

ATTITUDE TOWARDS SEX AND SEXUAL PROBLEM AMONG MALE UNIVERSITY STUDENTS

Pages with reference to book, From 59 To 62

Syed Haroon Ahmed (Dept. of Neuropsychiatry, Jinnah Postgraduate Medical Center, Karachi.)

Sex is a physiological phenomenon as much as hunger and sleep. The pattern of sleep and manner of eating is a learnt behaviour and so is the process of sexual satisfaction. Our society has taught to repress this instinct and medical institutions have been shy to teach this subject. The latter is reflected in the dilemma of a general physician when faced with a cause of potency disorder. The repressive attitude of our society towards sex is amply shown by the misconceptions that is prevalent even among educated class. The object of this survey was to bring out certain misconceptions towards sex among the male students of the University of Karachi.

Methodology

It was planned to include every fifth male Student of one of the departments from the faculty of science. The method of selecting the students could not be adhered strictly because the subject did generate a lot of causal interest but the responses of only those were considered who completed the structured proforma. The respondents were not supposed to mention their names on the form. Two hundred and five students agreed to participate, but it was found that 28 did not complete all the columns. They were thus excluded leaving 177 for detailed analysis.

Results

Majority of students (78%) were between the age group 21-26. Eightyfour percent noticed and became aware of their secondary sexual characteristics and 89% remembered to have been first attracted towards opposite sex between 15 and 18 years of age (Table I and II).

Table I: Distribution of Students According to Age when Secondary Sexual Characteristics were Noticed by Them

<i>Age in years</i>	<i>No.</i>	<i>Percent</i>
<15	53	29.94
16—18	96	54.24
19—21	24	13.56
22—24	4	2.26
Total	177	100.00

Dept. of Neuropsychiatry, Jinnah Postgraduate Medical Centre, Karachi.

Table I: Distribution of Students According to Age when Secondary Sexual Characteristics were Noticed by Them

<i>Age in years</i>	<i>No.</i>	<i>Percent</i>
<15	53	29.94
16—18	96	54.24
19—21	24	13.56
22—24	4	2.26
Total	177	100.00

Dept. of Neuropsychiatry, Jinnah Postgraduate Medical Centre, Karachi.

The friends, books and movies were the main source of information about sex (87.5%) while father, mother, brothers and other elder relations played very little part in sex education (12.43%) (Table III).

Table III: Source of Information about Sex

<i>Source</i>	<i>No.</i>	<i>%</i>
Elder relations	22	12.43
Friends, books, movies etc.	155	87.57
Total	177	100.00

Fifty-six percent have had sexual intercourse with opposite sex, mostly girl friends. Twenty nine percent accepted to be attracted sexually towards the same sex. Among them 24% have had transient sexual relation with boys while 9% were still continuing such relationship (Table IV and V).

Table IV: Sexual Relation with Opposite Sex
N=177

	<i>No.</i>	<i>%</i>
Girl friends	84	47.46%
Professional	2	1.13%
Both	13	7.34%
None	78	44.07%

Table V: Sexual Relations with Same Sex
N=177

Category	No.	%	Active/Passive	
			Active	Passive
Attracted sexually towards boys	52	29.38	—	—
Had sexual relations with boys	43	24.29	43	2
Still continuing such relationship	16	9.04	—	—

Seventy three percent accepted to have masturbated and 37% thought nocturnal emission as harmful. On another set of questions 75% indicated that masturbation and nocturnal emission causes sexual and physical weakness (Table VI).

Table VI: Masturbation

	177		100%
Ever Masturbated	130	47	73.45%
Still Masturbating	65	65	36.72%
		65	

Seventy six percent (135 students) complained to have sexual problems which included frequent nocturnal emission, Jiryan, pre-mature ejaculation, weak erection, difficulty in erection and curve or prominent veins on penis (Table VII, VIII).

Table VII: Harmfulness of 'Night Discharge' (Ihtelam), 'Qatra' (Jiryan) & Masturbation.
N=177

	<i>Night Discharge</i> (<i>Ihtelam</i>)		<i>Qatra</i> (<i>Jiryan</i>)		<i>Masturbation</i> (<i>Hand Practice</i>)	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Yes	66	37.29	117	66.10	123	69.49
No	103	58.19	52	29.38	54	30.51
Don't Know	8	4.52	8	4.52	—	—

Table VIII: Responses of Harmful Effects of Masturbation and Jiryan

<i>Physical</i>	<i>Sexual</i>
1. Back-ache	1. Sexual weakness
2. Palpitation	2. Difficulty in Erektion (impotence)
3. Giddiness	3. 'Thin' semen
4. Headache	4. Bends the organ
5. Weak memory	5. Stops growth of organ
6. Retardation of general growth and height.	6. Weakness of organ at base
7. Nervous and mental illness.	7. Veins of organ prominent.

This does not include homo-sexuality. Twenty four percent (42%) had no sexual problems. The age distribution of those having or not having sexual problems are shown in Table IX.

Table IX: Age Distribution of Students With or Without Sexual Problems:
No=177

<i>Age in yrs.</i>	<i>Sexual problems</i>		<i>No sexual problems</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
18—20	18	13.33	6	14.29	24	13.56
21—23	69	51.11	24	57.14	93	52.54
24—26	37	27.41	8	19.05	45	25.42
27—28	7	5.19	2	4.76	9	5.09
30—32	4	2.96	2	4.76	6	3.39
Total	135 (76.27%)	100.00	42 (23.73%)	100.00	177	100.00

The sexual relations with opposite sex according to subjective feeling of having sexual problems are shown in Table X.

Table X: Sexual Relations with Opposite Sex According to Subjective Feeling of Having Sexual Problems or Otherwise
N=177

	<i>Sexual problems</i>		<i>No sexual problems</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Girl friend	66	48.89	18	42.86	84	47.46
Professional	2	1.48	—	—	2	1.13
Both	13	9.63	—	—	13	7.34
None	54	40.00	24	57.14	78	44.07
Total	135	100.00	42	100.00	177	100.00

This shows that 81 out of 135 (60%) have had unsatisfactory sexual experience while only 18 out of 42 (42.86%) did not express any sexual problems. It is interesting that none of the 18 students who have

not complained of any sexual inadequacy, turned to professionals.

Out of 135 students with sexual problems 99 (73%) did not do anything and only 36 (27%) consulted doctors, hakims, sexuologists or all of them (Table XI).

Table XI: Students Who Accepted to Have Sexual Problems and Mode of Dealing with It

<i>Consulted</i>	<i>No.</i>	<i>Percent</i>
None	99	73.33
Doctor	11	8.15
Hakeem	11	8.15
'Sexuologist'	2	1.48
'Sexuologist' & Hakeem	1	0.74
'Sexuologist' & doctor	3	2.22
Doctor & Hakeem	3	2.22
All	5	3.33
Total	135	100.00

Discussion

The author is aware of the limitation of the survey. The sample size is small and the subject delicate. For example a large number of students declined to participate yet others agreed to fill the form but abandoned it somewhere in the middle. It was also noticed that they even tore off the form or kept them and walked away (became disturbed). Going through the responses of those who were excluded subsequently (28 students) the answers on direct and indirect questions differed widely. The students included in this study have tried to overstate their sexual process on one set of questions while accepted having sexual problems on another set. The conclusions drawn may appear to be overstatement but it was found worth reporting.

Puberty:

The appearance of secondary sexual characteristics and attraction towards opposite sex is in fact no indication of puberty. However, it appears that they have been reported to be much later than expected. Parental attitude of sex being 'dirty' and associated taboos may be the reasons of refusal to accept the physical change and physiological needs in early adolescent life.

Homosexuality:

Homosexuality as understood in our culture is different than generally recognised sexual deviation. In west close 'friendship' between boys is disapproved and not having a girl friend is a reflection on

personality. It is quite opposite in our culture. The boys walk hand in hand, brag about having girl friends and sexual intercourse in private but in practice shy away or deny when they have to protect their 'image' according to the demands of the society.

Twenty nine percent accepted to have been attracted towards same sex and 24% to have had sexual relations. Nine percent were continuing such relationship. Only two indicated that they were passive partner. This response is understandable from cultural point of view. A lot of importance is given to 'active' and 'passive' homosexuals. The active partner is proud to talk about his homosexual adventures while passive would try to hide such experience but they may not necessarily be sexually deviant homosexuals.

Elitilam, firyan and filaq:

Ehtilam (nocturnal emission), Jiryān or Qatra (sticky thick drop before or after micturition) and Jilaq (masturbation) is popularly known to produce sexual weakness and physical debility. Such belief among the population under study is given in table VIII. One drop of semen is supposed to have been produced at the expense of ninety drops of blood. Innumerable quacks and charlatans used to propagate such information through newspapers and periodicals and claim to cure such 'dangerous disease' (such advertisements and magic remedies have been prohibited by law from 1976).

Harmfulness of nocturnal emission 'Jiryān' and masturbation was expressed by 37%, 66% and 69% respectively. Such distribution is understandable because nocturnal emission is a passive act where individual's will is not involved, as against masturbation where sexual drive breaks all the barricades producing guilt and associated anxiety. Jiryān is considered to be a disease and misconceived as venereal disease generating a lot of anxiety.

Sexual Problems:

Sexual problems as understood by the university students are different than recognized by the profession. This is the result of lack of sex education and defective learning through the usually available sources. It is not only the impotence, premature ejaculation or other sexual deviations but baseless and erroneous beliefs popularly known to interfere with the normal sexual activities produce anxiety-leading to actual depression of sexual desire. They consist of the size, shape and direction of the penis, quantity or viscosity of semen, the speed of erection and frequency of intercourse in one night.

Seventy six percent (135 students) accepted to have sexual problems. When the student population of the same is separated according to those having sexual problems and those who deny, a little more than 10% have been to professional women in the former group and none in the latter. At the same time 60% of those having sexual problem accepted to have had sexual experience as compared to about 43% in the other group. It can be concluded that it is reassurance that they are seeking and trying to test themselves sexually. The lack of satisfaction is indicated by the often reported complaint that they have had sexual intercourse but the penis was not hard enough or the opposite partner did not enjoy.

The solution

In spite of being anxious and suffering 73 having sexual problems did not do anything about it. They could not discuss it with their parents or relations, dare not mention to friends which could lower their image and could not gather enough courage to go to a doctor. Those who could not contain their anxiety and did seek help were 26.67% and more than two third (25 out of 36) approached quacks. When the university students have misconceptions of such magnitude and not aware how to deal with them, the plight of the general population must be much more serious. The need is to face the problem and educate not only the general population but also the medical profession.