habits—both in volume and content—remain vital. Passive monitoring should ideally be replaced with joint viewing or shared media participation. When co-viewing is unfeasible, parents and guardians should utilize technological safeguards, such as network screening software and television content filters, to mitigate exposure to inappropriate material. Ultimately, adults must guide adolescents in critically evaluating media narratives, which frequently offer unrealistic depictions of characters, products,

behaviours, and relationships. Cultivating media literacy and training adolescents to be critical consumers of electronic media serves as an effective preventative strategy.

However, simple exposure to sexualized media content does not automatically override the foundational values absorbed from families, schools, religious institutions, and respected mentors. Longitudinal research tracking youth cohorts is necessary to clarify how media portrayals of sexuality are integrated into adolescent belief systems regarding the risks and rewards of sexual activity, as well as their behavioural intentions. Future studies should systematically account for confounding variables, including parental mediation strategies, the depth of adolescent media literacy, identification with fictional characters or celebrities, peer norms, and the individual's cognitive appraisal of health-risk behaviours.

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