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Myths and Misconceptions of Sex and Sexuality: A Survey Report

Shivakumar S. Harti*, B.S. Prasad**

Abstract

Knowledge about sexual and reproductive health has a critical impact on male sexual dysfunction. Myths like Loss of semen, less sexual desire, masturbation are the main causes for mental disorders.[1] With industrialization and urbanization, the anxiety about semen loss in the West diminished, and the same is likely to happen in southern Asia as well.[2] Hence in the present globalization scenario to know the prevalence of myths and misconceptions of sexual health, we undertook a survey in and around Belgaum, Karnataka, India. We performed a community based, cross-sectional survey of 515 male students of randomly selected undergraduate colleges. We administered a pre-tested, structured questionnaire to assess the knowledge and attitude towards sexual and reproductive health. We generated knowledge and attitude scores from student responses and used chi-square to study the association of these scores with select predictor variable – rural and urban. Majority of the students (88.75% rural and 88.36% urban students) in our study sample had misconceptions about semen loss by masturbation and night emissions. We did not find any significant difference between urban and rural population. The lack in the knowledge of sexual and reproductive health in urban and rural students suggests the need for sexual health education and awareness.

Keywords: Masturbation; Night emissions; Semen.

Introduction

The past three decades have seen dramatic changes in understanding of human sexuality and sexual behavior. The well-being of sexual and reproductive health is essential if people are to have responsible, safe, and satisfying sexual lives. The non-Sexually Transmitted Infections (non-STI) health concerns of men are of high concern and can-not be ignored as their 'personal' or 'psychological' problems. Researchers have described them as a culture-bound syndrome. Many illnesses without any organic pathology are culturally produced and bound among men and women across societies.[3] Recent population-based surveys among men reveal a high prevalence of non-STI sexual health concerns like Dhat syndrome, premature ejaculation, impotence, dissatisfaction, erectile dysfunction and nocturnal emissions. In a study conducted at All India Institute of Medical Sciences, among the patients attending psychosexual clinic premature ejaculation (77.6%) and nocturnal emission (71.3%) were the most frequent problems followed by a feeling of guilt about masturbation (33.4%) and small size of the penis (30%). Erectile dysfunction was a complaint of 23.6%. Excessive worry about nocturnal emission, abnormal sensations in the genitals, and venero-phobia was reported in 19.5, 13.6, and 13% of patients, respectively.[4]

According to a survey in northern India, 48% of rural and 23% of college samples viewed masturbation or excessive sex as positively harmful and believed that it could lead to mental illness. In the same study, 21% of the rural sample and 45% of the college sample agreed that it caused physical debility

Author's Affiliation: *Reader, Dept of Swasthavrittha, **Principal, KLE U Shri B M Kankanawadi Ayurved Mahavidyalaya, Belgaum, Karnataka, India.

Reprint's request: Dr. Shivakumar S. Harti, Reader, Dept of Swasthavrittha,, KLE U Shri B M Kankanawadi Ayurved Mahavidyalaya, Belgaum, Karnataka, India.

E-mail: shivakumarsh@gmail.com

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but were not sure whether it could cause mental illness.[5] Various researches suggest that the person having these myths and misconceptions is typically more likely to be married or recently married, of average or low socio-economic status (perhaps a student, laborer or farmer by occupation), comes from a rural area, and belongs to a family with conservative attitudes towards sex.[6,7] Earlier studies found that majority of cases of Dhat syndrome occurred in rural areas,[8] were unmarried, young[9,10] It is said that in the face of globalization and industrialization, these syndromes are likely to disappear in an increasingly homogeneous world culture. [11]

Thus to know the prevalence of myths and misconceptions of sexual and reproductive health in today's globalization era in rural and urban communities, the present survey was undertaken in undergraduate college students of age group between 18-22 years. We also investigated the impact of place of residence of students on this knowledge and attitude.

Subjects and Methods

We carried out the survey in and around Belgaum district, Karnataka, India. We targeted undergraduate college students for evaluation because they are a group at high risk for sexual ill-health.

Study sample

We conducted a cross-sectional study of male students enrolled in Undergraduate Degree colleges of Belgaum districts. According to the Census of India, The "rural area" means any place which has a population of less than 5,000 and density of population less than 400 per sq km and more than "25 per cent of the male working population" is engaged in agricultural pursuits (www.indiagov.in). Five colleges from such rural areas and five from urban area were selected randomly by lottery method. Five colleges from such areas were selected for rural. Within each college, the students of undergraduate classes from the Arts, science and commerce were included. All the students who attended classes on the day of the survey were enrolled in the study.

We initially addressed all participating students and explained the objectives of the study, taking care to emphasize that it was a group health survey and not intended as an evaluation of individual students. The students were instructed not to write their names or identify themselves on the questionnaire. Thus, they were assured of strict confidentiality of their responses. They were also urged to avoid discussing the questions among themselves while completing the questionnaire. The questionnaires were then distributed to the students. After collection of completed questionnaires, the students were thanked for their responses.

Survey instruments

The instrument used for the survey was a printed questionnaire. The structured questionnaire contained 17 questions evaluating the knowledge of and attitude towards sexual and reproductive health. The last question was 'open ended' question. Students were asked to share about their attitude towards sex and masturbation. Questions had multiple responses from which each respondent was asked to select the most appropriate one. The questionnaire was prepared after an extensive literary search and in consultation with experts in sexual and reproductive health. The questionnaire was prepared in English and other two local languages - Kannada and Marathi.

Statistical methods

Descriptive statistics were used to evaluate the responses of the students to the questions. Scores were generated for the students for questions assessing the knowledge; a single wrong response (myth/misconception) was given a '+1'. We used chi-square test to see the knowledge scores differences within the students of rural and urban areas. A p value

of <0.05 was taken to indicate the statistical significance.

Results

A total of 515 students completed the study questionnaire. All students who attended the college on the day of survey participated in the study. The majority of the students were unmarried. 240 students were from the rural area and 275 were from urban area.

Analysis between the marks of rural and urban areas was done by chi square test

Table 1: Myths and Misconceptions of reproductive and sexual health

S. No	Myths/Misconceptions	% of Misconceptions		
		Rural n=240	Urban n=275	Total
1	Semen is an elixir; one has to save it by avoiding sex/masturbation.	73.33	70.18	71.65
2	Masturbation is injurious to health	78.33	77.09	77.66
	Loss of semen by sex/masturbation leads to weakness, dark circles around eyes	77.91	76.72	77.28
4	Masturbation leads to impotency in later life.	72.91	70.90	71.84
5	Loss of semen during night (sleep) is injurious for health and has to be consulted to the doctor.	67.08	61.09	63.88
6	Slight curvature of penis towards left/right is abnormal	33.75	31.63	32.62
7	Physically well built can perform sex better	82.5	76.72	79.41
8	Bigger size of penis gives more satisfaction during sexual intercourse	71.66	72.36	72.03
9	Alcohol before sex improves sex performance	24.16	21.81	22.91
10	Sex performance of man remains the same throughout his age	30.83	27.63	29.12
11	Semen gets thinner with age.	57.91	55.27	56.50
12	Females get less sexual arousal than males during sexual intercourse	47.08	45.45	46.21
13	Intact hymen is necessity to assess the Virginity of a woman	47.5	45.09	46.21
14	Foreplay (stimulation before sexual intercourse) does not have a role in sexual intercourse	19.16	17.09	18.05
15	Time taken for gaining orgasm/climax in females is same comparative to that in males	65.41	60.36	62.71
16	A woman can get pregnant without penetration of penis	3.75	1.45	2.52
17	Usage of condoms cannot prevent Sexual transmitted infections.	43.75	35.27	39.22
	Mean (SD) knowledge score	8.97 (3.68)	8.46 (3.54)	
	Minimum =0; Maximum = 17			

Table 2: Attitude towards promotion of Sexual Education

S. No	Question	Agree		Total
		Rural	Urban	
1	Sex education should be promoted in the schools/ colleges?	92.5	96.36	94.56

Table 3: Number of students having myths and misconceptions

Rural (n=240)	%	Urban (n=275)	%
213	88.75%	243	88.36

Table 4: Source of Information of sexual knowledge

S. No	Source	Percentage
1	Books /Magazine	64%
2	Friends	68%
3	Elders	5%
4	Video CD/Mobiles	82%

(p<0.05). There was no significant difference of prevalence of misconceptions between rural and urban population in all the questionnaires except 17th.

92.5% of rural and 96.35 urban students had the opinion that sex education should be promoted in schools and colleges.

88.75% and 88.36% of the students had misconceptions of sexual and reproductive health in rural areas and urban areas respectively.

Majority of the students had access to sexual knowledge from the Video CDs and Porn clips (Mobiles) (82%) followed by Books/Magazines (64%) and Friends (54%). The knowledge from the elders in the family contributed only 5%. This shows that the sexual matters are very less discussed among family members.

Discussion

Dhat syndrome[12,13] is characterized primarily with complaints of loss of semen through urine, nocturnal emission or masturbation, accompanied by vague symptoms of weakness, fatigue, palpitation and sleeplessness. The condition has no organic etiology. It may sometimes be associated with sexual dysfunction (impotence

and premature ejaculation) and psychiatric illness (depression, anxiety neurosis or phobia).[14] In a study conducted in North India among 100 consecutive male patients attending the psychiatric outpatient clinic about 35% cases had Dhat syndrome alone without any associated sexual dysfunction and 18% cases did not have any psychiatric diagnosis and the rest 65% cases had Dhat syndrome with associated erectile impotence, ejaculatory impotence and/or premature ejaculation.[15] In India, seminal fluid has always been considered to be an elixir of life both in the physical and in the mystical sense. Its preservation is supposed to guarantee health, longevity, and supernatural powers.[16] In our study, we found 73% (Rural) and 70% (Urban) believing that, semen is an elixir and one has to preserve by avoiding sex or masturbation. These large numbers of individuals perceive even the natural physiological function as abnormal. Seventy-three percent of men reported masturbating. However this may be even high as a number of sociodemographic and behavioral factors were associated with reporting masturbation. [17] The masturbation which is practiced world over by majority of males is perceived as unnatural and abnormal practice. Though a number of studies in the last fifteen years indicate that attitudes towards masturbation have relaxed a bit compared to earlier times, but carryovers still remain. In our study, we found that 78.33% - Rural and 77.09% - Urban, perceive that masturbation is injurious to health. The myth 'Loss of semen by sex/ masturbation leads to weakness, dark circles around eyes' prevailed among 77.91% rural and 76.72% Urban and 72.91% Rural and 70.90% Urban students believed that loss of semen leads to impotency in later life. Moreover, such beliefs are reinforced through literature, friends and social expectations about sexual performance. There is substantial empirical evidence from earlier research on perception of semen loss having debilitating. [18,19,20]

It is also perceived that excessive indulgence in masturbation or sexual intercourse results in the passing of semen in urine or Nocturnal emissions. The person describes a whitish discharge in the urine, although there is no objective evidence of such a discharge. In our study, we found 70% of the students experienced nocturnal emissions and 67.08 (Rural) and 61.09 (Urban) students were in favor of consulting a doctor. This is almost similar to the previous study conducted, where 30.6% were in favor of "no intervention", 26.1% were in favor of medical intervention (including Allopathic, Homeopathic, Ayurvedic, and Arabic schools of medicine) and another 22.5% advocated psychological and behavioral persuasion by relatives and friends.[21] In cultures where open discussion about sexual issues is taboo and fears about masturbation exist, the urogenital system is likely to be the focus of preoccupation. Under stress, persons predisposed to amplification of somatic symptoms and health anxiety may focus attention on physiological changes such as turbidity of urine and tiredness, and misattribute them to loss of semen in the light of widely prevalent health beliefs.[22]

in the our study 70% of the individuals believed that the size of the penis is important during sexual intercourse. Views about penis size assessed in an earlier Internet survey of 52,031 heterosexual men and women showed most men (66%) rated their penis as average, 22% as large, and 12% as small.[23] 4.6% of the patients attending the sexual health clinics complained of smaller size of penis were found in an earlier study.[24] The famous sex researchers Masters and Johnson have concluded that size of the male penis can have no true physiological effect on female sexual satisfaction. They base this conclusion on their physiological studies that show that the vagina adapts to fit the size of the penis. Because of this vaginal adaptation, they refer to the vagina as a potential space rather than an actual space. Thus, despite the worries of many males about the size of their penis, Masters and Johnson concluded that any size penis will fit and provide adequate sexual stimulation to the female.[25,26] When people speak of penis size, they typically refer to length. Thus, a man with a short but wide penis would probably think of himself as

Men (Lingam)	Hare	Bull	Horse
Women (Yoni)	Deer	Mare	Elephant

having a small penis, and would be so thought of by others, too. Of the 50 females surveyed in an earlier study, 45 reported that width felt better, with only 5 reporting length felt better.[27] This shows that width matters much than length. Based on the size of penis, Vatsayana's Kamasutra classifies men and women into three categories according to size of their sexual organs, Lingam (Penis) and Yoni (Vagina).

The union between corresponding pairs was considered as equal and affording mutual sexual satisfaction. The unequal union between man and woman is known as High union i.e. between bull and deer; Horse and Mare. Highest discrepancy is found in the union of horse and deer. The union between Mare and Hare and Elephant and Bull are known as low unions and lowest union is between Elephant and Hare.[28] Masters, Johnson, and Kolodny do not totally rule out penis size being relevant, but they suggest that it is likely of minor importance for female sexual satisfaction.[29]

in our study 30.83% of the student population believed that Sex performance remains same throughout age. This may be the reason why many men in late adulthood complain of reduced sexual performance compared to their earlier life though it is natural. Masters and Johnson described the physiology of coitus as having four components. Excitement, plateau, orgasm and resolution, all of which show age related changes. As ageing increases, desire may not always result in sexual excitement. The triggers for sexual excitement become more specifically sexual and may require intimate body contact and manual stimulation. The intensity of sexual fantasies decreases and it may take a man longer to achieve an erection and following ejaculation more time before an erection is possible.[30]

in our study 46.21% of students believed that intact hymen is necessary to assess the Virginity of a woman. The hymen is a membrane at the opening of the vagina. It may have a hole in the center or the side for the escape of menstrual blood. There are myths that an intact hymen is indicative of virginity, the hymen should be intact until marriage, and the first sexual experience should be painful for a woman. The hymen is elastic and even some prostitutes have been found to have intact hymens. The hymen also may tear due to a fall, cycling, or horse riding.[31] Some cultures require proof of a bride's virginity prior to her marriage. This has traditionally been tested by the presence of an intact hymen, which is verified by either a physical examination (usually by a physician, who would provide a certificate of virginity) or by a "proof of blood," which refers to vaginal bleeding that results from the tearing of the hymen.[32]

The knowledge of foreplay was also analyzed. Majority of the students in our study accepted that foreplay is very essential during a sexual intercourse (80.84%). An earlier study also found that the most common activity practiced leading to sexual arousal was peno-vaginal intercourse, followed by foreplay, mutual masturbation, kissing and oral sex.[33]

A positive finding found in our survey was majority of the students believed that usage of condoms can prevent sexual transmitted infections. This might be due to the reasons that mass media and various voluntary agencies are actively involved in HIV/AIDS awareness campaigns.

Some other misconceptions were also found in the subjects during the survey. Students believed that Man should be a 'macho' - a real man who can have sexual intercourse very often. The quality of the erection is what most satisfies women and different positions of coitus may adversely affect physical health; Female virginity was significantly more important than males; Kissing can cause pregnancy or AIDS.

A very important finding of our survey was majority of the students had misconceptions irrespective of place of residence i.e. rural and urban. The misconceptions were previously

reported to be in young and uneducated patients.[34,35] But our study did not show any significant difference between rural and urban students.

Education does not alter firmly held misconceptions. Factors such as literacy and religion are unimportant. Since, formal educations in India completely excludes information on sex and sexuality, people lack scientific information on the subject and are still influenced by unscientific sources of information on sex.[36] In India there is a lack of proper sex education in schools and colleges. Similar results were found by Khan and Singh.[37]

In our study, majority of the patients reported to seek sex related information from video CDs/Mobile MMSs, magazines and friends. It is also reported friends being the major source of information about Dhat and its treatment among participants. The said sources of information could have perpetuated Dhat Syndrome patients' beliefs and misconceptions about sexual health.[38] The advent of mobile phones and ease internet access has been now a major source of porn clips in recent times.

Conclusion

In our cross-sectional study of college students in Belgaum, Karnataka, myths and misconceptions of sexual and reproductive health still prevail among both rural and urban areas. There has been no change in the knowledge of sexual health in the community since days long in spite of rapid urbanization and globalization. Our investigation shows that sex education needs to address issues such as masturbation, nocturnal emissions which are also major reasons of psychological and physical distress in young men at appropriate level of their education. Counseling is advisable for handling guilt around masturbation. Public awareness programs on sexual issues may also be beneficial. Special consideration and due acknowledgment should be given to religious and cultural background while developing and implementing sex education programs. The findings of this research can be extended and elaborated by examining various sexual concerns.

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