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Surveying Adolescent Males in India Regarding Mobile Phone Use and Sexual and Reproductive Health Education

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Abstract: Introduction: The current state of reproductive health outcomes in lower-income countries is poor, with inadequate knowledge and culture among adolescent boys. Moreover, boys have traditionally not been a priority target. To explore the opportunity to educate adolescent boys in the developing world regarding accurate reproductive health information, the purpose of this study is to investigate how adolescent boys in the developing world engage and use technology, utilizing cell phones. This electronic survey and video interview study were conducted to determine the feasibility of a mobile phone platform for an educational video game specifically designed for boys that will improve health knowledge, influence behavior, and change health outcomes, namely teen pregnancies. Methods: With the assistance of Plan India, a subsidiary of Plan International, informed consent was obtained from parents of adolescent males who participated in an electronic survey and video interviews via Microsoft Teams. An electronic survey was created with 27 questions, including topics of mobile phone usage, gaming preferences, and sexual and reproductive health, with a sample size of 181 adolescents, ages 11-25, near New Delhi, India. The interview questions were written to explore more in-depth topics after the completion of the electronic survey. Eight boys, aged 15, were interviewed for 40 minutes about gaming and usage of mobile phones as well as sexual and reproductive health. Data/Results. 154 boys and 27 girls completed the survey. They rated their English fluency as relatively high. 97% of boys (149/154) had access to mobile phones. The majority of phones were smartphones (97%, 143/148). 48% (71/149) of boys borrowed cell phones. The most popular phone platform was Samsung (22%, 33/148). 36% (54/148) of adolescent males looked at their phones 1-10 times per day for 1-2 hours. 55% (81/149) of the boys had parental restrictions. 51% (76/148) had 32 GB of storage on their phone. 78% (117/150) of the boys had wifi access. 80% (120/150) of respondents reported ease in downloading apps. 97% (145/150) of male adolescents had social media, including WhatsApp, Facebook, and YouTube. 58% (87/150) played video games. Favorite video games included Free Fire, PubG, and other shooting games. In the video interviews, the boys revealed what made games fun and engaging, including customized avatars, progression to higher levels, realistic interactive platforms, shooting/guns, the ability to perform multiple actions, and a variety of worlds/settings/adventures. Ideas to improve engagement in sexual and reproductive health classes included open discussions in the community, enhanced access to information, and posting on social media. Conclusion: This study involving an electronic survey and video interviews provides an initial foray into understanding mobile phone usage among adolescent males and understanding sexual and reproductive health education in New Delhi, India. The data gathered from this study support using mobile phone platforms, and this will be used to create a serious video game to educate adolescent males about sexual and reproductive health in an attempt to lower the rate of unwanted pregnancies in the world.

Keywords: adolescent males, India, mobile phone, sexual and reproductive health

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