CHAPTER -V
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DISCUSSION

Sexuality is more than the physical, biological side of sex. It is not just the physical ability to reproduce but is an integral part of humanity. Self-esteem and self-image are also facets, which must be considered when interpreting sexuality. Sexuality is a fundamental part of being human. It is more than our genital nature, reflecting the human nature. It includes all those aspects that relate to being boy or girl, woman or man, and is subject to life long dynamic change. Again sexuality is regarded as an adult concept, that has little to do with children. This is not, nor should it be the case. Sexuality should be a part of human development and continues throughout the life cycle. It may be experienced differently throughout the cycle.

Sex pervades our lives. It is difficult to define, but can be seen as an integral part of the human experience, for both males and females. Healthy sexuality begins with understanding and accepting ourselves and our body and its sensual and sexual responses. As one grows up, one learns many powerful negative attitudes about sex. The first is that sex is basically bad and it becomes good only in the context of marriage. The second is that sex refers only exclusively to intercourse. There is also a hypocritical code of sexual behavior that society espouses, which proclaims; Males are superior to females and should be masters of business, government, religion, home, wife and children. Sexual contact is acceptable only in the marriage union. Masturbation is evil or unhealthy.

The present study was focused at examining the extent of sexual conflict among males and females of different age groups and between students and professionals. All the subjects were administered the Sexual Anxiety Scale (SAS), the Sexual Satisfaction Scale (SSS), the Schedule for Sexual Behavior (SSB) and the Multidimensional Aspect of Personality (MAP) Questionnaire.
FEMALE SEXUALITY

The results in Table 1 indicate that there is a significant difference between males and females in respect to sexual conflict. Females have more sexual conflict in comparison to males. From the moment of birth, a girl is made to feel inferior and a boy is revered as more powerful and more useful than any women, including his mother. The woman is blamed if a girl is born, even though it is the male sperm that determines the sex. Freud’s contribution to the perpetuation of this notion is substantial. He felt that women could only be brought “unlimited satisfaction by her relationship to her son.” He felt that no marriage was secure “ until the wife had succeeded in making her husband a child.”

Throughout history, women have been paid little and always less than men even for equal work. Husbands have determined whether their wives could eat, dress, or communicate. Women have been denied education since their primary role is nurse maid and servant. Ussher (1996) states that, historically female sexuality has been linked mainly to reproduction. Women had either passive or voracious sexual appetites, but the aim remained procreation. Schafer states in ‘woman and sex’ that most women associated their initial experience of intercourse with feelings of confusion, guilt and irritability. Many of the married women in the study reported that they experience no pleasure whatsoever when they first had sex with their husbands. The negative feelings towards their genitals that most woman learn as girls remain within the maturing female and emerges each time she experiences a sexual feeling or engages in sexual activity.

According to Caroline Myss (1999) boys are taught almost from birth that the male is superior. Many girls want for a time to be boys but very few boys want to be girls. And in fact if boys exhibited such feelings this would be recognized as a problem. The major male female differences seem to be almost totally ones of societal conditioning.
According to the results shown in Table 1, students and individuals less than 23 years of age have considerable sexual conflict. Throughout childhood and adolescence, both physical and psychosexual development takes place. As Friedrich et al (1991) state 'sexual behavior of the child does not emerge in isolation.' It develops against a background of variables and the family is particularly influential in formation of sexuality and sexual health. Parents have an important role to play in the development of children’s self-concept, as well as how they view sexuality. Children need to feel good about their bodies; bodily changes need to be discussed in an open way so that the child is neither ashamed nor embarrassed. Cherry Bennett (1998) states 'Sexuality is often regarded as an adult concept that has little to do with youngsters. This is not nor should it be the case.'

In order for children to grow and develop with a healthy concept of sexuality, they must value themselves as worthwhile human beings. Farrand and Cox (1993) cite the works of Tax (1983) and Herold et al (1979) who considered that, in adolescents there were ‘positive relations between self-esteem and positive health practices. Adolescent girls with high self-esteem tended to be non-smokers and have more positive attitudes towards using birth control.’ A favorable self-image is likely to affect the youth in many ways. They will be more confident in their abilities, willing to voice opinion and be more accepting of criticism. With an increase in the rate of adolescent pregnancies one wonders, where did the society fail? Was it a lack of sex education and contraception or was it the lack of moral values. Can this be really explained as ‘a biological urge for sexual gratification at puberty, which is so strong that the risk of parenthood is often forgotten in the excitement (Ranjan, 1993).

Table 1 shows that there is more sexual conflict in students as compared to other professionals. The P value is significant at .01, which indicates that students experience stronger and greater sexual anxiety. This is quite natural, as adolescence to adulthood is a transition time for all. According to Kaplan (1984) it is certainly true that adolescence can be a difficult time for many teenagers. It is a transition time, a ‘farewell to childhood’ in which adolescents are learning the rules of adult sexuality, morality, work and family. There is a resurgence of sexual interest and behavior.
among young people. Though the respondents were more open to discussion of topics like premarital sex and masturbation, but there were still reservations and doubts about indulging in these activities.

The results shown on Table 2 revealed that the sexual anxiety is negatively correlated with gender, this means that irrespective of being male or female, the respondents did not feel any sexual anxiety. This reconfirms the rapid sexualisation of modern society. We have moved from a sexually repressed, ignorant, and inhibited culture to a sex saturated, performance oriented ambivalent and confused sexual culture. Though the age, education and socio-economic status of the sample had no significant influence on sexual anxiety, the data revealed that sexual satisfaction is positively correlated with age. ‘Adolescence refers to the period of development between puberty and adulthood. Teenagers may be biologically mature, but they are not considered to be emotionally mature enough to be full fledged adults’. (Kett, 1977) The biological storms of puberty bring about insecurity about oneself and a need for self-identity (Blos, 1962). As puberty is a time of turmoil and anguish, which settles down with age, so it is understandable that sexual satisfaction will also increase with age.

The sample of our study was from the middle and upper middle socio-economic strata, no correlation was found between SES and sexual conflict. This can be explained as there is strong evidence that lower income and socio-economic status are associated with poorer sexual health in general, and that health status increases with each step up in the socio-economic ladder. For example, teenagers whose parents have lower educational levels are more likely to be sexually active, and those who live with a single parent are more likely to have had multiple sex partners. Young people in lower socio-economic groups are at higher risk of teenage pregnancy. Thus the data reveals that there is no correlation between sexual conflict and education and socio-economic status. The kind of sexual conflict among the illiterate and low socio-economic strata needs to be investigated.
The results on Table 3 indicate that there is no correlation between sexual conflict and introversion, extroversion. This points out to the acceptance of sexual attitudes in our society. Though with respect to the need for achievement, a significantly very high correlation i.e. .001, was found with sexual satisfaction and no correlation was found between need for achievement with sexual anxiety. The correlation between morality, mental health and sexual anxiety was significant at .05 level where as the correlation between morality, mental health and sexual satisfaction was significant at .01 level.

Jung believed: introversion, which describes a person who is focused inwards, who is cautious shy timid and reflective; and extroversion, which describes a person who is out going, sociable and assertive and energetic. Jung believed that a healthy personality maintains a balance in all spheres: male and female, introverted and extroverted, conscious and unconscious, the ability to accept the past and strive for the future. The results of the study indicate that there is no relationship between sexual conflict and introversion-extroversion. Thus it can be said that this dimension of personality does not produce either sexual anxiety or enhance sexual satisfaction.

Personality is defined as a distinctive and stable pattern of behavior, thoughts, motives and emotions that characterize an individual. Freud's (1856-1939) theory of development of personality is 'psychosexual' where a child passes through different stage i.e. oral anal phallic, latency and genital. He believed that psychological development depends on the changing expression of sexual energy in different parts of the body, as the child matures. He stated that this energy when blocked from direct expression might be displaced or sublimated in socially acceptable ways but a failure to satisfy the sex instinct leads to nervous instability. Freud's theories were not easily received and Carl Jung though agreeing with Freud unconscious side of the personality, also proposed a more positive forward moving strength of the self. He believed that people were motivated not only by past conflicts but also by their future goals and by the desire to fulfill them.
Table 3 showed that sexual satisfaction is highly positively correlated with achievement motivation. Individuals who have no sexual conflict have higher goals, aims and aspirations, because they have a positive self-concept, they attribute their success to their own talents and hard work. They take responsibility for their success and focus on future goals. These results are in accordance with the works of Tax (1983) and Herold et al (1979) who considered that, in adolescent there were ‘positive relationships between self-esteem and positive health practices; adolescent girls with high self esteem tended to be non-smokers and have more positive attitudes towards using birth control’. A favorable self-image is likely to affect individuals in many ways, they will be more confident of their abilities, willing to voice opinions and be more accepting of criticism.

Sexual satisfaction also positively contributes to morality and mental health. Results shown in Table 3 indicate that these individuals are well adjusted have a zest for living and a capacity for harmonious relationship in-groups. Individuals high on mental health report that they are usually able to reach personal goals without much difficulty and they are emotionally secure, stable, and satisfied with their lives. Similarly individuals high on morality tend to be more respectful of authority, and conforming to the group moral standard. They set high standards for themselves and prefer to have self-control and self-discipline.

A correlation between sexual anxiety and morality and sexual anxiety and mental health can be attributed to people being controlled out of fear. Though this is not a healthy controller of behavior but fear is a strong motivator in shaping behavior.

**HETERO SEXUAL HISTORY**

Another interesting finding was in respect to sexual satisfaction and marital status. The standard normal sexual behavior is the heterosexual intercourse between husband and wife, preceded perhaps by foreplay and ending in mutually satisfactory orgasm. But the results in Table 4 revealed that marital status had no correlation to sexual satisfaction, though age was positively correlated to sexual satisfaction. This indicates that the society is now maturing in its outlook to sexuality.
Earlier the view was that sex was basically bad and it became good only in the context of marriage. This created a lot of conflict especially for women. Sandra Kahn explained that ‘young women are forced to restrict and deny their responses to their own bodies. This forced conditioning simply does not dissolve once a woman decides to marry’. Healthy sexuality begins with understanding and accepting oneself, one's body and its sensual and sexual responses.

Sex is a good part of life and sexuality is an integral part of each person. Sexuality is much more than just intercourse. Healthy sexuality includes everything from an affectionate glance to a gentle caress from passionate intercourse to loving after-play. A psychologically healthy question should be how to express one's sexuality so that it enhances our self-esteem, and increases satisfaction within one's intimate relationship. First and foremost we must understand the purity, pleasure and creativity of sex. Let us not just joke about or malign an act, which has the power to create you and me.

**MASTURBATION**

Table 4 shows that masturbation and sexual anxiety are negatively correlated. People also feel that masturbation removes tension and the original myth that masturbation is evil or unhealthy is negated. Barry McCarth (1994) states ‘Masturbation is normal, healthy sexual behavior at fifteen, thirty-five or sixty-five, whether you are single, divorced or married’. Masturbation is not a regressive, adolescent behavior. It is a normal, positive sexual expression for both women and men, which occurs throughout life. According to the eastern thought until recently, open discussion of masturbation was a taboo. It was referred to as self-abuse, the solitary vice or self-gratification. ‘Many are the children who have endured lectures about the sinful dangers of this practice. Such warnings at an early age often cause neuroses later on in life’ Douglas (1982). But during the last several years sexual matters have come out in the open and people are willing to discuss topics like masturbation.

The data also revealed that though people have no anxiety regarding masturbation, it does not produce sexual satisfaction. Masturbation serves mainly to remove tension; there are many reasons to masturbate, when physically separated from your spouse.
SOURCE OF KNOWLEDGE AND SEX EDUCATION

The Indian social environment is largely repressive, where sex and sexuality are issues discussed in hushed tones and behind closed doors. As a result of this attitude there are a large number of myths and misconceptions rampant among the people, which are passed on from one generation to an other. Leading to the perpetuating of negative sexual attitudes and unhealthy sexual behavior thus taking a heavy toll on society at large.

Subjects were questioned about several aspects of their knowledge on different sexual phenomena. Information was sought about the age at which the subject became aware of the sexual phenomena, like abortion, coitus etc. and the source of this knowledge was obtained.

Seven possible sources were listed in the schedule to facilitate the subject choosing the appropriate ones as applicable to his case. Whereas most subjects have mentioned only one source for a particular phenomenon, a few have mentioned as many as three sources for a single phenomenon. Table 5,6 and 7 lists the various sexual phenomenon and their source of knowledge. The sources of knowledge can be further clubbed into [I] Reliable sources i.e.: parents and siblings, [II] Unreliable sources i.e.; Blue films, Friends Gossip, Magazines and Myths and [III] Scientific and Family Planning Literature. The results are in percentages and they indicate that people rely more on unreliable sources of knowledge regarding sexual matters i.e. 72.1%

Sexuality is a natural and intrinsic part of an individual’s personality and needs to be nurtured and developed like all other facets. This fact is completely ignored by parents and teachers in our society, because they are themselves not comfortable and knowledgeable about the subject. They have inhibitions about discussing and expressing themselves on this issue, thus indirectly discouraging the children from
any form of sexual expression and encouraging them to hide their sexuality. This parental attitude is reconfirmed by the results of the study.

Most surprisingly parents who are the guides in the structuring of a child's personality contribute the least in respect to various phenomenon in sexual matters i.e. 3.3% and siblings 4.5%. People do rely on scientific books 15.5% which definitely gives them information on various sexual aspects but does not deal with feelings or their sexual experiences and only 3.9% subjects refer to Family Planning literature regarding sexual matters.

Table 5 and 6 show seven major sources of knowledge pertaining to sexual phenomenon. These are Blue Films and Magazines, Siblings, Parents, Friends, Gossips and Myths, Scientific Books and Family Planning Literature. For abortion the source has been scientific books mainly, followed by unreliable sources like Gossip and Myths. Only 4.8% have discussed abortion with their parents.

As regards to Coitus 33.4% got their Knowledge from Blue Films Books and Magazines. Siblings and parents have been of no help in this matter i.e. 1.2% and 2.4% respectively. This indicates that people have a lot of wrong information from mainly unreliable source like books, magazine, myths and friends. For contraceptives people do refer to family planning literature but friends and myths are also mainly relied upon.

As shown in table 5 and 6 for all the items on sex education people relied mainly on the unreliable sources like myths, gossips, magazines etc. For items like Ejaculation, Fertilization, Impotency Male erection Orgasm, Vaginal contraction and Wet dreams the subjects were either too shy to discuss these even with friends let alone parents and teachers so the only source of knowledge were Blue Film and Magazines i.e.: 21.2% and other unreliable sources i.e. 34%. This shows the sad state of society where correct sexual information is absolutely lacking thus leading to various sexuality related problems.

With the onset of puberty and the accompanying physiological changes, youngsters are unable to cope with their increased curiosity and they turn to unreliable sources
for information, such as friends, peers, movies, televisions, magazines, pornography, etc. This leads to misconception born out of unscientific knowledge. These myths are the cause of much sexual conflict. Due to lack of proper guidance and awareness people become frustrated, making irresponsible sexual choices, and indulging in deviant sexual behavior.

According to table 5 parents have educated their children mainly on sexual subjects related to Pregnancy, Miscarriage, followed by Prostitution then Menstruation and Wet Dreams. This shows the ignorance and inhibition of parents. Regarding Impotency and Venereal Diseases no parent seems to have talked about it with their child.

On the one hand our orthodox and typically prudish society exercises a restrictive influence on society. On the other hand, the media as part of aggressive marketing strategies is, obviously and liberally exploiting sexuality. The youngsters are constantly bombarded with sexual images and messages, most portraying sex as something mysterious but exciting, providing constant titillation and provoking sexual desire.

Siblings also talk more about pregnancy, miscarriage and abortion. All these seem to precipitate a warning sign against sex so that people are cautioned against pregnancy and the attitude to sex is that of caution. According to Prakash Kothari "youngsters are unable to cope with their increased curiosity and interest in sex. They turn to unreliable sources of information such as friends, peers movies, television and explicit books. This makes them vulnerable to various misconceptions born out of unscientific knowledge. These myths are the cause of many sexual disorders and remain ingrained in their psyche making it difficult to eradicate it subsequently".

Family Planning literature has been a source of information for mainly 2 items i.e. 'abortion' i.e. 11.9% and 'contraceptives' i.e. 26.2%. But regarding Fertilization, Impotency, Venereal Disease and Wet Dreams none of the subjects refer to Family Planning literature. Scientific books on sex are more dependable. 15.5% of the subjects depend on them. Scientific books are source of knowledge mainly for abortion and venereal diseases.
The sexually mature unmarried adult is caught in a viscous circle, where sexual desire is provoked and aggravated by the influence of the media which necessitates an outlet, the opportunity for which is socially unavailable, leading to a lot of sexual frustration. This frustration manifests itself in the current social scenario, fraught with problems like increasing promiscuity, sexually transmitted diseases, Aids, sexual crimes and disorders and unwanted pregnancies. The society must consider Sexual Health Education, which involves the acknowledgment and the understanding of the process of sexual development, and interaction that starts at conception and effects the individual for the rest of his life. It encompasses the biological, psychological and sociological aspects of human sexual behavior which are responsible for the development of a child into a healthy and responsible adult, capable of using his sex instinct to the maximum without being obsessed by it.

**HETEROSEXUAL BEHAVIOR**

Data on heterosexual intercourse have been classified under first experience, pre-marital history, marital history and extra marital history. Table 8 shows the percentage of people under the above categories. Altogether these sections involved 43 items with multiple information. The first experience refers to coitus before marriage, irrespective of the fact as to whether the subject is single or married at the time of the study. The base for calculating the first experience is the total sample. The results indicate that 26% of the sample was married and 40.5% of the total sample had had intercourse. On the other hand, pre-marital and extra-marital intercourse refers only to married subjects who have had sexual relations with partners other than their lawful spouse. According to table 8, 73% of the married people had premarital intercourse and 18% had extra-marital intercourse. It also assumes that the marriage remains valid at the time of such relations. The base for calculating incidence of pre-marital and extra-marital connection is thus the married portion of the sample only.

Kinsey has noted that incidence figures for pre-marital intercourse vary considerably for different social groups. Amongst college going males it is 67%; those who stop at high schools, 84% and those who never go beyond grade school, the incidence figure is as high as 98%. The sample of the study is 73% for pre-marital intercourse, which is slightly higher than Kinsey’s study of college going males. According to Kinsey’s
study over 35% showed extra-marital relations. Our present incidence data of 18% is somewhat less than Kinsey's incidence data though it coincides with Ganguli's data of 17%. But in our present study there may be some individuals who have not openly admitted to pre-marital or extra-marital sexual relationships. This hesitancy to admit to such a relationship is particularly characteristic of our culture.

**FIRST EXPERIENCE**

The sample size was 84 and the results obtained are as follows. Table 9 shows that there are 34 subjects or 40.5% with at least one heterosexual experience, 18% answered that they had no experience of coitus and 41.5% did not reply at all. This shows the highly sensitive and private nature of sexuality, that people are not comfortable disclosing it and discussing it.

Table 10 shows the heterosexual behavior of people who have experienced coitus. Only 7 or 20.6% were initiated into coitus by their spouses, 32.4 had their first sexual experience with friends and others initiated 47% into sex. Age of first experience is mainly between 19-25yrs, i.e. 47% and 38% had their first experience at a lower age i.e. 14-18 yr.

Table 11 gives information on the type of partner the subjects had their first experience of coitus with. Age of the partner at the time of coitus is relatively higher. Almost 60% fall in the range of 19-25 yr., where as only 20% fall in the range of 14-18 yr. and 26-31 yr. This can be understood, as the majority of the sample was women.

According to table 10 only 20.6% said that the first partner was their spouse, 32.4% had their first sexual experience with a friend and 47% reported having sex with either a relative neighbor or prostitute. Table 12 indicates that the place of coitus was mainly own house or partners house, and the technique used was male superior position. The duration of coitus was mainly 6-10 min and some form of expense was incurred during the first coital experience. It is noteworthy to see that 5 out of 34 i.e. 14.7% did make promises of jobs etc to have their first sexual experience.
The results on table 11 show that 13 out of 34 or 38% said that it was the first experience for their partners also. Approximately 65% said that their partners were unmarried and 41% stated that their partners were postgraduates. The rest were either graduates or professionals. This is a very interesting finding as even though the educational level of the subjects and their partners was high there still existed a lot of myth and misinformation. This indicates that your level of education does not really influence your knowledge on sexual matters.

Table 13 showed that the first experience has been reported mainly as giving a high level of satisfaction i.e. 56%. For the first experience only 38% used condom as a precaution against pregnancy and 9 out of 34 i.e. 26% used no precaution at all. However, no pregnancy resulted in any case. 62% reported as having orgasm after their first experience and a larger percentage i.e., 71% reported that their partners also had an orgasm. 6 out of 34 i.e. 18% could not say whether they had an orgasm or no, indicating their confusion, anxiety or lack of knowledge about orgasm.

**HETEROSEXUAL HISTORY**

**PRE-MARITAL**

Results on table 14 show that out of the 84 respondents 20 subjects answered as to having experienced coitus before marriage. Out of these 20 subjects 14 were males and 6 females. This reveals that the instance of premarital sex is very high i.e. 73%. According to the results (Table 14) only 3 out of 20 i.e. 15% subjects had pre-marital sex with their fiancée and the others had pre-marital intercourse with a friend, acquaintance relative or prostitute. These results are in accordance with those obtained for the First Experience of coitus (Table 9): which indicates that only 20.6% individuals had their first experience of coitus with their spouses.

Regarding information on the type of partner (Table 15) the data reveals that people preferred partners who were in the age group of 26-30 years, unmarried, and of an equal economic status. The preferred place of coitus was their own house though many preferred the partner's house and 1 subject had coitus in the park. Another interesting finding was that all the subjects replied that there was some financial
involvement and money spent on their partners for example like gifts, dinners and even cash.

Table 16 shows that only 4 out of 20 i.e. 20% persons were having regular intercourse before marriage. The rest were indulging in premarital intercourse either occasionally or rarely. The technique used is mainly male superior, condom was the most preferred form of precaution against pregnancy i.e. 56% and oral tablets only 19%. This is ironical as even though the blame for pregnancy before marriage goes to the women still it is the men who take more precautions against pregnancy. However 6 persons out of 20 or 30% did not take any precaution against pregnancy, no pregnancy resulted in any case. 35% were sure they wanted to continue with their premarital relationships but 65% were either uncertain or did not want to continue with their premarital relationship.

As shown in Table 17 the ‘Overall Satisfaction’ with premarital sex has generally been reported ‘High’ by 70% of the respondents. Surprisingly 60% have reported as always having ‘Guilt’, and 65% have reported as always having ‘Shame’, with respect to their premarital sexual behavior. This indicates how very exciting sexual indulgence is that even though there is a lot of guilt and shame associated with premarital sexual behavior people indulge in it and that guilt and shame also results in overall satisfaction. 55% reported as always having orgasm for self and 70% answered that their partners always had an orgasm.

**HETEROSEXUAL HISTORY**

**MARITAL**

In the study 22 subjects were married but only 16 answered the questions relating to marital data as shown in table 18. This indicates that even though people have been married for a few years they are shy to talk about their marital history. In our country sex is a taboo topic and its very difficult for individuals to openly talk about their sexual preferences or behavior.
Table 18 shows that almost 44% of the respondents were virgins before marriage and 56% were not. 37.5% were sure that their spouses were also virgin but the same percentage was uncertain about their spouses' virginity and 25% said that their spouses were not virgins.

People have very varied views as to how many times intercourse should be done in a month. Table 18 indicates that 'Frequency per month' varied from 1-5 times to 10 or more times. 37.5% of the respondents said that their average frequency per month was 10 times or more and 62.5% of the individuals replied that they had intercourse between 1-10 times in a month. These results vary from the findings of Ganguli's whose results showed an average frequency of coitus to be 13 times a month. The duration of coitus was mainly 11 or more minutes. These findings clear out certain myths. As for the difference in frequency per month after the first child 62.5% replied that there was no difference whereas only 37.5% felt that the frequency of intercourse per month decreased. These results also vary from Ganguli's result where only 1 subject felt that there was no change in the frequency of coitus but 17 subjects reported that the frequency of coitus decreased by about 25-50%.

Table 19 shows the technique used for coitus is mainly male superior i.e. 75% and only 25% couples preferred female superior position. The usual coital position in all mammals except humans is the rear entry approach. In man, the normal method of approach is anteriorly, face to face. This anterior method of approach with the woman lying supine and the man above her is widespread throughout the world and Ellis rightly calls it "the most typical human attitude in sexual congress." Vatsayan and other ancient Indian writers call this male superior and female supine attitude the Utana position. The different positions have different merits and demerits. The position helps in intromission, conception and enjoyment. Also, the technique used shows the attitude of the couple. It portrays the domination of the male and the passive role played by the women. Many view the sex act as aiming at male gratification only, and that a woman who expresses dissatisfaction or in very rare cases desires for orgiastic release, is considered wanton and shameless. Anal intercourse is not very prevalent in our country. 19% people rarely participate in it and 12.5% occasionally do anal intercourse. The other techniques of side, sitting and standing are more prevalent than the rear entry position.
Precautions against pregnancy

With the advent of contraceptives, particularly the oral pill and now the safe and long-term devices like vasectomy, laparoscopy and legalized abortion sexual behaviors and attitudes function around a new regulatory principle, the principle of no 'involuntary pregnancy' and 'sex for pleasure'. "Sex for pleasure is now effectively separate from sex for procreation, with widespread ramifications. Contraceptives developed for population control have an intrinsic influence on sexual attitudes and behavior." Ganguli (1988)

Table 20 shows the kind of precautions taken by the subjects. The most popular method of contraceptive is the loop i.e. 18.8% and tubectomy 18.8%. Oral tablets and the diaphragm are the next preferred choices i.e. 12.5% each followed by safe period, coitus interruptus, condom and vasectomy, i.e. 6.2%. Results in table 20 indicate that precautions for pregnancy are taken by females. This shows that the society still feels that pregnancy is the responsibility of the women and men do not have to worry about it.

We need to take a holistic view of sexual and reproductive health. Sexual and reproductive health is as important to quality of life as other key aspects of health such as eating, sleeping, or physical activity. This is true regardless of age, gender, culture, abilities, sexual orientation, or other characteristics that make up our identity. Our biological capacity to reproduce, and our expectations and values about reproduction, shape the way we view ourselves, our sexual decisions and choices, our choices in other life areas such as education and work, and our relationship with partners, families, and communities. *A healthy start in life provides the capacity to develop a positive self-image, make healthy choices, establish satisfying relationships, and cope with life challenges ... the very basis of sexual and reproductive health throughout life.*
Orgasm

Table 21 shows the level of satisfaction in married life. There are four components of sexual functioning i.e. desire, arousal, orgasm and satisfaction. Orgasm is the natural culmination of involved, effective sexual stimulation. "Orgasm is a psychophysiological response, a positive, integral part of sexuality. Physiologically, orgasmic response is basically the same whether obtained through masturbation, intercourse, manual stimulation, oral stimulation or rubbing. Psychologically the experience of satisfaction varies, depending on a person’s value, partner response, emotional bond, mood, intensity and trust in a relationship". Barry Mc Carthy (1994)

Table 21 gives the data on orgasm and happiness in marriage. 43.8% of the sample always experience orgasm for self, whereas 87.5% reported that their partners always had an orgasm. The main reason for no orgasm for self was short duration (18.8%) followed by worry (12.5%). The reason for no orgasm for partner was mainly worry (12.5%), followed by fatigue (6.2%). One must be careful that sex does not become a performance goal where each time one has sex it must culminate in an orgasm and if not then sex is considered a failure. 75% reached orgasm through partner, 6.2% through self and 18.8% after satisfying partner. Master and Jhonson (1966) have warned against performance oriented sex, which reduces pleasure and is frustrating.

As shown in table 21, happiness in marriage was high for 69% of the sample whereas happiness with spouse as a sexual partner was high for only 50%. This is in accordance with the earlier result Table 4 where marital status is negatively correlated to sexual satisfaction. People may be happy with their marriage but not necessarily sexually satisfied.

Table 22 shows that 50% of the time coitus was determined by the subject’s desire and 31% of the time by their spouses desire. Sexual desire is an important aspect of sexuality, especially for intimate relationship. Unfortunately many couples say that sex was the best before marriage. Does marriage kill sex? According to Mc Carthy (1994) when sexuality goes well in a relationship, it serves 15-20 percent of the relationship with its major function to reenergize the intimate bond. When sexuality is dysfunctional, it plays an inordinately powerful role, up to 50-75 percent, draining
loving feelings and causing emotional turmoil. Sexuality-especially desire and emotional satisfaction- can be positive, integral element in self-esteem and an intimate relationship. Conversely, sexual problems can subvert self-esteem and destroy a relationship.

EXTRA-MARITAL HISTORY

Extramarital intercourse refers only to married subjects who have had sexual relations with partners other than their lawful spouse. Only 4 out of 22 married subjects said that they had an extramarital relationship, i.e. 18%. Table 23 shows the type of partner. 50% had extra marital intercourse with an acquaintance or prostitute and 25% with an office colleague. According to Kinsey’s survey (1948) 26% of the married women and 50% of the married men reported having extramarital sexual affairs. In the sample under study only 18% reported as having extra marital sex, this is a much lower percentage than that of Kinsey’s. The reason could be that people are inhibited to talk about their sexual lives and also culturally in India sex is still a taboo topic of discussion. Ganguli’s (1988) incidence data for premarital sex was about 17%, this matches with the findings of the present study, where the incidence data for extramarital sex is 18%. According to Ganguli this hesitancy to admit to such relation is particularly characteristic of middle class educated population from which the sample was taken.

The ratio of men and women who indulged in extra marital sex was the same. Table 24 shows the kind of partner. 50% were married and 50% were unmarried. 75% of the time the economic status of the partner was equal and 25% it was higher. Place of coitus was own house (50%), partners house (25%), and brothel (25%). Precautions against pregnancy was mainly condom (50%), oral tablets (25%). And 25% took no precaution.

Table 25 shows the ‘Level of Satisfaction’ in extramarital relationship. The level of satisfaction was reported as high by 50% and medium and low by 25% each. 50% had no guilt or shame about their extramarital affair and 75% derived more sexual pleasure from this relationship than with their spouse. Lastly according to Table 26 only 25% said that they would not continue their extra marital relationship and 50%
were non-committal about it. 50% did not know whether their spouse had knowledge about their affair and were indifferent about its effect on their marriage. Sexual intimacy was more satisfying with their partner than their spouse. 50% reported as always reaching orgasm for self and also orgasm for partner. Though 25% said that it had a bad effect on their marriage still they had no intentions to discontinue it.

The results and discussion of the present study clearly indicate that there is significant difference between males and females in respect to sexual conflict. Females have more sexual conflict in comparison to males. Students and individuals less than 23 yrs of age have also shown considerable sexual conflict. The data revealed that sexual anxiety is negatively correlated with gender, this means that irrespective of being male or female, the respondents did not feel any difference in sexual anxiety. Age is positively correlated with sexual satisfaction and interestingly marriage is negatively correlated to sexual satisfaction. Masturbation does not produce sexual anxiety though it helps to remove tension.

Sexual anxiety has no correlation with introversion- extroversion, but a very positive correlation with morality and mental health, indicating that individuals high on morality and mental health do not suffer sexual anxiety. A very high level of significance was found between sexual satisfaction and need for achievement, morality and mental health. This clearly indicates that people who are sexually satisfied have lesser problems therefore are more productive with a high need for achievement, a stronger morality and a stable mental health.

The study points out that the contribution of parents in sexual matters and sexual education is minimal with people relying mainly on the unreliable sources of knowledge. The incidence data for pre-marital sex is quite high as compared to the incidence data of extra-marital sex. Level of satisfaction is highest for pre-marital sex, followed by the first experience then extra-marital relationship and the least in married life. Surprisingly the guilt and shame experienced during premarital sex was also the highest, thus it can be concluded that guilt and shame contribute to increasing the level of satisfaction.
Orgasm for self has been the highest during the first experience followed by pre-marital sex then extra-marital sex and the least in married life. These results are in accordance with our earlier findings where marital status was negatively correlated with sexual satisfaction. Unwanted pregnancy is a burden on the women and she is expected to take the necessary precautions. So in brief it can be concluded that we need to review our attitudes and beliefs about sexuality and see to it as to how we can enhance our sexuality rather than let it become dysfunctional after marriage.