



# International Journal of Psychiatry Research

ISSN Print: 2664-8962  
ISSN Online: 2664-8970  
Impact Factor: RJIF 5.6  
IJPR 2019; 1(1): 26-30  
[www.psychiatryjournal.in](http://www.psychiatryjournal.in)  
Received: 12-11-2018  
Accepted: 15-12-2018

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## Sexual awareness among males and females of medical college undergraduates

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### Abstract

**Background:** Healthy sexuality begins with understanding and accepting yourself, your body, and its sensual and sexual potential. Doctors play a crucial role in sexual health education who are the primary contacts for patient information about sexual health but medical undergraduate students and practicing doctors are inadequately trained in sexual history taking which shows its impact on assessment and treatment.

**Aims and Objectives:** The objective of this study was to determine the sexual awareness among medical undergraduate students and comparing sexual awareness among them.

**Materials and Methods:** This cross-sectional study consisted of a sample size of 200 participants who are undergraduate students in Mamata Medical College, Khammam, Telangana which was conducted from June 2018 to December 2018. The samples were drawn using convenience sampling method. Sexual Awareness Questionnaire (SAQ) was the tool used to collect data for this study.

**Results:** Sexual awareness is significantly higher in males ( $M = 71.51$ ) than females ( $M = 52.4$ ). Sexual consciousness is significantly higher in males ( $M = 16.08$ ) than females ( $M = 8.74$ ). Sexual monitoring is significantly higher in males ( $M = 16.66$ ) than females ( $M = 13.76$ ). Sexual assertiveness is significantly higher in males ( $M = 16.69$ ) than females ( $M = 13.18$ ). Sex-appeal consciousness is lower in males ( $M = 2.04$ ) than females ( $M = 2.22$ ) though not significant.

**Conclusions:** Medical undergraduate students continue to have poor sexual awareness. There is a need to improve awareness and stimulate positive attitudes of students which also improves their ability to deal with patients with sexuality problems. This can be done by encouraging participation of medical undergraduate students in workshops and also be promoted by making it a part of medical curriculum.

**Keywords:** Sexual awareness, medical undergraduate students, sexual awareness questionnaire (SAQ)

### Introduction

Healthy sexuality begins with ability to understand and accept yourself, your body, and its sensual and sexual potentiality. In adolescence, we are being taught about two negative things regarding sex. The first is that sex is bad before marriage and becomes good only after it <sup>[1]</sup>. currently, in many societies, unmarried, single youths are sexually more active than commonly realized. Adolescents try to maintain sexual relationships without any adequate sexual awareness, even though cultural values in countries like India do not permit this <sup>[2]</sup>.

In India, mainly due to religious beliefs which doesn't give scope for any discussion on sexuality related topics, and is viewed as an inappropriate and sensitive topic, which further impeded by lack of professionals. Sexuality focuses on sexual behaviour as well as reproduction health, sexual attitude, sexual health care and relationship which are consistent with cultural, moral and religious value <sup>[3]</sup>. Parents generally are not willing to discuss these taboo topics with their children citing lack of knowledge and not appropriate for their child's age <sup>[4]</sup>. Medical students being considered as future frontier of healthcare play a vital role in depreciating such sex related taboo topics. As per report of the United Nations Population Fund (UNFPA) which was released in 2013, there are about 7.3 million teenage mothers in India who are less than 18 years of age. Between 2000 and 2013, India raced into top ten countries in the world with the most important numbers of girls aged between twenty and twenty-four who conceived before the age of eighteen <sup>[5]</sup>. Such high numbers are of concern and sexual education and open conversations are needed to bring down these concerns.

According to the Journal of Sexual Medicine, sexual issues of patients are constantly underestimated because of health professionals' diffidence to address sexual health issues.

Throughout the world, medical undergraduate students and practicing doctors receive variable, non-standardized, or inadequate training in sexual history taking which shows its impact on assessment and treatment [6, 7].

Adolescence is an age where sudden physical, psychological and emotional changes happen with development of awareness regarding their sexuality in boys and girls which gives scope for. While passing through this phase of growing up many unanswered questions and doubts arise in their minds, giving rise to worries and anxieties as they pass through this phase. They do not know whom to divulge in. The messages they get from peers, guardians and media, are at times, conflicting giving rise to anxiety and perplexity. Impact of such circumstances are reflected in behaviour, which may result in undesirable conception or sexually transmitted infection, ignorance and misapprehension which often shape their thoughts on sexuality, affecting their sexual life. Their communication abilities and interpersonal connections endure and they are continually sufferers of guilt. These issues of sexuality are rarely discussed openly often leading to silent indeed in adulthood [8].

Some people are relatively oblivious of their sexual aspects and tend to be relatively unaware regarding their own sexual urges, feelings and cognitions but other individuals are very self-introspective and are aware of their sexuality [9, 10].

Doctors play a crucial role in sexual health education. They are an essential contact for patient information about sexual wellbeing and help to avoid the spread of sexually transmittable infections such as HIV infection by screening patients for, and teaching them about, the outcomes of high-risk sexual behaviour. Three aptitudes are basic to take significant sexual histories and to provide viable sex counselling: knowledge, attitude and skills [11].

Medical undergraduates must not only know what to ask patients, and how to do so in a delicate, caring way, they must moreover show a strong, non-judgmental demeanor to the patients. However, there is evidence that many doctors, as well as under graduate medical students, have scarce sex knowledge, lack adequate sexual history-taking as well as sex counselling skills, and have negative approach toward the sexual behaviors [12-18]. While the relationship between negative attitudes and actual medical practice is questionable, it is obvious that those with scarce sex knowledge will not make a compelling sexual mentors as well as sexual history-takers [19].

Doctors are also responsible for conveying proper information regarding sex to patients to influence positive sexual demeanors and behavior in this society. Hence, creating a healthy sexual attitude and behavior, and the ability to show the approach in a right manner to the patients in terms of sexual issues are imperative procurement for medical students [20].

The present study digs further deep whose aim is to assess sexual awareness among male and female medical undergraduate students.

## Materials and Methods

This is a descriptive, cross sectional study conducted at Mamata Medical College in Khammam, Telangana with a sample size of 200 medical undergraduates where 100 were males and 100 were females. The study had the approval of the institutional research ethics committee. The data collection was done from June to December 2018.

Medical undergraduates willing to participate in the study, age group above 20 years and without any psychiatric illness are included in this study. Medical undergraduates not willing to participate in the study, age group below 20 years and with psychiatric illness are excluded from this study.

For collecting data from the participants, at first permission from the ethics committee was taken. Post approval, medical undergraduates were told that the sole purpose of the investigation was academic and names would be kept confidential. A written informed consent was obtained from the undergraduates. Sexual Awareness questionnaire was then administered to respondents and requested to answer. They were also requested not to omit any item in the scale and they were encouraged to answer all the items by telling that, there is no right or wrong answer to any item. There was no time limit for the respondents to answer all the items of the scale. After completing their tasks, the answered questionnaires were collected from them.

The Sexual Awareness Questionnaire (SAQ) is an objective, self-report instrument which is designed to evaluate four personality tendencies associated with sexual awareness as well as its assertiveness: (a) sexual consciousness, defined as the tendency to think and reflect about the nature of one's sexuality; (b) sexual preoccupation, characterized by the tendency to think about sex to an enormous extent; (c) sexual monitoring, defined as the tendency to be aware of the public impression which one's sexuality makes on others; and (d) sexual assertiveness, defined as the tendency to be assertive about the sexual aspects of one's life. This questionnaire comprises of 36 items which are arranged in a pattern whereby respondents indicate how characteristic of them each statement is. A 5-point Likert scale is used, with each item being scored from 0 to 4: Not at all characteristic of me (0), Slightly characteristic of me (1), somewhat characteristic of me (2), moderately characteristic of me (3), Very characteristic of me (4). All of the SAQ items are coded so that A = 4; B = 3; C = 2; D = 1; and E = 0, but for six particular items which are reverse coded (Items 23, 31, 32, 30, 6, and 9). Scores on the sexual-consciousness subscale can range from 0 to 24, sexual-monitoring scores can range from 0 to 32, sexual-assertiveness scores can range from 0 to 36 and scores on the sex-appeal consciousness subscale can range from 0 to 12. In order to create subscale scores, the items on each subscale are summed. Higher scores thus correspond to greater amounts of the relevant tendency [7].

## Statistical analysis

It was done using SPSS software for statistical analysis version 22. Socio-demographic data of the orphans were obtained using frequencies, descriptive statistics. Student t test was done to verify differences between the categorical variables. Means for scales were calculated. P-value was set at significance of <0.05.

## Results

Of the 200 medical undergraduates, 100 medical undergraduates were males and 100 undergraduates were females. Both the groups were compared across different variables.

As depicted in Table 1, Sexual consciousness was significantly higher in males (M = 16.08; SD = 3.564) than females (M = 8.74; SD = 5.452). Sexual monitoring was

significantly higher in males ( $M = 16.66$ ;  $SD = 4.827$ ) than females ( $M = 13.76$ ;  $SD = 5.775$ ). Sexual assertiveness was significantly higher in males ( $M = 16.69$ ;  $SD = 6.151$ ) than

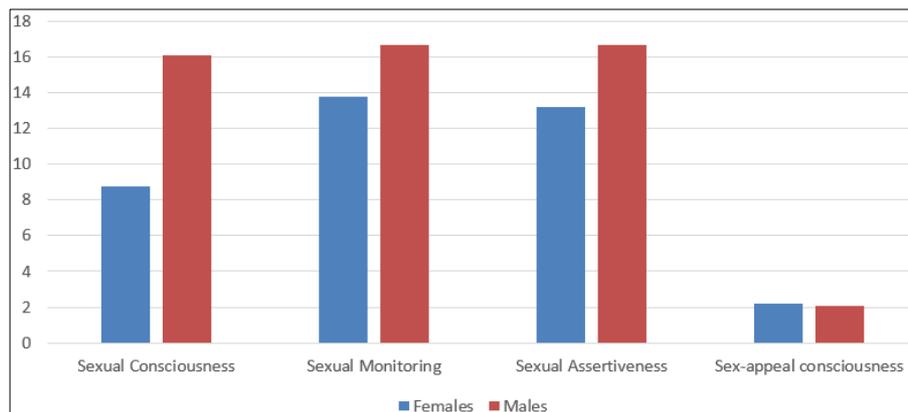
females ( $M = 13.18$ ;  $SD = 5.555$ ). Sex-appeal consciousness was lower in males ( $M = 2.04$ ;  $SD = 2.538$ ) than females ( $M = 2.22$ ;  $SD = 2.699$ ) though not significant ( $p = 0.627$ ).

**Table 1:** Comparison of mean & SD among female and male undergraduates

	Females (n = 100)		Males (n = 100)		P value
	Mean	SD	Mean	SD	
Sexual consciousness	8.74	5.452	16.08	3.564	< 0.0001
Sexual monitoring	13.76	5.775	16.66	4.827	0.0002
Sexual assertiveness	13.18	5.555	16.69	6.151	< 0.0001
Sex-appeal consciousness	2.22	2.699	2.04	2.538	0.627
Total	52.4	15.863	71.51	12.879	< 0.0001

Figure 1 shows, sexual consciousness is significantly higher in males than females than any other personality tendencies.

Sex appeal consciousness is slightly higher in females than males but insignificant.



**Fig 1:** Comparison of sexual awareness subscales among females and males undergraduates

## Discussion

The objective of this study is to assess sexual awareness among males and female undergraduate students.

This study has shown that sexual consciousness is higher in males than females indicates that males are more aware of the internal aspects of their sexuality such as sexual motivations, sexual thoughts and sexual desires.

Sexual-consciousness focuses its attention on the personal elements of one's sexuality, the person with high scores on sexual-consciousness ought to no longer be similar to clinically depressed people, to individuals who tend to screen themselves in public domain, to individuals with positive attitude about themselves, or to those who see the occasions in their lives to be controlled by luck factor. High scores in sexual-consciousness have a mien to focus its attention toward the sexual factors of their lives, ought to show more positive view of sex, report to have much less sex-anxiety and sex-guilt but have lower heterosexual anxiety, and view themselves as possessing extra instrumental and expressive persona traits. It is also related with higher scores on sexual practice measures and sharing or exchanging of intimate thoughts and feelings (sexual attitudes), communal and exchange approaches to sex and close relationships (sexual behaviors), and both sexual and relationship satisfaction (sexual affects). This finding indicates that males ought to practice safe sex and ought to approach sex in an interpersonal manner. They also have highly permissive thoughts about sex and concerned about their image in general public [21].

Sexual monitoring is also higher in males compared to females indicates that males are more aware of other people's reaction to their sexuality than females. Sexual

monitoring focuses on other individual's assessment of one's own sexuality, the higher scores on sexual-monitoring necessarily not resemble individuals who portray themselves in a positive manner, those who with depression are mainly by either a chance luck or internal orientation. The high sexual-monitor additionally pays interest on others' impression of their overall self-impression and is associate with socially skilled resulting in decreased sexual anxiety.<sup>21</sup> Sexual-assertiveness is higher in males than females indicate that males are active, self-directed approach to their sexuality and believe in their decision-making skills than depending on others about their sexual behavior's compared to females. Males possess self-directed personality trait and have a positive view regarding sex and also have sexual skills that decreases the feelings of sex-anxiety and sex-guilt. There has been a mixed evidence that Individuals with low sexual self-assertiveness has been proposed as a probable mechanism through which sexual re-victimization occurs [21].

Sex appeal consciousness is higher in females than males but not significant. This measures awareness of others' perception of one's sexiness. Females with high scores in sex appeal consciousness have perception that others consider them as sexy and also these individuals tend to have less sex-guilt as well as sex-anxiety.

Snell WE, Fisher TD *et al.*, study found that measures of sexual consciousness, sexual monitoring and sex-appeal consciousness had no differences among genders but males had greater sexual assertiveness than females [21].

Manago AM, Ward LM *et al.*, study showed that men scores were slightly higher on sexual assertiveness than females, but this difference was not significant [22].

### Limitations

Being a small sample size and confining to single particular college being in a urban area so true extent of awareness could not be assessed. Another possible limitation is that, although the undergraduate responses were self-reported and anonymous, there is a chance of bias from undergraduate providing answers that they thought would be more socially and professionally acceptable.

### Conclusion

Male undergraduates have more sexual awareness than female undergraduates. It may be because males more open to talk and share about sexual experiences, higher involvement of males in use of internet contents related to sexual practices and in reading of sexual materials. In this sociocultural structure of our society, idealistic values, and beliefs females believe that discussing about sex is a sign of bad character<sup>[23]</sup>.

Medical undergraduates have more responsibility than other educated people to create sexual awareness to the community. Medical professionals lacking sexual awareness themselves, shows its impact on the information imparted to the patients who seek it. This also affects their assessment and treated related to sexuality issues. Hence, it is of paramount importance that individuals in medical profession are well informed and sexually aware.

Different studies have shown the effectiveness of sex education or a training program in improving medical students' knowledge about sex. It helps them in dealing with patients' sexual issues more effectively which suggested that sex education in the curriculum promotes greater comfort, increases knowledge, and generates more tolerance and respect for people with different sexual beliefs<sup>[24, 25]</sup>. Sex education is an age-appropriate, socially relevant method to teach about sex and by producing scientifically precise information as it improves the knowledge which enables young people to work out their sexual life<sup>[26]</sup>.

Public discussion of sexual related are still widely considered as taboo in the Indian society which acts as a barrier in delivering adequate and effective sexual education to younger population. Conducting a sexual awareness program more often helps in removing this barrier which can be improved through use of trained medical undergraduates for conducting such programs in this country.

### Future direction

There are areas of sex knowledge and attitude in which both male and female undergraduates need improvement by proper sex education as even in medical curriculum, sex education is not a part of syllabus throughout. Hence, it is recommended to implement sexual education in medical curriculum for medical undergraduates.

Professors of medical colleges should take responsibility to indulge adequate knowledge and skills to students and inculcate positive attitude related to sexuality which ultimately helps them to deal with the sexuality issues of patients with ease and comfort ability.

As future medical practitioners, medical undergraduate students play a crucial role in improving awareness in this neglected and stigmatized area. Evidence-based medicine should be the foundation for every discussion by medical undergraduate students.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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