Sexual attitudes and myths among medical and non medical students: An exploratory study

Dinesh Jain, GD Koolwal, Sanjay Gehlot, Surender kumar, Ankit Awasthi

Abstract

Background: Sexual attitudes of the Indian society are undergoing a gradual transformation over the recent decades. Despite a liberal attitude, the sexual myths may continue to exist especially in the young people. Very few studies have investigated sexual attitudes, behaviours and myths among unmarried youth in India. Aim: The present study was planned in order to assess and compare the prevalence of sexual encounters, sexual attitudes and sexual myths among medical and non medical student groups. Methods: The study sample consisted of 80 unmarried medical and non medical students (n=40 in each group). The students were assessed using Eysenck Sex Attitude Questionnaire (ESAQ) and Sex Myth Checklist. Results: The prevalence of a sexual encounter was found to be 12.5% in medical and 2.5% in non medical students, and was reported more frequently by male (12.5%) compared to female students (2.5%). The medical students differed significantly from their non medical counterparts on several items of the ESAQ and Sex Myth Checklist, with a more liberal sexual attitude and less frequent sexual myths. Conclusion: There was a more permissive sexual attitude and lesser sexual myths in medical students as compared to non medical students, which might be due to more appropriate sexual knowledge among medical students among other factors.

Key words: Sexual attitudes, Sexual myths, Sexual knowledge, Students

Introduction

The sexuality is a basic human experience. Apart from its anatomical, physiological, biochemical and psychological components, it has a personal component which gives it a private meaning and thus, it has been a topic not discussed openly. Sexual attitude refers to how accepting people are of sexual activity for themselves or others. Sexual attitude have been identified as a central concept in the studies of sexuality because it affects many other aspects of sexuality including sexual behaviour, sexual fantasies and responses to sexual cues in the environment.

The sexual attitudes have changed in the last half a century, as previously sex was mainly for reproductive purposes with emphasis on pleasure not as important. Sexual attitudes have become more permissive over the recent decades. Many youngsters are engaging in premarital sexual practices with the changing times. Presently, adolescents have easy access
not only to sexually explicit content in movies
and television, but also through the largely
unrestricted medium of internet. Longitudinal
studies among US adolescents found that
exposure to sexual content in television\(^3\) and
degrading music lyrics\(^4\) predicted the sexual
initiation. In another longitudinal survey, Brown
et al\(^5\) combined sexual content across television,
movies, music, and magazines and found it to be
associated with sexual initiation among white but
not black adolescents.

Sexual attitude and behaviour pattern among
the younger generations have been extensively
studied in the western countries. The research
in the area of sexual permissiveness began
largely with the empirical and theoretical work
of Reiss.\(^6,7\) Sexual permissiveness typically
refers to how far people will go sexually. Closely
related is the general area of premarital
sexuality. Kinsey, in his classical study, on male
and female sexual behaviour reported that 50% of
unmarried women and 85% of the unmarried
men had pre-marital sexual intercourse.\(^8,9\) It has
been concluded, after examining the US trends,
that premarital sex is not surprising in an era
when men and women typically marry in their
mid to late twenties and are sexually active as
singles for extensive periods.\(^10\)

Choe and Lin\(^11\) hypothesised that more
educated men and women are likely to have
more opportunities to meet companions of
opposite sex and develop intimate relationships;
also they are more likely to have non-traditional
attitudes, to be better able to protect themselves
against risks, and therefore engage in premarital
sex more frequently than less educated ones.

Despite the growing trend towards more
liberal sexual attitudes and increased sexual
permissiveness, sexual myths continue to spring
about. For many young people, especially those
who are unmarried, social and cultural norms
impose barriers to the transfer of sexual health
information. Consequently, many young people
remain ignorant of even the basic knowledge
required for safer sexual behaviour and develop
deep rooted myths about sexuality.\(^12\) Some sex
myths are promoted as warning to inhibit
sexuality e.g. boys, who masturbate excessively,
slow themselves by loosing protein and blood
through the semen that is ejaculated. Evidence
shows that sex education delivered in school can
serve to prevent development of sexual myths.\(^13\)
Family and educational institutions exercise great
control over the sexual behaviour of unmarried
youth in India than west.\(^14\) However, Indian
society is undergoing transformation inspired by
modernization and acculturation which has led
to changing societal norms e.g. more nuclear
families, less social binding, and so called, ‘idiot
Box’, which has now come to be a home
teacher. Contemporarily, the beliefs, attitudes and
myths related to sexuality have changed and
evolved.

Very few studies have investigated sexuality
and sexual behaviour among unmarried youth in
India. Therefore, the present study was planned
in order to assess and compare the prevalence
of sexual encounters, sexual attitudes and sexual
myths among medical and non medical student
groups.

**Materials and Method**

**Study sample and criteria**

This was a cross sectional, comparative
study among unmarried medical students from
Dr. S.N. Medical College, Jodhpur and non
medical students from J.N.V. University,
Jodhpur. The total sample size for the study was
80, equally distributed between medical and non
medical students (n=40 each). Each group had
an equal representation of male and female
students (n=20 each). Inclusion criteria were:
the student must be undergoing an undergraduate
course at the medical college or university; and
must consent to participate in the study. Exclusion criteria included married and unwilling students.

**Instruments of assessment**

- **Semi-structured socio-demographic pro-forma:** It sought information about socio-demographic profile of the study population.
- **Eysenck Sex Attitude Questionnaire:** It is a self-administered questionnaire, which contains questions about attitude towards actual experience of sexual intercourse, acceptability of premarital sex and other sex attitude related questions. Statements of this questionnaire need to be replied as yes, no and (?)
- **Sex Myth Checklist:** The checklist consists of statements relating to the different aspects of human sexuality, i.e., male, female and nonspecific sexuality. The statements need to be replied in 3 categories as yes, no and (?) as in the previous questionnaire.

**Study procedure**

The medical and non medical students were given self-administered questionnaires in a group setting in Medical college and University respectively. All the students were explained about the purpose and significance of the study and confidentiality. The students were not required to put their names on the questionnaire. The participation was purely voluntary. After 15 minutes, the completed questionnaires with student’s responses were collected.

Descriptive statistics have been presented for the data. Chi square test was used as the statistical analysis.

**Results**

Table 1 shows socio-demographic profile of medical and non medical students.

The prevalence of a sexual encounter with a member of the opposite sex was found to be 12.5% in medical and 2.5% in non medical students. In terms of gender distribution of sexual encounters, a higher number of male students (12.5%) compared to female students (2.5%) reported it.

The sexual attitudes and sexual myths have been compared between medical and non medical students, and results shown in Table 2 and 3, respectively.

**Discussion**

The present study attempted to explore the area of sexual attitudes and myths in unmarried student population, which is a little investigated.

<table>
<thead>
<tr>
<th>Socio-demographic variables</th>
<th>Medical students (N=40)</th>
<th>Nonmedical students (N=40)</th>
<th>$\chi^2$ (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-25 yrs</td>
<td>25(62.5%)</td>
<td>32(80%)</td>
<td>2.197 (0.05)</td>
</tr>
<tr>
<td>25-30 yrs</td>
<td>15(37.5%)</td>
<td>8(20%)</td>
<td></td>
</tr>
<tr>
<td><strong>Family type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td>7(17.5%)</td>
<td>24(65%)</td>
<td></td>
</tr>
<tr>
<td>Joint</td>
<td>5(12.5%)</td>
<td>7(17.5%)</td>
<td>0.891 (0.05)</td>
</tr>
<tr>
<td>Single (Hostel)</td>
<td>28(70%)</td>
<td>9(22.5%)</td>
<td></td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hindu</td>
<td>30(75%)</td>
<td>25(62.5%)</td>
<td>1.484 (0.05)</td>
</tr>
<tr>
<td>Muslim</td>
<td>7(17.5%)</td>
<td>10(25%)</td>
<td></td>
</tr>
<tr>
<td>Sikh</td>
<td>3(7.5%)</td>
<td>5(12.5%)</td>
<td></td>
</tr>
</tbody>
</table>
## Table 2: Sexual attitudes among medical and non medical students (N=80)

<table>
<thead>
<tr>
<th>Sexual attitudes (ESDAQ)</th>
<th>Medical students</th>
<th></th>
<th></th>
<th>Non medical students</th>
<th></th>
<th></th>
<th>χ²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>?</td>
<td>Yes</td>
<td>No</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Acceptance of actual experience of sexual intercourse</td>
<td>5 (12.5%)</td>
<td>29 (72.5%)</td>
<td>6 (5%)</td>
<td>1 (2.5%)</td>
<td>30 (75%)</td>
<td>9 (22.5%)</td>
<td>1.64</td>
</tr>
<tr>
<td>Perverted thoughts have sometimes bothered me</td>
<td>21 (52.5%)</td>
<td>14 (35%)</td>
<td>5 (12.5%)</td>
<td>21 (52.5%)</td>
<td>15 (37.5%)</td>
<td>4 (10%)</td>
<td>0.59</td>
</tr>
<tr>
<td>Unacceptability of premarital sex</td>
<td>6 (15%)</td>
<td>27 (67.5%)</td>
<td>7 (17.5%)</td>
<td>14 (35%)</td>
<td>12 (30%)</td>
<td>14 (35%)</td>
<td>12.30*</td>
</tr>
<tr>
<td>Acceptance of homosexuality</td>
<td>20 (50%)</td>
<td>6 (15%)</td>
<td>4 (10%)</td>
<td>19 (47.5%)</td>
<td>4 (10%)</td>
<td>7 (17.5%)</td>
<td>2.18</td>
</tr>
<tr>
<td>Acceptability of open publication of pornographic writings</td>
<td>24 (60%)</td>
<td>10 (25%)</td>
<td>6 (15%)</td>
<td>10 (25%)</td>
<td>28 (70%)</td>
<td>2 (5%)</td>
<td>16.28*</td>
</tr>
<tr>
<td>Acceptability of watching blue films</td>
<td>30 (75%)</td>
<td>6 (15%)</td>
<td>4 (10%)</td>
<td>15 (37.5%)</td>
<td>22 (55%)</td>
<td>3 (7.5%)</td>
<td>9.66*</td>
</tr>
<tr>
<td>Acceptability of legalization of commercial sex</td>
<td>32 (80%)</td>
<td>5 (12.5%)</td>
<td>3 (7.5%)</td>
<td>23 (58.5%)</td>
<td>12 (22.5%)</td>
<td>5 (10%)</td>
<td>4.85</td>
</tr>
<tr>
<td>Availability of contraceptive pills</td>
<td>37 (92.5%)</td>
<td>2 (5%)</td>
<td>1 (2.5%)</td>
<td>22 (55%)</td>
<td>13 (32.5%)</td>
<td>5 (10%)</td>
<td>14.53*</td>
</tr>
<tr>
<td>Unacceptability of kissing in rape</td>
<td>4 (10%)</td>
<td>34 (85%)</td>
<td>2 (5%)</td>
<td>15 (37.5%)</td>
<td>22 (55%)</td>
<td>3 (7.5%)</td>
<td>9.12*</td>
</tr>
<tr>
<td>Acceptability of dual sexual affairs with more than one person</td>
<td>28 (70%)</td>
<td>10 (25%)</td>
<td>5 (12.5%)</td>
<td>15 (40%)</td>
<td>19 (47.5%)</td>
<td>6 (15%)</td>
<td>8.71*</td>
</tr>
<tr>
<td>Acceptability of dual standards of morality</td>
<td>30 (75%)</td>
<td>6 (15%)</td>
<td>4 (10%)</td>
<td>16 (40%)</td>
<td>15 (37.5%)</td>
<td>9 (22.5%)</td>
<td>10.02*</td>
</tr>
<tr>
<td>Sex without love is unsatisfactory</td>
<td>8 (20%)</td>
<td>30 (75%)</td>
<td>2 (5%)</td>
<td>10 (25%)</td>
<td>24 (60%)</td>
<td>6 (15%)</td>
<td>2.89</td>
</tr>
<tr>
<td>Influence of religion in inhibiting sex</td>
<td>6 (15%)</td>
<td>28 (70%)</td>
<td>6 (15%)</td>
<td>8 (20%)</td>
<td>23 (58.5%)</td>
<td>9 (22.5%)</td>
<td>3.09</td>
</tr>
<tr>
<td>Parental influence in inhibiting sex</td>
<td>6 (15%)</td>
<td>30 (75%)</td>
<td>4 (10%)</td>
<td>8 (20%)</td>
<td>24 (60%)</td>
<td>8 (20%)</td>
<td>4.00</td>
</tr>
<tr>
<td>Men marry to have intercourse; women have intercourse for the sake of marriage</td>
<td>10 (25%)</td>
<td>25 (62.5%)</td>
<td>5 (12.5%)</td>
<td>13 (32.5%)</td>
<td>19 (47.5%)</td>
<td>8 (20%)</td>
<td>1.63</td>
</tr>
<tr>
<td>Permission of elder’s for their wards to stay out at night</td>
<td>30 (75%)</td>
<td>6 (15%)</td>
<td>4 (10%)</td>
<td>12 (30%)</td>
<td>18 (45%)</td>
<td>10 (25%)</td>
<td>16.10*</td>
</tr>
<tr>
<td>Sex education for children</td>
<td>36 (90%)</td>
<td>2 (5%)</td>
<td>2 (5%)</td>
<td>28 (70%)</td>
<td>10 (25%)</td>
<td>2 (5%)</td>
<td>6.32*</td>
</tr>
</tbody>
</table>

*p < 0.05; ESAQ: Eysenck Sex Attitude Questionnaire
Table 3: Sexual myths among medical and non-medical students (N=80)

<table>
<thead>
<tr>
<th>Sexual myths (Sex Myth Checklist)</th>
<th>Medical students</th>
<th>Non medical students</th>
<th>χ²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masturbation is unhealthy</td>
<td>11 28 1</td>
<td>25 10 5</td>
<td>14.58*</td>
</tr>
<tr>
<td>Semen is the essence of life, its loss damages men’s health</td>
<td>12 26 2</td>
<td>18 11 11</td>
<td>12.50*</td>
</tr>
<tr>
<td>Most men lose their sexual drive around age of fifty</td>
<td>9 28 3</td>
<td>17 21 2</td>
<td>3.71</td>
</tr>
<tr>
<td>The size of penis is directly proportionate to the body size of the men</td>
<td>10 25 5</td>
<td>28 8 4</td>
<td>16.38*</td>
</tr>
<tr>
<td>A women ejaculate like a men when she experiences an orgasm</td>
<td>14 25 1</td>
<td>10 21 9</td>
<td>4.70</td>
</tr>
<tr>
<td>Using condom during intercourse reduces sexual pleasure</td>
<td>13 26 1</td>
<td>30 8 2</td>
<td>23.22*</td>
</tr>
</tbody>
</table>

*p < 0.05

The frequency of sexual encounters was relatively higher in medical compared to non medical students, which is in line with the finding from a previous study in which male medical students from the University of Pennsylvania were found to be more sexually experienced compared to college-educated males. The study by Nathawat et al also suggested that senior medical students had much higher frequency of sexual intercourse as compared to the junior medical students. It might be explained by fact that more medical students (70%) compared to non medical students (22.5%) were hosteller and thus, may experience more peer pressure regarding sexual intercourse. The non medical students were not sexually active and reasons might be their fear to get pregnant, parental pressure and fear of contracting sexually transmitted diseases. Previous literature on graduate students found that reasons for being sexually more active were peer/social pressure (20.34%), on trend with time (18.64%), impressed their peers (10.17%), and sexual pleasure (8.47%); whereas reasons for not being sexually active were afraid to get pregnant (43.14%), morally unacceptable (31.37%), discouragement from parents and friends (15.69%), afraid to have STD (13.73%), not yet ready (3.92%), and dignity (1.69%). The male students, in the present study, had higher frequency of sexual encounters than females among both study groups. This finding is corroborated by previous literature on student population which had similar findings. The male students, in the present study, had higher frequency of sexual encounters than females among both study groups. This finding is corroborated by previous literature on student population which had similar findings.

The sexual attitudes of medical students appear to be more liberal compared to their non medical counterparts. The scores on Eysenck Sexual Attitude Questionnaire suggested that medical students had significantly higher acceptability of pornographic writings, books, films and educating children about sex compared to the non medical students. It is further substantiated with the findings that medical students have given frequent consented to sexual affairs, acceptability of dual standard in morality, permission of elders for their wards to stay out at night and easy availability of contraceptive pills compared to non medical students. The medical students have less sex-related guilt than their non medical counterparts and finally, they endorsed the view that virginity of girl should not be considered important in the contemporary context. This study also found less sexual myths.
in the medical students than non medical students. Therefore, it can be inferred that medical students had a more permissive attitude towards sexuality and less sexual myths than nonmedical students, which is in line with previous study. The difference might be attributable to more appropriate sexual knowledge among medical students, exposure to appropriate anatomical and sexual knowledge as part of medical curriculum and more casual and more frequent interaction between medical girls and boys. This view is supported by study of Low et al, who found that higher sexual knowledge was associated with more liberal and positive attitude towards heterosexual relations and rejection of the commonly held sexual beliefs. Growing knowledge about safe sex and contraceptive measures in medical students may play a great role in increasing sexual permissiveness as the fear of becoming pregnant or contracting sexually transmitted diseases is lessened, as noted in a previous study by McKelvey et al. On the other hand, non medical students have lower sex knowledge which might be related to negative attitudes toward gay/lesbian/bisexual behaviour, masturbation, premarital sex and contraception.

The study is limited by the small size and results may be treated as preliminary. Large scale studies on student population need to be planned in future studies. Like any other survey, which depends on the questionnaire method, this study also suffers from the limitations like inability to ascertain the truthfulness of the answers, more so when the issue under study is delicate, personal and prone to being misreported.

To conclude, the present study found increased frequency of sexual encounters, more permissive sexual attitude and lesser sexual myths in medical students compared to non medical students, which might be due to more appropriate sexual knowledge among medical students among other factors. In light of this, it will be useful to incorporate courses on effective communication and human sexuality in the curricula of non medical students which will enhance the students’ awareness of their own values and prejudices related to human sexuality.

References


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