



## Adolescents in Sexuality of Tunisian Teenagers

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### Abstract

#### Introduction

In the Muslim Arab world, sexuality remains a taboo subject. Our Tunisian society is in an intercultural situation. It is above all a conservative Arab-Muslim society but at the same time it undergoes the phenomenon of acculturation.

The objective of our study is to explore the knowledge, attitudes and practices of 100 adolescents in sexuality.

#### Material and method

The study we conducted was cross-sectional, descriptive and quantitative supported by an Arabic questionnaire covering all aspects of the sexual life of a sample of 50 girls and 50 boys aged 15 to 19 living in the governorate of Monastir, randomly drawn from high school.

#### Result

The average age was 17.5 years for boys and 16.5 years for girls. Half of our sample (49%) reported not having sex education. Masturbation was practiced by 88% of boys and 24% of girls, surrounded by feelings of pleasure for 60.34% of cases. Heterosexual activity was reported in 40% of adolescents and 6% of adolescent girls. The average age of first intercourse was 15 years for both sexes with early sexual activity in the male environment. Only 19.7% of these teens used condom in their sexual intercourse. Homosexual activity was found in 6% of the sample. The practice of cybersex was found in 30% of boys against 6% of girls and 16% of respondents preferred to watch erotic films.

#### Conclusion

Current problems (abortion, sex drive, child abandonment, suicide, loss of virginity, etc.) confirm the need for sex education to enlighten our teenagers and help them to have healthy sexual behavior. Hence preventing the harmful consequences of acculturation phenomenon.

#### Keywords

Adolescence; Sexual practices; Sex education; STDs; Means of protection

### Introduction

Although young people are physically better off than children and elderly, they are nevertheless exposed to certain risks inherent

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in attitudes, practices and behaviors potentially harmful to their health, such as unprotected sex, Sexually Transmitted Diseases, AIDS, unwanted pregnancies, etc. [1,2]. Through our investigation of 100 high school teenagers living in the governorate of Monastir, we tried to explore the sexual experience of this population. As health professionals, a good knowledge of this experience and the characteristics of our population would allow us to adapt our strategy for health education and rationalize our intervention.

### Materials and Patients

The study we conducted was cross-sectional descriptive and quantitative supported by a questionnaire written in Arabic covering all aspects of the sexual life of a sample of 50 girls and 50 boys aged 15 to 19, drawn randomly from high school. The ethical and deontological rules have been adapted and applied meticulously.

We explained the purpose of our study; it's purely scientific purpose and the content of the questions to adolescents before data collection [3].

They were also informed of the anonymity and confidentiality of the information retained. Each student was to sit alone in front of a table and the completed copy was put by the student himself in a closed collection box without being handed over to the investigator. Our questionnaire contains 47 questions about adolescents' knowledge and attitudes about sexuality.

And to be able to access and carry out the investigation in the high school the administration of the latter required an authorization from the regional delegate of education that I obtained after having written a written request accompanied by a copy of the questionnaire support of investigation.

To ensure the clarity of the questions we tested our measuring instrument with 6 randomly selected adolescents in the school and who are not part of the total number of the study population.

The proposed questions are: 21 closed, 15 semi-open and 11 open. And participants benefited from the time needed to complete the questionnaire.

Data analyses and result representation were performed using Microsoft Office EXCEL Version (2010) and presented in tabular form, with graphs and interpretation of results.

### Results

A population was found with an average age of 17.5 years for boys and 16.5 years for girls, a descendant of parents, the majority of whom had a secondary or higher education.

-95% of adolescents come from single families.

We looked for three deviant behaviors:

- Smoking that was seen in 36% of boys versus 6% of girls.
- Alcoholism that was detected in 32% of boys versus 2% of girls.
- The notion of illicit drug use was found exclusively in males (19.6%) (Table 1)

**Table 1:** Distribution of lifestyle habits by sex.

	Girls		Boys	
	Yes	No	Yes	No
Sports activity practice	57%	43%	70%	30%
Smoking	6%	94%	36%	64%
Alcohol	2%	98%	32%	68%
Taking illicit drugs	0%	100%	19.6%	80.4%

Regarding the sexuality of these teenagers we noted the following characteristics:

- The mean age of puberty was 13.5 years for boys and 13.33 years for girls.

- 83% of high school students state that they have been informed beforehand about puberty by parents in 42% of cases and then by friends in 26% of cases.

- Half of our sample says they have received sex education. It is done mainly through friends, the internet and the school. Note that parents do not have a significant role in this area.

- The vast majority of students (87%) had already received information about STDs. The source of this information was friends in 43.68% of cases followed by teachers in 34.5% of cases.

AIDS is the only STD known to our teenagers (89%). Indeed none has reported condyloma, HBS Ag, syphilis ... as examples of these diseases.

- Clinical manifestations and causes of AIDS are not well known to all respondents.

- The discussion about sexuality does not seem to bother the interviewee because it was judged normal by half of the population.

- The first goal of advanced sexual activity by our teenagers is to have pleasure.

- Virginity, indicator of chastity, remains a certificate of prenuptial good conduct. Hence its preservation until marriage is an attitude advocated by 83% of our students.

- Frequent sexuality is considered as a witness of a personality disorder by 38% of high school students.

- 88% of our boys used to masturbate against 24% of girls. This male predominance of this practice has been confirmed by several previous works. Half of our sample thinks that this behavior could lead to defloration in the girl. The most frequent masturbation rhythm was once a week in both sexes. This behavior is surrounded by a sense of pleasure in 60.34% of cases.

- It was found that 40% of our boys have sex with 6% of girls. The mean age at first intercourse was 15 years for both sexes with limits ranging from 12 to 18 years for boys and 15 to 17 years for girls. It was therefore much more advanced in girls.

- 62.96% of sexually active teens had an average of three or more sexual intercourse. The situation became much more alarming when it turned out that only 19.7% of these teenagers used condom in their sexual intercourse. The type of sexual partner was the friend in 96.3% of cases.

- Although contraception in premarital sex is considered mandatory by 85% of our teenagers, 71.3% of the sexually active group has never used it in their sexual intercourse.

- A possible homosexual behavior was found in 6% of our sample. 78% of respondents condemn this behavior.

- The practice of cybersex was found in 30% of boys against 6% of girls and 16% of respondents preferred to watch erotic films.

### Discussion

The analysis of our results allowed us to highlight certain peculiarities concerning the sexual knowledge and life of the teenagers of our series.

In our series the non-response rate is very low; the students answered almost all the questions only two. This seems to be in discontinuity with the results found by other Tunisian studies such as J. Masmoudi-Soussi, in a survey of 352 Tunisian students in the Sfax region in 2006, which found a non-response rate of 56% and L. BenHmida in his series with 200 students from the Faculty of Medicine of Sfax in 1999 who found a non-response rate of 85% [4]. These high rates would reflect the importance of reticence related to the taboo that strikes the themes of sexuality.

A total of 95% of our teenagers come from united families. This is almost in line with the result found by J. Masmoudi (92%) [3]. A primary education level was found in 8% of fathers and 6% of mothers. This result is lower than that found by J Massmoudi-Soussi (38% of fathers and 55.5% of mothers).

Almost half of our teenagers felt that communication with their mothers is easy (48%) and with their fathers is normal (47%). In his survey of 352 Tunisian students, J. Masmoudi-Soussi found that communication with the mother is better without any difference according to sex [3].

In our survey we found that half (49%) of our population feels a lack of sex education. This rate is high because it is known that adequate and timely sexual education can lead young people to delay the time of first sexual intercourse or, if they are already sexually active, to use contraception and prevention of STDs [5,6].

The rate of lack of information and sex education among young people, found in a US study conducted in 1997 (10%) is much less important than ours [7]. Several factors could partly explain this lack of sex education for our young people:

- No information program on sexuality [8];
- Educational and school level globally limited especially with regard to mothers;
- Tenacity of traditions and taboos of our civilization, still conservative on this theme.

In descending order of frequency, the top three sources of sex education for adolescents are friends in 37% of cases, the internet in 25.3% of cases and school in 17% of cases. Similarly for Ayedi the friends, the mass media and the school were the main sources [9].

According to WHO, there are 250 million new cases of STDs worldwide each year; the highest rates are among young people aged 20 to 24, followed by those aged 15 to 19 [5,10]. Similarly, some experts believe that Sexually Transmitted Diseases are becoming the first diseases at school age; among the most common infections are those with chlamydia trachomatis (the leading cause of tubal infertility), genital warts and herpes [11].

Adolescents thus constitute a population at risk, they begin their sexual life by being often misinformed and not very aware of the prevalence of these diseases, the risks of transmission, the possibility of co-infections of the notion of primary prevention and finally of the whether or not effective therapies [12]. They particularly like risky behavior and the transgression of social and family laws. These, even when they are well informed, often turn a deaf ear when advised to reduce their risk behavior, says Best [6].

In this study, no high school student reported syphilis, gonorrhoea, condyloma, herpes, HPV infection, which is the most common STI in the world acquired at first intercourse, as examples of STDs despite 87% of the population reporting that they have already received information on STDs [13]. In order of decreasing frequency, the first two sources of information on these diseases were represented by friends (43.68%) and teachers (34.5%).

The father and the mother, the doctor and the midwife were initially found only for a very small number of students.

- They need to be sensitized and guided to play their role better.
- However, previous results need to be qualified, especially for HIV / AIDS infection.

Despite the fact that most of our population knows about AIDS, the totality does not know its causes and its clinical manifestations. This seems to be in conflict with the results found by Ayedi which revealed that most of his sample had a good knowledge about it.

For our survey 88% of the applicants recognized the necessity of contraception in the prevention of STDs. This percentage is similar to that found by Ayedi [9].

In order to evaluate the influence of the social rules and taboos in effect on the representations of sexuality among the adolescents interviewed, we are interested in the following data:

– The discussion concerning sex life was estimated normal in 5 cases and interesting in 24% of cases. In a survey of 352 students, J Masmoudi Soussi found that 87% of students thought the discussion was important [3].

– All that we must consider as alarming in our Arab Muslim society is the relative decline of this age at 14 years and especially the limit that has even arrived at 10 years [14]. While other older surveys (1976) reported higher age of first sexual intercourse [15,16].

– In the sexually active portion of our population, 62.96% of adolescents had an average of three or more sexual intercourse. These figures are not reassuring especially in view of the close relationship between the multiplicity of sexual intercourse and the probability of being contaminated by STIs.

– The sexual partner was the friend in 96.30%.

– In Tunisia, addressing the subject of contraception in adolescence, raises reluctance related to the taboo because it may seem like a transgression to the rules inherent in the Arab-Muslim

context of our society and as an access permit to a free sexuality. In addition, an unplanned pregnancy can have serious consequences for a teenager: the latter risks being abandoned by her partner, being excluded from high school, losing her job, defiling “the honor of her family”, to get sick, even to lose one’s life. This risk of pejorative complications of such a pregnancy would be more frequent in our Maghrebi context [3].

For our survey: the majority of the sexually active population had never used contraceptive methods (71.3%). This figure is consistent with that found by Mamadou Yacouba (70.3%) in his survey of adolescent knowledge, attitudes and behavioral practices on family planning and STIs [17].

For those using contraceptive methods, none reported the contraceptive method (s) they used.

In developing countries, it is estimated that less than one in ten sexually active and single adolescents use condoms [18]. In our series only 19.7% of our high school students used condom during their sexual intercourse. What seems to join the result found by Siala (20%) [3]. These numbers prove that our youth have not been made aware of the need for condom use during sex.

Currently, pornography is widely disseminated. By “cybersex” I mean activities carried out on the Internet or on nearby (portable) multimedia, with an erotic purpose [19]. Whether pornographic images, ubiquitous in advertising, pornographic scenarios that animate many clips or movies really classified X, pornography has invaded our lives [20]. One of the effects of digital hypermedia and open access to Internet is the practice of cybersex and the viewing of pornographic films [1]. It would seem that a consumption of pornographic films would push consumers, and especially young people, to be more open to early marriage, early relationships and with multiple partners [21,22], they have overall advantage of different sexual practices with more frequent practice of anal penetration [23-25].

Indeed, an American study in 2005 shows that adolescents who watch pornographic films on a voluntary basis have more delinquent behavior and have taken advantage of psychoactive substances [26]. For example, another study in 2015 on pornography, sexual behavior and risk behavior in academia shows that the earlier exposure to pornography, the earlier the first intercourse [27].

In our survey the practice of cybersex was found in 30% of boys against 6% of girls. In the series of R. khemakhem this practice was found in 36.5% of adolescents and 76.9% of them have already consulted a pornographic site at least once in their life [1]. Only 16% of high school students in our sample preferred to watch erotic films. Our figures were similar to those found in the Smaoui series (17.7%) [28].

## Conclusion and Recommendations

The study allows us to identify the gaps in adolescents’ knowledge, attitudes and practices regarding sexuality. Recommendations are therefore made to help improve the sexual and reproductive health of adolescents,

1. The current problems (abortion, virginity, sexual abuse, sterility, death ...) confirm that sex education is more than ever necessary and must be an integral part of our children’s educational program to enable them to build their own person and a real awareness of the dangers of risky behavior. This education must begin at home

and in the community and continue through all levels and pathways of formal and out-of-school education.

2. Traditionally, for adolescents, parents are valuable sources of information for learning about relationships and sexuality. However, given the taboo nature of sexuality in families, it is essential to organize parenting sessions. These communication workshops will aim to inform and educate parents on how to establish a good dialogue on sexuality with their child.

3. Original programs should be developed to provide information and awareness on STD / AIDS, the consequences of early sexuality, the value of using condoms and to limit the number of partners, to teenagers through schools, youth organizations and wherever teenagers find themselves. All means and technologies of information and communication can, to this end, serve as a support to carry out campaigns of awareness and information.

4. Protect and promote the right of adolescents to education, information and reproductive health care through the establishment of adolescent and youth counseling centers. These teenage youth counseling centers will be tasked with informing and educating health. Adolescents need safe, effective, acceptable and affordable access to a variety of products and services. These products and services include condoms, contraceptives, and health care. When adolescent care services are provided by well-trained and caring staff, there is a strong chance that these services will be used.

5. School is the second most influential adolescent living environment after the family. The prevention of adolescent problems in this environment must be supported by a multidisciplinary team (doctor, midwife, psychologist, educator, social worker...).

6. Increase funding for sexual and reproductive health promotion activities for young people and adolescents to better meet these health needs, including sexual and reproductive health.

It is difficult, if not impossible, to limit access to teen pornography because Internet access via smartphones is widespread and the market for the pornography industry continues to grow. Hence the interest of the interventions carried out with the adolescents which must help them to have a critical interpretation of the pornographic image, in particular to integrate that if it can have positive effects on the development of the phantasies, it conveys a very different image of reality and does not seem to promote sexual fulfillment.

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