

# **GENDERED SOCIALIZATION AND YOUTH SEXUAL BEHAVIOR: EXPLORING THE DYNAMICS IN ORISSA, INDIA**

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## **BACKDROP**

Socialization that transmits the existing norms and values in the society from one generation to another and inducts the individual to accept these, shape the behavior of its members to a larger extent. Gender socialization, the process of socializing the children on the basis of their biological sex and assigning them gender roles i.e. a set of socially significant activities associated with being men or women is variable and changes from time-to- time, culture-to-culture and even from family-to-family within the same society. On the other hand, sex and sexuality is a topic that has been the cause of excitement and ecstasy, fear and anxiety, confusion and uncertainty to men, women and societies at all times and is closely related to the gender norms of the society. Its meaning and socio-legal regulations vary according to gender and it changes over time. Sexual behavior is an expression of socially constructed sexuality and is largely shaped, conceived and constrained according to dominant norms within different societies.

Internationally, young peoples' sexual health is a major concern both because of an urgent need to reduce the high level of unwanted pregnancies and sexually transmitted diseases and because of a desire to improve less tangible aspects of health such as psychological well-being. Youth (15-24 years) who largely define the socio-economic and political future of a population are about 20 percent of the Indian population (RGI 2001). Although the present generation is relatively more urbanised and better educated, social vulnerabilities persist and transitions to adulthood are often marked by abrupt and premature exit from school, entry into the labour force and strongly held gender norms (Jejeebhoy and Sebastian 2004). Further, young peoples' vulnerability caused by their young age, coupled with lack of and/or poor knowledge on matters related to sexuality, reproductive health, and their inability or unwillingness to use family planning and health services exposes them to a significant risk of experiencing negative consequences (Jejeebhoy and Sebastian 2003; Mamdani 1999 and Singh 1997). Moreover, societies that dictate different attitudes towards men and women with respect to youth sexuality and where talking about sex with young people continues to be a stigma, may further contribute to the risk taking behavior (Hardee et al. 2004 and Miller and Whitaker 2001).

Gender disparities and double standards have a considerable influence on the sexual and reproductive health and lives of young people (Tangmunkongvorakul et al. 2005). In many developing countries men are the prime decision makers about sexual activity, fertility and contraceptive use. Worldwide, health care providers, policy makers and donors are recognizing the direct connection between men and women's gender roles and their reproductive health (UNFPA 1997; Helzner 1996; Mbizvo 1996 and Hardon 1995). Traditional gender roles can jeopardize the reproductive and sexual health of both women and men. Inequalities in power often make young women vulnerable to men's risky sexual behavior and irresponsible decisions. Again, inequitable gender norms and related behavior

influence violence, HIV/STI, and sexual and reproductive health of young men and their intimate partners (Pulerwitz and Barker 2002).

Research in the past indicates that boys experience comparatively greater social pressure than girls to endorse gendered societal prescriptions such as the strongly endorsed health related beliefs that men are independent, self reliant, strong and tough (Martin 1995) and often are socialized to engage in sexual activity so as to express their masculinity (Jejeebhoy et al. 2004; Abraham 2002; Forste and Hass 2002; Das 1988 and Dube 1988). Another study reveals that dominant norms of masculinity i.e. the most traditional beliefs about manhood adopted by young men, predicted the highest level of risk taking and of involvement in behaviors such as high-risk sexual activity (Courtenay 2000). There do exist important relationships between childhood socialization and adult sexual behavior (Estep et al. 1977) and sex-role values are influenced by the patterns of sexual stratification manifest in the natal family i.e. if the mother has chosen contemporary role pattern, so does the daughter (Vanfossen 1977). Families are the first context in which adolescent boys are socialized into gender roles, including sexuality, masculinity and ethnicity (Harter 1999) and familial factors strongly influence adolescent sexual activity (Davis and Friel 2001 and Gage 1998). Gender differences are significant in the differential opportunities that boys and girls have in terms of access to information and in the exploration of their sexuality. These gender roles internalized by boys and girls are reflected in their social interactions, attitudes and views regarding marriage and sex and in the nature and extent of their sexual experiences (Abraham 2004). Again, there exist gender differences in the coping strategies as well (Frydenberg and Lewis 1991 and Patterson and McCubbin 1987).

However, despite their presumed importance, the gendered socialization experiences and their association on youth sexual behavior have received very little research attention, especially in Indian context. In the age of AIDS and in a country like India where talking about sex continues to be a taboo besides gender differences in almost all aspects of life, understanding the sexual behavior especially of the youth holds an important and crucial place. Every third person in the age group 15-24 in India is likely to be married, widowed, divorced or separated (RGI 2001). It is confounded by the strong relationship between socio-demographic problems like infertility, unwanted pregnancy, sexual abuse and sexually transmitted infections including HIV/AIDS, with youth sexual behavior (Vagra 1999 and Radhakrishna et al. 1997). Further, studies like National Aids Control Organization (2006) and Verma et al. (2004) are also of the view that young people form a significant segment of those acquiring sexually transmitted infections and those infected by HIV/AIDS.

## **OBJECTIVES**

In its wider sense, the present research attempts to understand the dynamics of gender socialization and youth sexual behavior. The specific objectives of the present study are to explore youth's perception about their gender role in the society. In addition to this, attempts

are there to understand youth's perception of 'real man' and 'real woman'. Effort has also been made to understand the association of perceived gender role on youth sexual behavior. Further, the study attempts to understand the treatment seeking behavior for any RTI/STI problem and its association with perceived gender role of youth.

## **METHODS**

The present study is part of a larger study that has been conducted in three phases i.e. the pre-survey qualitative phase, the survey and the post-survey qualitative phase during 2006-07. In the pre-survey qualitative phase, focus group discussions (FGDs) separately for young men and women in some selected villages were conducted. The selection of those villages was done at random in the tehsil (administrative unit of the district) selected for the main survey. Youths for the FGDs have been selected keeping in mind the age, education, occupation, caste and marital duration.

A multi-stage sampling design had been adopted for selecting the youth for the individual interviews. First of all, one district (administrative unit of the state) i.e. Puri had been selected at random out of the 30 districts of the state i.e. Orissa. At the second stage, out of the 11 existing tehsils of the district, one tehsil was randomly selected. At the third stage, 20 villages of more than 300 households had been selected at random (10 each for young men and women). The distribution of villages for interviewing young men and women were done at random. This was followed by complete house listing of all 20 selected villages. At the time of house listing, information about sex and marital status of the persons aged 15-29 years were collected to identify the households having eligible youths for the survey. With this, a new list of households having at least one eligible youth was prepared for each of the 20 villages. In view of the non-response, over sampling of the sample size was done by 20 percent. From the new list of households, 30 households from each village were selected using circular systematic random sampling. Keeping in view the sensitiveness of the information to be collected and problems envisaged during data collection, it was decided to interview only one youth from a household and separate village for the young men and women. In case more than one eligible youth in the selected household, only one youth for the interview was selected, using Kish table. Finally, in the post-survey qualitative phase, for the in-depth interviews (IDIs) a few youth were selected purposively from youths of the survey.

The findings of the present study are mainly based on the qualitative data collected during the pre-survey qualitative phase and post-survey qualitative phase of the study. Specifically, the conclusions are based on eight focus group discussions (four each among young men and women) and 42 in-depth interviews (20 and 22 interviews respectively among young men and women) of rural married youth from the state of Orissa, India. Nevertheless, some of the suggestions made in the conclusion are from the larger study that has been given in view of its close association with the contexts of the present research. It is worth mentioning that necessary ethical guidelines like informed consent of the youths have been taken into

consideration during data collection. Software packages like Atlas. ti and ANTHROPAC have been used for the analysis purpose.

## **FINDINGS**

### **Participants**

The analysis reveals that 15 out of the total 34 young men chosen for FGDs are in the age group 20-24 while the remaining is in the age group 25-29 years (table not shown). Again, 10 of them are either non-literates or have completed up to five years of schooling while another 13 have completed six to nine years of schooling. The remaining young men have completed 10 or more years of schooling. A majority of the young men covered in the FGDs is engaged in cultivation/daily labor. Additionally, 10 of them belong to scheduled caste (SC), 13 to other back ward class (OBC) and the remaining to non-SC/OBC category. In case of young women, the analysis reiterates that 27 out of the total 36 FGD participants are in the age group 20-24 years and the remaining is in the age group 15-19 years. Thirteen of them are either non-literates or have completed up to five years of schooling, 11 have completed six to nine years of schooling and the rest have completed 10 or more years of schooling. Most of them are engaged in exclusive domestic work. Again, nine of them belong to SC, 12 to OBC and the remaining to non-SC/OBC category.

The analysis further clarifies that most of the young men chosen for IDIs are 25-29 years old (table not shown). Nine of them are either non-literates or have completed up to five years of schooling, seven have completed six to nine years of schooling and the remaining 10 or more years of schooling. Three-fourth of them is cultivators/laborers and the rest have their own business or work in service sector. Further, three-fourth of them has experienced premarital sex and almost similar number of them has experienced any RTI/STI. In addition to this, one-third of them have experienced any unintended parenthood too. On the other hand, majority of the young women IDI participants are in the age group 20-24 years. Six of the participants are either non-literates or have completed up to five years of schooling, nine of them have completed six to nine years of schooling and the rest 10 or more years of schooling. Again, most of them are housewives. Three of these young women belong to SC, eight to OBC and the rest to non-SC/OBC category. Further, five of them have experienced premarital sex and 12 of them have experienced any RTI/STI. Besides this, more than half of these young women have experienced any unintended pregnancy.

### **‘Real man’ and ‘Real woman’: Perception of youth**

Men and women are biologically different and are often differentiated on that ground. In addition to this however, there are some other social factors that play equally important role in further validating their gender identities. Societies usually have a host of predetermined list of qualities that one is expected to inherit in order to be a 'real man or woman'. Figure 1

reveals the findings from the free listing exercise of 'real man' as perceived by the young men and women (see appendix 1 and 2 for detailed table). It has been observed that both young men and young women are in agreement with the attributes like the ability of a man to earn and maintain family, to take decision, to physically satisfy spouse/partner and to procreate besides having a well-built body as the essential characteristics of a 'real man'. As quoted by one non-literate young woman FGD participant,

*If one is unable to earn and procreate, his existence as a man is fruitless.*

Many of the young men also view that a 'real man' should be physically strong enough to fight other men (if needed), should have moustache, should be out-spoken and hard-working. As a 24 years old FGD participant puts,

*Unless one defeats others in the ring (jagaghare), what kind of man is he?*

A few other young men view man's ability to attract woman, controlling wife and not always obeying to wife is a must to be a 'real man'. To quote a 24-year-old cultivator,

*If one always obeys her, he will be called his wife's pet.*

However, many of the young women seem to have very different view about a 'real man'. As most of them perceive a man who keeps away from alcohol as well as other women as a 'real man'. Besides this, a few other young women perceive man's good behavior towards his wife, respect for others and educational status as the must of a 'real man'.

Similarly, there are some other characteristics a woman is expected to possess to be a 'real woman' and there exist sex differences in the perception too (see appendix 3 and 4 for detailed table). Figure 2 reveals that for many young men, a 'real woman' should be beautiful; educated; adjustable; walks and speaks slowly; virgin till marriage besides being faithful to husband. In the words of a 23-year-old daily laborer,

*Involvement in sex before marriage is sin for a girl; this will bring misfortune for the marital family.*

Many of the young women also view 'a good character' and 'respect for husband's decision' as essential characteristics of a 'real woman'. However, there seem to be consensus between the young men and women about woman's ability to bear child, acquaintance with domestic chores and caring nature towards family members as a must to be a 'real woman'. Taking note of a 24-year-old non-literate woman FGD participant,

*Until you give birth to a child, you cannot be a real woman.*

Again, respect for elders, shyness, tolerant attitude besides obeying to husband has come out to be essential for a 'real woman'. In the words of a 22 year old male betel-stall owner,

*The woman who respects elders, takes care of home as well as children and obeys husband is a real woman.*

It is apparent from the analysis that there prevails a double standard in the perception of youth towards the gender role of both sexes. So far as the gender role towards sexual behavior is concerned, while they have a somewhat liberal view towards the sexual promiscuity of young men, it is strictly prohibited in case of young women. Again, it is the woman who is expected to be tolerant, adjustable and caring for the family. The way they are brought up and taught how to behave i.e. nothing but socialization process, cannot be ignored as the factors leading to such thinking. As quoted by a 24 year old graduate female teacher about the instructions girls usually have,

*You are born as girls, do not to mix with boys, do not roam outside, learn domestic chores, after all you have to do all those things after marriage.*

Another 22-year-old housewife is of the opinion that

*If a girl is seen frequently roaming around alone or with friends, it shows the irresponsibility of her parents.*

Women having masculine qualities (locally called as *Andira chandi*) and men having feminine qualities (locally called as *Maaiea/Maaiechia*) are rarely admired. The series of rules and regulations often compels youth to adhere to the expected gender role further validating the existing patriarchal sexual culture.

### **Gender role perception and sexual behavior: understanding the dynamics**

Sexual health matters are considered as something private and an issue not to be discussed in public and even sometimes within the family, especially in Indian context. What comes out from the study is that society praises the virginity for girls until marriage and being faithful to their husband, while the picture emerges slightly different for boys. For the young women from the onset of menarche to menopause, their sexual behavior seems to be controlled by either parents or husbands besides their own perception about their expected behavior. They not only get very few opportunities to express themselves but also are considered to be more volatile and thus require restrictions. To quote one 24 year old male cultivator,

*Girl is like margarine (gheea); one never knows what could happen next?*

Though boys are not encouraged to have sex outside marital union, society seems to have a softer view in case if one is found to be indulging in such activities. In the words of a young male cultivator,

*Boys are like brass pot, it would shine back as it was like before after cleaning. Girls are like clay pot, blackness remains forever once used.*

Surprisingly, many of the young women also have similar opinion. Social stigma as well as discrimination and internalization of their expected gender role perhaps lead to such thinking.

Premarital relationships are not alien to the people in the study area. However, what matters is the perception of the society and youth themselves about it. Analysis reveals that the society as well as the boys themselves somehow approves their premarital relationships in order to prove their masculinity and ability to satisfy their prospective spouses. Young women on the other hand are invariably expected to be virgin until marriage as their chastity is associated with family prestige in the community. As one 29 year old male carpenter clearly says,

*If any girl is found to have premarital relationship, not only she but her entire family cannot walk in the streets due to shame and criticism.*

It has been emerged from the study that most of the premarital sexual encounters are unplanned and unsafe in nature exposing the young men as well as their partners at risk of negative sexual health problems. Again, poor knowledge coupled with perceived gender role to prove masculinity place many young men to the risk of unintended sexual health outcomes. As opined by a 28 year old male mason experiencing premarital sex with a sex worker about non use of condom,

*They are like rough notebooks which anyway have many lines drawn upon them. One does not have to bother, as an additional line on the notebook would not spoil it.*

In the marital union too, many young men consider their spouses as chattels and unilaterally decide about timing of sex, number and timing of children besides type and timing of contraception. Refusal/disagreement of spouse to any such decisions often leads to domestic violence and threat of divorce. To quote a 23 year old housewife,

*He often needs sex and forcefully does it even after my denial and threats me to send to my natal family, what can I do, after all I am married to him.*

Young men try to behave according to their perceived gender role portraying male aggressiveness and female submissiveness often resulting into physical as well as



psychological problems for their respective spouses and the young women quietly tolerates all ill-treatment as they perceive it something expected from them.

The findings further reveals that young men sometimes indulge in sexual relations outside marital union citing reasons like love for the partner and ability to prove sexual power besides to be a man in true sense. Although monogamy is the most preferred form of marriage for the youth under study, people have a softer view towards the men indulging in extramarital sex. Even these young men are sometimes praised for their skills to attract women while their partners are subjects to criticism. To quote one young male grocery shop owner,

*The more partners you have, the more praise you get from friends.*

### **Gender role perception and treatment seeking behavior**

As postulate by the health belief model (Rosenstock 1974) that people seek health care only if they possess a minimum level of motivation and knowledge; view themselves as vulnerable and the conditions as threatening; feel convinced of the efficacy of health services and perceive difficulties in undertaking the recommended action, the present study too has come out with quite similar findings. Unless the problem is acute and/or conducive family environment, hardly any young person seeks health care citing various reasons. It is felt that attitudes towards health seeking behavior are largely influenced by the ‘significant others’ (i.e. attitude towards the disease, reaction of the spouse as well as the family, privacy and confidentiality at the health facility and most importantly the perceived gender role towards the illness by the young people) and not merely the availability of health facilities.

Many young people perceive RTI/STI as a disease primarily of women. Further, many young men perceive these problems as natural and will be cured automatically coupled with many others who prefers to ignore these problems as they think men are not required to worry of these problems. In the words of one 29 year old male carpenter suffering from involuntary loss of semen,

*There is nothing to worry, such things happen due to much heat in the stomach. It would be alright after drinking tender coconut water in the early morning.*

On the other hand, stigma associated with the diseases and widely prevailing misconception that women are the source and transmitters of the infections often inhibits the treatment seeking of young women. As quoted by a 20 year old daily laborer about her neighbor,

*After telling her husband that she is suffering from white discharge, she was scolded and suspected of illicit relation.*

Similarly, another 23 year old primary school pass housewife reveals that

*As it is my mother-in-law often shouts at me, if she comes to know that I have this problem (RTI) she would get another reason to shout at me.*

## **CONCLUSION**

The study brings out that in addition to the biological difference between the sexes, there are some other socio-cultural factors that play equally vital role in further validating the gender identities. Findings show that both young men and women are in agreement with the attributes like the ability of a man to earn and maintain family, to take decision, to physically satisfy spouse/partner and to procreate besides having a well-built body as the essential characteristics of a 'real man'. Similarly, a 'real woman' is perceived as one who is capable of bearing children, taking care of family members, well acquainted with domestic chores, is tolerant and above all possess a good character. The study further elucidates that since young boys and girls are treated differently and are provided different learning environments, they tend to develop differential needs, desires, skills, temperaments, roles etc. They eventually grow into different types of people-men and women- often adhering to the culturally appropriate ways of thinking.

There prevails double standard as far as the sexuality of both sexes is concerned. This however does not pose any direct restriction on young men to indulge in sexual activities before marriage and/or outside marital union. In contrast, there is a lot of stigma attached to sexuality of young women as the words like virginity; fidelity and family prestige in the community are typically associated with them. Nevertheless, youth in general are expected to adhere to the roles ascribed for them based on their biological construct and any deviation from it is not warranted for, more so for young women. For many young men perceived gender role result indulgence into unsafe sexual activities, which in turn may lead them as well as their respective partners at the risk of unintended sexual and reproductive health outcomes. Further, perceived gender role of the youth plays an important role in treatment seeking of sexual health problems and the situation worsens for young women. Avoidance attitude of the young men towards these problems deters their treatment seeking while it is the stigma and discrimination attached to these problems that mainly prevents many young women from treatment seeking.

The experience of negative sexual and reproductive health outcomes undermines the health of young people and certainly is a barrier to their socio-economic well-being. The unequal perceived gender role of youth and its strong association with the socio-cultural norms of the society, urges for information education and communication (IEC) on gender equality for the development of the society in general and young people in particular. Peer education and outreach services may be suggested to reduce the stigma, discrimination and incorrect

knowledge related to RTI/STI among youth. Again, in view of the lopsided attitude of the young men towards the sexual health and well-being of young women, gender sensitive programs at the community level such as puppet show, street play and community video show portraying the importance as well as the rights of young women, may be some better steps for a more egalitarian society.

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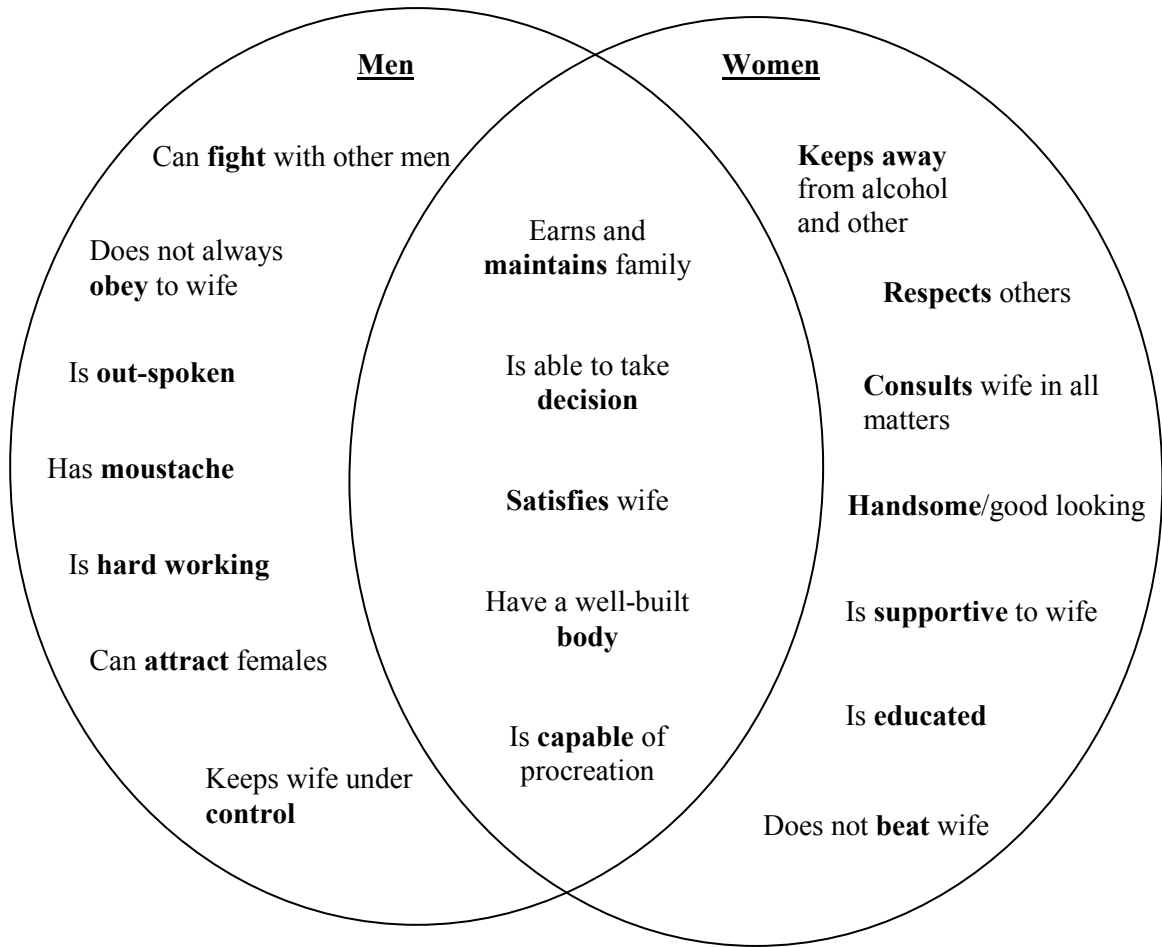
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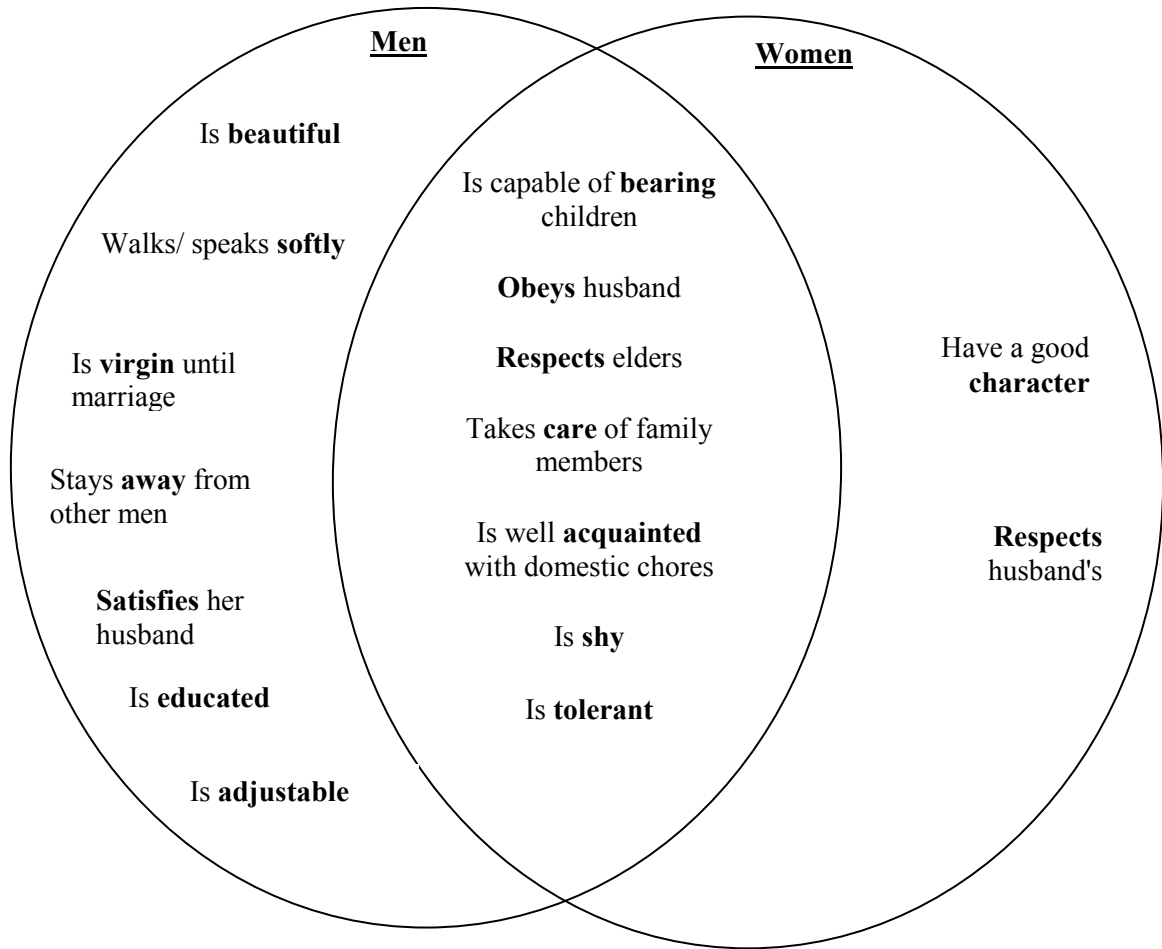
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Figure 1: Free list of 'real man' perceived by youth



N= 50 married youth consisting of 24 men and 26 women

Figure 2: Free list of 'real woman' perceived by youth



N= 50 married youth consisting of 24 men and 26 women

## APPENDICES

### Appendix 1: Free list of 'real man' perceived by men

ITEM	FREQUENCY	RESP PCT	AVG RANK	Smith's S
1 CAN EARN AND MAINTAIN FAMILY	24	96	3.720	0.586
2 ABILITY TO TAKE DECISION	23	88	3.217	0.616
3 CAN SATISFY WIFE	21	81	2.952	0.576
4 HAS A STRONG BODY	19	73	1.842	0.645
5 CAPABLE OF HAVING CHILDREN	19	73	5.368	0.263
6 CAN FIGHT WITH OTHER MEN	15	58	4.400	0.293
7 SHOULD NOT ALWAYS LISTEN TO WIFE	12	46	3.667	0.302
8 STICKS TO HIS WORDS	10	38	2.500	0.294
9 OUT SPOKEN	10	38	5.500	0.137
10 HAS MOUSTACHE	7	27	7.286	0.043
11 HARDWORKING	6	23	6.833	0.054
12 CAPABLE OF ATTRACTING WOMEN	6	23	6.500	0.074
13 KEEPS WIFE UNDER CONTROL	5	19	7.600	0.041
Total/Average:	177	6.846		

### Appendix 2: Free list of 'real man' perceived by young women

ITEM	FREQUENCY	RESP PCT	AVG RANK	Smith's S
1 KEEPS AWAY FROM ALCOHOL AND OTHER WOMEN	20	83	2.300	0.680
2 CAN EARN AND MAINTAIN FAMILY	18	75	1.389	0.713
3 ABILITY TO TAKE DECISION	18	75	4.944	0.361
4 CAN SATISFY WIFE	17	71	6.000	0.261
5 RESPECT OTHERS	17	71	3.588	0.452
6 CAPABLE OF HAVING CHILDREN	16	67	7.063	0.162
7 STICKS TO HIS WORDS	15	63	4.067	0.375
8 CONSULTS WIFE IN ALL MATTERS	14	58	5.286	0.269
9 HAS A STRONG BODY	10	42	3.700	0.228
10 HANDSOME	6	25	3.500	0.122
11 IS SUPPORTIVE TO WIFE	5	21	3.400	0.139
12 IS EDUCATED	5	21	4.400	0.100
13 DO NOT BEAT WIFE	5	21	5.400	0.096
Total/Average:	166	6.917		



### Appendix 3: Free list of 'real woman' perceived by men

	ITEM	FREQUENCY	RESP PCT	AVG RANK	Smith's S
1	IS CAPABLE OF BEARING CHILDREN	24	92	2.250	0.765
2	OBEYS HUSBAND	22	85	3.500	0.606
3	IS BEAUTIFUL	21	81	1.667	0.743
4	RESPECTS ELDERS	20	77	5.600	0.357
5	TAKES CARE OF FAMILY MEMBERS	19	73	5.895	0.313
6	WALKS AND SPEAKS SLOWLY	18	69	5.778	0.306
7	IS VIRGIN TILL MARRIAGE	18	69	3.500	0.485
8	STAYS AWAY FROM OTHER MEN	17	65	4.882	0.368
9	WELL ACQUAINTED WITH HOUSEHOLD CHORES	17	65	6.882	0.205
10	IS SHY	8	31	6.625	0.095
11	SATISFY HER HUSBAND	6	23	5.667	0.052
12	IS EDUCATED	6	23	8.667	0.031
13	IS TOLERANT	6	23	5.833	0.092
14	CAN ADJUST	5	19	7.800	0.062
Total/Average:		207	7.962		

### Appendix 4: Free list of 'real woman' perceived by young women

	ITEM	FREQUENCY	RESP PCT	AVG RANK	Smith's S
1	IS CAPABLE OF BEARING CHILDREN	21	88	4.429	0.277
2	TAKES CARE OF FAMILY MEMBER	20	83	3.550	0.412
3	WELL ACQUAINTED WITH HOUSEHOLD CHORES	19	79	1.789	0.669
4	OBEYS HUSBAND	19	79	1.632	0.701
5	HAS RESPECT FOR ELDERS	13	54	2.846	0.352
6	IS TOLERANT	9	38	4.222	0.097
7	HAS GOOD CHARACTER	6	25	2.500	0.176
8	IS SHY	5	21	4.600	0.068
9	RESPECT HUSBAND'S DECISIONS	5	21	1.600	0.185
Total/Average:		117	4.875		