

## Original article

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

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### *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.<sup>1</sup> 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.<sup>2</sup>

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<sup>3</sup> and degrading music lyrics<sup>4</sup> predicted the sexual initiation. In another longitudinal survey, Brown et al<sup>5</sup> 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.<sup>6,7</sup> 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.<sup>8,9</sup> 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.<sup>10</sup>

Choe and Lin<sup>11</sup> 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.<sup>12</sup> Some sex myths are promoted as warning to inhibit sexuality e.g. boys, who masturbate excessively, harm themselves by losing 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.<sup>13</sup> Family and educational institutions exercise great control over the sexual behaviour of unmarried youth in India than west.<sup>14</sup> 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*:<sup>15</sup> 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*:<sup>16</sup> 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 1: Socio-demographic profile of medical and non medical students**

Socio-demographic variables		Medical students (N=40)	Nonmedical students (N=40)	$\chi^2$ (p)
<b>Age</b>	21-25 yrs	25(62.5%)	32(80%)	2.197 (0.05)
	25-30 yrs	15(37.5%)	8(20%)	
<b>Family type</b>	Nuclear	7(17.5%)	24(65%)	0.891 (0.05)
	Joint	5(12.5%)	7(17.5%)	
	Single (Hostel)	28(70%)	9(22.5%)	
<b>Religion</b>	Hindu	30(75%)	25(62.5%)	1.484 (0.05)
	Muslim	7(17.5%)	10(25%)	
	Sikh	3(7.5%)	5(12.5%)	

**Table 2: Sexual attitudes among medical and non medical students (N=80)**

Sexual attitudes (ESAQ)	Medical students			Non medical students			$\chi^2$
	Yes	No	?	Yes	No	?	
Acceptance of actual experience of sexual intercourse	5 (12.5%)	29 (72.5%)	6 (5%)	1 (2.5%)	30 (75%)	9 (22.5%)	1.64
Perverted thoughts have sometimes bothered me	21 (52.5%)	14 (35%)	5 (12.5%)	21 (52.5%)	15 (37.5%)	4 (10%)	0.59
Unacceptability of premarital sex	20 (50%)	16 (40%)	4 (10%)	19 (47.5%)	14 (35%)	7 (17.5%)	2.18
Sex guilt	6 (15%)	27 (67.5%)	7 (17.5%)	14 (35%)	12 (30%)	14 (35%)	12.30*
Virginity of girl	10 (25%)	24 (60%)	6 (15%)	30 (75%)	8 (20%)	2 (5%)	20.00*
Acceptance of homosexuality	28 (70%)	6 (15%)	6 (15%)	20 (50%)	12 (30%)	8 (20%)	2.65
Acceptability of open publication of pornographic writings	8 (20%)	29 (72.5%)	3 (7.5%)	14 (35%)	15 (37.5%)	11 (27.5%)	11.10*
Acceptability of reading pornographic books	24 (60%)	10 (25%)	6 (15%)	10 (25%)	28 (70%)	2 (5%)	16.28*
Acceptability of watching blue films	30 (75%)	6 (15%)	4 (10%)	15 (37.5%)	22 (55%)	3 (7.5%)	9.66*
Acceptability of an orgy	23 (58.5%)	13 (32.5%)	4 (10%)	23 (58.5%)	9 (22.5%)	8 (20%)	2.06
Acceptability of legalization of commercial sex	32 (80%)	5 (12.5%)	3 (7.5%)	23 (58.5%)	12 (30%)	5 (12.5%)	4.85
Availability of contraceptive pills	37 (92.5%)	2 (5%)	1 (2.5%)	22 (55%)	13 (32.5%)	5 (12.5%)	14.53*
Unacceptability of kissing	4 (10%)	34 (85%)	2 (5%)	15 (37.5%)	22 (55%)	3 (7.5%)	9.12*
Women's responsibility in rape	25 (62.5%)	10 (25%)	5 (12.5%)	18 (45%)	11 (27.5%)	11 (27.5%)	3.42
Sexual affairs with more than one person	28 (70%)	10 (25%)	2 (5%)	15 (37.5%)	19 (47.5%)	6 (15%)	8.71*
Acceptability of dual standards of morality	30 (75%)	6 (15%)	4 (10%)	16 (40%)	15 (37.5%)	9 (22.5%)	10.02*
Sex without love is unsatisfactory	8 (20%)	30 (75%)	2 (5%)	10 (25%)	24 (60%)	6 (15%)	2.89
Influence of religion in inhibiting sex	6 (15%)	28 (70%)	6 (15%)	8 (20%)	23 (58.5%)	9 (22.5%)	3.09
Parental influence in inhibiting sex	6 (15%)	30 (75%)	4 (10%)	8 (20%)	24 (60%)	8 (20%)	4.00
Men marry to have intercourse; women have intercourse for the sake of marriage	10 (25%)	25 (62.5%)	5 (12.5%)	13 (32.5%)	19 (47.5%)	8 (20%)	1.63
Permission of elder's for their wards to stay out at night	30 (75%)	6 (15%)	4 (10%)	12 (30%)	18 (45%)	10 (25%)	16.10*
Sex education for children	36 (90%)	2 (5%)	2 (5%)	28 (70%)	10 (25%)	2 (5%)	6.32*

\*p < 0.05; ESAQ: Eysenck Sex Attitude Questionnaire

**Table 3: Sexual myths among medical and non-medical students (N=80)**

Sexual myths (Sex Myth Checklist)	Medical students			Non medical students			$\chi^2$
	Yes	No	?	Yes	No	?	
Masturbation is unhealthy	11	28	1	25	10	5	14.58*
Semen is the essence of life, its loss damages men's health	12	26	2	18	11	11	12.50*
Most men lose their sexual drive around age of fifty	9	28	3	17	21	2	3.71
The size of penis is directly proportionate to the body size of the men	10	25	5	28	8	4	16.38*
A women ejaculate like a men when she experiences an orgasm	14	25	1	10	21	9	4.70
Using condom during intercourse reduces sexual pleasure	13	26	1	30	8	2	23.22*

\*p < 0.05

area for an Indian setting.

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<sup>17</sup> in which male medical students from the University of Pennsylvania were found to be more sexually experienced compared to college-educated males.<sup>17</sup> The study by Nathawat et al<sup>14</sup> also suggested that senior medical students had much higher frequency of sexual intercourse as compared to the junior medical students.<sup>14</sup> 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%).<sup>18</sup> 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.<sup>19-21</sup>

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.<sup>19</sup> 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,<sup>22</sup> 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.<sup>23</sup> 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.

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