CHAPTER-VI
The discussion of sexuality has to go beyond just the discussions of AIDS, Sex Education or Population Control. Today 'Modernity' has given way to a diversity of choices. This has brought with it anxiety and uncertainty which threatens our identity. Growing body of knowledge accepts that sexuality is very important for the well being of the individual and his/her quality of life. Mace (1974) has given the following definition of sexual health: *Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual well being in ways that are positively enriching and that enhance personality, communication and well-being.*

We should have a positive approach to sexuality and the well being of the individual. Sexuality is not just about intercourse or even about relationships between people. It is about our concept of ourselves as men and women, our masculinity or femininity, our appearance our behavior and the effect we have in attracting those who matter to us. Let us move away from self-defeating myths and replace them with accurate information and attitudes, which increase awareness and enhance sexual functioning.

The present study was aimed to investigate the extent of sexual conflict among males and females of different age groups and between students and professionals. Sexual Anxiety Scale (SAS) by P Kumar and the Sexual Satisfaction Scale (SSS) by P Kumar were used to determine Sexual Conflict. Individuals high on sexual anxiety and low on sexual satisfaction suffered from sexual conflict. This research also explored the relationship between sexual conflict and different personality dimensions i.e.: extroversion, introversion, achievement, morality and mental health. In order to study the personality of the individuals The Multidimensional Assessment of Personality (MAP) by Psychom was used.

Sexual behavior of individuals was studied in detail in four parts i.e. 1) The first experience of coitus 2) sexual history premarital 3) sexual history marital 4) sexual...
history extra marital. To study the sexual behavior of individuals a questionnaire was created and adapted from H.C. Ganguli's (1988) Schedule for Sexual Behavior (SSB).

As the information sought was highly emotive, sensitive and private, the sample size was small. The study was divided into three parts. First Sexual Conflict was determined i.e. Individuals high on sexual anxiety and low on sexual satisfaction were said to have sexual conflict. Comparison of sexual conflict among different subjects according to gender, age and occupation was studied. The relationship between sexual conflict and level of education, marital status, and masturbation was also investigated. Co-relations were sought between sexual conflict and different personality variables like introversion, extroversion, need for achievement, morality and mental health. The sexual behavior of individuals was also studied in depth.

**THE PRISM OF GENDER**

The results 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. Every society sets certain norms that specify ideal love and ideal sex. These norms, in turn, are shaped by a society’s gender role, collection of rules that determine the “proper” attitudes and behavior for men and women. People play many roles in society and during childhood and adolescence, they learn the scripts that fit each role.

According to John Gagnon and William Simon (1973), sexual scripts teach boys and girls what to consider erotic or sexy, and how to behave in dating and sex. In this view biology influences sexuality only indirectly. Adolescent males have spontaneous erection and eventually orgasm; boys often joke and talk about masturbation with their friends. Female anatomy however makes the discovery of masturbation and orgasm less certain.

Male sexuality is learned in a competitive atmosphere where the goal is to impress other males. While boys are learning about physical sex, girls are learning to value the emotional aspects of relationships and to make themselves attractive. By adulthood male sexuality has become genitally focused and emotionally detached, compared to that of females. Female sexuality is more closely connected to love and marriage.
Many of the married women in the study reported that they experience no pleasure whatsoever when they first had sex with their husbands. Schafer states in ‘woman and sex’ that most women associated their initial experience of intercourse with feelings of confusion, guilt and irritability. The negative feelings towards their genitals that most women learn as girls remain within the maturing female and emerges each time she experiences a sexual feeling or engages in sexual activity.

Understanding sexual attitudes and behavior as part of a larger pattern of sex roles helps explain why men initiate sex more often, why women tend to reject casual sex, why women give in when they don’t really want to, and why both sexes regard women as the sexual “referees”. Sex roles provide a “familiar, understandable, and well rehearsed set of guidelines for male-female interaction” (Peplau, Rubin, & Hill, 1977).

Sex roles can also create misunderstandings and unhappiness. Once someone has learned the script, however, changing the lines is not so easy. There are pressures on both men and women to conform to social rules. But if men and women understand the ways in which they both are caught in roles of gender, they can revise the scripts to suit their common goals.

Sexual attitudes are related to larger social and political trends in society. In the 1970's, many researchers found a shift towards more permissive attitudes and a convergence of men’s and women’s attitude. They predicted a decline of the double standard. But certainly the double standards had not disappeared. In a study of more than 1000 teenagers, parents were still less tolerant of sexual activities of daughters than of sons, and teenage girls were still worried about risking their reputation, while teenage boys did not (Coles and Stokes1985). In a study of some 800 college students in Florida, women were more conservative and idealistic about sex than men were, whereas men were more permissive and liberal than women (Hendrick 1985). In the present study also one finds that females have greater sexual conflict than males though there was not much difference between them with regard to sexual anxiety.

Men tend to regard sex as a purely physical act for the purpose of one's own pleasure and women tend to regard sex as an act of emotional communion and affection. The
difference persists among older married couples also. Men tend to want their wives to be more experimental sexually, and women want their husbands to be more affectionate (Hatfield 1982). Throughout their lives men are more likely than women to report having casual sex, and they have more sexual partners than women do (Offir Wade 1982).

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. 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. In the last three decades, it is true that female sexual behavior has changed dramatically. In the early 1960's only a small minority had sex before marriage, by the late 1970's the great majority had had intercourse before marriage, though most of these women were not casual about doing so (Sherwin and Corbett, 1985). As per the results of this study also we notice a changing trend where 73% of the married population has had intercourse before marriage.

**SEX AND AGE**

The data revealed that sexual satisfaction is positively correlated with age. 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. ‘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). According to the result students and individuals less than 23 years of age have considerable sexual conflict. Throughout childhood and adolescence, both physical and psychosocial 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.’

There is more sexual conflict in students as compared to other professionals. 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. 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 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. 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.

**PERSONALITY AND SEX**

Personality is defined as a distinctive and stable pattern of behavior, thoughts, motives and emotions that characterize an individual. The results did not show any correlation between sexual conflict and introversion, extroversion. Thus it can be concluded that this dimension of personality does not produce either sexual anxiety or enhance sexual satisfaction. 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. 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 was found with sexual satisfaction and no correlation was found between need for achievement with sexual anxiety. There was a correlation between morality, mental health and sexual anxiety and the correlation between morality, mental health and sexual satisfaction was also highly significant.

Another interesting finding was between sexual satisfaction and 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’.

Sexual satisfaction also positively contributes to morality and mental health. This means that individuals who are sexually satisfied 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.

**EDUCATION**

Health status, including that of sexual and reproductive health status, increases with one's level of formal education. In women, higher levels of education are linked to fewer unwanted pregnancies, fewer babies with low birth weight, and lower rates of infant mortality. Lower education levels among adults are associated with early onset of sexual activity and significantly lower rates of contraceptive use. Education also influences decisions regarding sexual activity among young people. Students who have higher expectations for education have a higher rate of contraceptive use. Low
expectations about the level of education that could be achieved create high-risk situations for young people who see few future alternatives to justify either postponing sexual activity or using contraception consistently.

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. 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.

The major sources of knowledge pertaining to sexual phenomenon are unreliable sources like myths, gossips, magazines etc. 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. 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 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 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.
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.

**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 revealed that marital status had no correlation to sexual satisfaction.

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, ones body and its sensual and sexual responses. A psychologically healthy question should be how to express ones sexuality so that it enhances our self-esteem, and increases satisfaction within ones intimate relationship.

Masturbation and sexual anxiety were found to be negatively correlated. People also feel that masturbation removes tension and the original myth that masturbation is evil or unhealthy is negated. Barry Mc Carthy (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. But during the last several years’ sexual matters have come out in the open and people are willing to discuss topics like masturbation. This is validated by the eastern thought where 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). According to the results masturbation serves mainly to remove tension.

The findings of the research revealed that 73% of the married people had premarital intercourse and 18% had extra-marital intercourse. Kinsey has noted that incidence figures for pre-marital intercourse vary considerably for different social groups. They range from 67% to as high as 98%. The sample of the study is 73% for pre-marital intercourse, which is within the range of Kinsey’s study. Only 20.6% were initiated into coitus by their spouses, 32.4 had their first sexual experience with friends and others initiated 47% into sex. These findings reveal the changing attitudes of society regarding sexuality.

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. The sample size was 84 and the results obtained shows that there are 34 subjects or 40.5% with at least one heterosexual experience 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.

Youngsters are becoming more experimental with sexuality. The results show that 38% had their first experience at the age of 14-18 yr. 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.

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 to have their first sexual experience.
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.

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. The 'Level of Satisfaction' for the first experience is high i.e. 56%, which is more than happiness in marriage, which was found to be 43.8%. Happiness in marriage is also lower than the 'Level of Satisfaction' in extramarital relationship, which is 50%.

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. Pregnancy is most often seen as a problem for young women, not for young men, with most of the onus for preventing pregnancy falling on the young woman. During pre-marital intercourse 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.

But we notice a change in the use of contraceptives after marriage. With the advent of contraceptives, particularly the oral pill and now the safe and long-term devices like vasectomy, laproscopy and legalized abortion sexual behaviors and attitude 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 wide spread ramifications. Contraceptives developed for population control have an intrinsic influence on sexual attitudes and behavior." Ganguli (1988)
The most popular method of contraceptive after marriage 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%. These results indicate that females take most of the precautions for pregnancy. This shows that the society still feels that pregnancy is the responsibility of the women and men do not have to worry about it.

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 McCarthy (1994). 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.

Out of the married sample 43.8% always experienced 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.

People have very varied view as to how many number of times intercourse should be done in a month. 'Frequency per month' varied from 1-5 times to 10 or more times. 37.5% of the respondent 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.

Agreement between couples on sexual matters is probably more important than whether they "do it" or not, or how they do it. Dating couples and married couples both agree that the quality of sex, and agreement between partners on its place in their lives is, are what matters. Relationships can be satisfying with little or no sex, or miserable with lots of it (Klagsbrun, 1985; Lauer and Lauer, 1986; Peplau, Rubin, & Hill, 1977).

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 Uttana 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.

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 McCarthyt (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. According to the results of this research 50% of the time coitus was determined by the subject’s desire and 31% of the time by their spouses desire.
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%. 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 extra-marital sex was about 17%, this matches with the findings of the present study, where the incidence data for extra-marital 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.

We need to take a holistic view of sexuality. 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.*

Hypothesis 1, which states that there will be a difference between males and females with regard to sexual conflict, has been proved true. 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. 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.

The 2nd hypothesis that individuals who masturbate will experience more sexual conflict was proved to be false. According to the results of the study masturbation
does not produce sexual anxiety though it helps to remove tension. During the last several years there has been a tendency to bring sexual matters out in the open. Masturbation has emerged as a topic that people are willing to discuss. People feel that masturbation removes tension and the original myth that masturbation is evil or unhealthy is negated. Masturbation is not a regressive, adolescent behavior. It is a normal, positive sexual expression for both women and men, which occurs throughout life. 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, when you feel sexual and your partner does not or to keep in touch with your sexual fantasies.

With respect to the third hypothesis that married individuals have less sexual conflict, has been partially confirmed. The results indicate that though there is no sexual anxiety in married people, there is low sexual satisfaction too. 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 where marital status is negatively correlated to sexual satisfaction. People may be happy with their marriage but not necessarily sexually satisfied.

As for the 4th hypothesis that there will be no relation between personality and sexual conflict the results show that sexual anxiety has no correlation with introversion-extroversion, but a very positive correlation with morality and mental health. This indicates 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. These results prove the 5th hypothesis that sexual conflict will affect the mental health of the individual to be true.
**Conclusion:**

- Females have more sexual anxiety than males.
- The younger age group and students experience more sexual anxiety as compared to working people.
- Gender has a negative correlation to sexual anxiety.
- Age, education, occupation and marital status does not have any significance on sexual anxiety.
- Individuals who masturbate do not experience any sexual anxiety rather it removes tension.
- Marriage does not guarantee sexual satisfaction but there is more sexual satisfaction in the older age group.
- Individuals who are sexually satisfied have a very high need for achievement.
- People who are sexually satisfied are much higher on morality and mental health than individuals with sexual anxiety.

**THE CHALLENGES**

Perhaps the greatest challenge in taking action on sexuality and sexual health is the strong emotional response the topic elicits. Many people feel discomfort and embarrassment when dealing with a subject as value-laden and private as sexuality and sexual choices. Reproduction is similarly a very private and value-laden subject. As a result, finding a balance between differing views and sensitivities when developing sex education and sexual health programs often proven to be difficult.

The importance of gender sensitivity must also be recognized. Sexual and reproductive health is clearly important both for women and men. Yet the past and current emphasis in the field is disproportionately on women. For example, teen pregnancy is most often seen as a problem for young women, not for young men, with most of the onus for preventing pregnancy falling on the young woman rather than emphasizing the sexual behavior and responsibilities of both. As well, gender sensitivity is too often taken to mean sensitivity to women's issues. The challenge is to recognize the differences, and the similarities, between males and females and develop suitable interventions to respond appropriately.
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.

Sexual energy is passion and aliveness. It is the life force, the creative force of the universe. The key to passionate life is to trust and follow the energy within us. But how many of us can trust and move spontaneously with our energy? We are afraid to experience and express all our feelings.

Unfortunately most of us have become masters at cutting off our sexual energy. We’re afraid of ourselves and afraid of where our sexual energy will take us. We instinctively know that our sexual energy has the power to create and transform. But instead of trusting our natural instincts we learn to suppress it. Though we have started talking more openly about sex, however we have not as yet cleared our negative beliefs about sex. Somewhere we still believe that sex is sinful and dangerous.

Healthy sexuality is a positive and life affirming part of being human. It includes knowledge of self, opportunities for healthy sexual development and sexual experience, the capacity for intimacy, an ability to share relationships, and comfort with different expressions of sexuality including love, joy, caring, sensuality, or
celibacy. Our attitudes about sexuality, our ability to understand and accept our own sexuality, to make healthy choices and respect the choices of others, are essential aspects of who we are and how we interact with our world.

Sexuality throughout life should be celebrated as a dynamic and creative element of our whole being, with mental, spiritual, physical, and emotional aspects. It is an intensely personal experience and one that shapes many of our social interactions and significant relationships. Recognizing that sexual experiences are not always positive, we should aim to promote and celebrate diverse, healthy sexual relationships and identities that are free from coercion, abuse, guilt, and shame.

YEHUDA A SEXUAL PERSON FROM THE DAY YOU ARE BORN TO THE DAY YOU DIE.

Barry Mc Carthy (1994)