CHAPTER II
RELATED LITERATURE

I BACKGROUND

II REVIEW OF STUDIES ON
POPULATION & POPULATION CONTROL

III HISTORICAL REVIEW OF STUDIES ON
SEX.

IV RELATED LITERATURE ON FAMILY
PLANNING & SEXUAL ADJUSTMENT
PROBLEMS.
(a) vasectomy
(b) tubectomy
(c) abortion
(d) loops
(e) diaphragm
(f) pills
(g) condoms
(h) coitus interruptus & self control

V ATTITUDES TOWARDS SEX.
CHAPTER II
REVIEW OF LITERATURE

1. BACKGROUND

The current era of contraceptive technology and the concept of creating a device permitting coitus between fertile partners that prevents conception is of recent origin. One could trace the advent of the concept of birth control to 5 decades back. The ever increasing population due to control of epidemics, improved health conditions and increased life expectancy on the one side and famine and economic pressures due to war and other natural calamities led to an enormous and threatening increase in the population worldwide, leading to an urgent need to control the world population growth. Due to this realization a number of researches spurted up in this field.

Slowly and steadily contraception became a part of every couple's life. New devices of birth control were being placed in the market every now and then. There have been a wide choice and variety of devices that have been created to cater to the needs of different people along with the availability of a wide range of birth control methods there has been a side by side evaluation, criticism and analysis of these methods by the users, members of the medical community, religious groups etc. No method has been considered 'PERFECT IN ALL WAYS'. So far every method has been found to create some problem, either physical,
psychological, or social to the users. This in turn has led to a big question of how to create a perfect method?

In order to answer this question research has concentrated on various aspects of birth control. In the beginning social stigmas and attitudes prevailing about four decades ago posed a problem to the popularity of birth control. Therefore most of the earlier studies concentrated on those factors that hindered the use of birth control. Factors such as age, religion, attitude, education etc., were identified as crucial factors to the acceptance of birth control. However, with the passage of time, birth control has become to be accepted as a normal thing. Naturally we would expect 100% success of the birth control policies. Yet the increasing population world over proves otherwise.

Often users of birth control methods complain of various problems. This realization led to a number of other studies that aimed to understand the physical and psychological problems arising out of the use of birth control methods. Even this has not been able to explain why birth control is not successful. One other important factor that influences the success or otherwise of the birth control methods relates to "sex".

One ought to understand that any birth control method is a barrier in the normal outcome of heterosexual relationship, the "conception" whether desired or not. Therefore any disturbance in the normal outcome of this sexual behaviour could
also create finer feelings and emotions which are often associated with the birth control methods rendering birth control methods unpopular.

In the early 1950's a change in the attitude towards 'sex' led to a number of scientific research on 'sex' and 'sexual problems'. During the course of these researches it was found that birth control methods at times do create sexual dysfunctions. Therefore it would be interesting to find out how birth control methods affect sex life from different angles like whether the methods per se create problems in sexual adjustment and what psychological impact the methods bear on sex life.

This understanding becomes very important if one has to find out why different methods of birth control fare as they do. This would also help making appropriate policy adjustments in future. Everyone would agree that any method that is causing severe sexual adjustment problem is not going to be popular. Studies of this nature are very few because the concept of 'sex and birth control' is of recent interest.

2. REVIEW OF STUDIES ON POPULATION AND POPULATION CONTROL

Behavioural science researches on population control began in the 1950's and gained momentum in the 1960's. A major trend in the researches was to concentrate on the knowledge, attitude and acceptance factors. These studies indicated that the socio-demographic factors like education, religion, parity, age, interval since the last birth etc.,
contribute to the acceptance of fertility regulation. In recent years some studies have highlighted the role of psychological factors like modernity, attitudes, value orientations, subjective efficacy, openness to change etc. on the acceptance or otherwise of birth control methods. As long as fertility control is considered a function of the conscious effort of an individual to control family size, it is the type of personality which will determine the size of the family. It is considered in general that the acceptance of birth control is a function of a complex set of interrelated personality traits called the modernity syndrome.

Kar (1969) has shown that fertility regulating behaviour is positively related to an individual's personality variables, pattern and level of striving, future orientation, value orientation and social optimum. Ali (1972) observed a significant correlation of certain personality traits like achievement and motivation with fertility control. Sorcor and MIA (1971) found remarkable achievable in fertility control in certain communities where people's values, aspiration and motivation had changed towards modernity. B.B. Dhamo (1967) has shown that positive attitude and knowledge are important to bring about psychological changes in the society so that it accepts fertility control as a social norm. Pareek and Kothandapani (1969) found lack of fatalism, education, overall personal modernization accounted for 10% of the variations in preferences for a small family. Gupta (1970) has analyzed the motivational
barriers to beliefs, fears and hopes regarding the family and sex life. Victor (1972) noticed that couples with the children of the same sex are more averse to birth control. Sinha and Krishna (1973) found a negative insignificant relation between anxiety and attitude towards birth control. Verma and Sukla (1972) found users of birth control methods were lower in emotional and total adjustment than the non-users.

In the late 1970's with the rate of acceptance of birth control higher, there was a shift in the type of research from how to motivate people to use birth control methods to what are the problems that the users of birth control techniques face. N.N. Wiq and D.K. Menon (1976) in their book 'Practice of Fertility Control' conclude that 1) a considerable number of subjects complain of various kinds of physical, psychological and sexual symptoms which they attribute to the contraceptive techniques, 2) a comparison of the operative methods of vasectomy, tubectomy and abortion reveal that vasectomy seems to precipitate maximum symptoms followed by tubectomy. Abortion studies indicate least psychological complications and 3) there is a clear disparity between incidence of psychological symptoms in India and western countries. There is some evidence that these psychological symptoms are a form of social protests especially when in many a case the decision to accept an operative procedure is taken under socio-economic and political pressures.

The wide variety of sequelae of symptoms reported in the literature may be classified as multiple somatic symptoms.
anxiety, depression and sexual symptoms. Lack of sleep, lack of interest in domestic life, easy irritability and fatigue are more often a kind of reactive depression. Possibly a reaction to the threatened loss of manhood or womanhood. The predominant sexual symptoms are the loss of libido, impotency and frigidity.

3. REVIEW OF STUDIES ON 'SEX'

Among the scientists who began to study sexual conduct were anthropologists. Their most significant contribution is their discovery that sexual mores are almost as various as cultures are numerous and a code of conduct that one society accepts as moral is shockingly immoral for some other society.

Anthropologist George Murdock estimated that no more than 5% of the societies that he had studied placed a ban on sex before marriage. Another 20% considered it wrong for their woman to guard against illegitimate births. 70% allowed sex before marriage in some form or other. Many tribes in Indonesia, New Guinea and South Australia permitted even very young children to engage in sexual activity. Sir Harry Hamilton Johnston (1987) claimed that among certain Central African states there is scarcely any girl who remains a virgin after about five years of age.

The pioneers in sex research in the West were Havelock Ellis (1856-1929) and Sigmund Freud (1856-1939). In recent years, Alfred Kinsey (1948) and William Masters and Johnson (1970) have carried the torch further.
Havelock Ellis devoted most of his life to a compendium of sexual behaviour studies in the 'Psychology of Sex' published from 1896 to 1920. Ellis believed in the then radical notion that sex is natural and desirable. He described the person who feels that the sexual impulse is bad, or low and vulgar, as an absurdity in the universe, an anomaly; he is like those in the asylum, who feel that the instinct of nutrition is evil and so starve themselves.

Freud's contribution to the cause of sexual liberation is even greater. He believed in sex for pleasure and procreation. Although he did not advocate casual sex, he could not support the conventional morality, for he felt it demanded more sacrifice than it is worth.

The first organization for scholarly study of sex was established in 1911 in Berlin. But systematic sex research has been an American phenomenon. Between 1915 and 1947 Americans published 19 surveys on sexual behaviour based on questionnaires. Straightforward and non-judgmental enquiries started from the late 1930's. The works of Alfred Kinsley and his colleagues led to the formation of the Institute of Sex Research.

Kinsley after worldwide travel and collection of data from different sources came out with useful information. In his sample 92% of men and 62% of women had said that they masturbated at some time or other. More than 80% of men and 40% of women were sexually experienced before marriage. 25% of the women had
experienced orgasm by the time they were 15 years old. 50% by 20 years and 90% by the age of 35 years.

Precisely controlled laboratory studies of human sex on a large scale were done by William Masters and Johnson. For the first time physical effects of sex were objectively recorded. His chief conclusion was that under laboratory conditions at least an orgasm is an orgasm, physiological happening that progresses through four phases which he named as excitement, plateau, orgasm and resolution. These stages are the same in both men and women.

With such scientific information Masters and Johnson developed a new way of helping sexually unhappy people or people with sexual problems.

4. SEX AND BIRTH CONTROL METHODS

One other area that kindled the interest of the researchers was the relations between sex and birth control. With the advent of new methods of birth control and the users attributing a number of sexual problems to the methods, research studies focussed their attention on the relationship between sex and birth control.

Reproduction by 'choice' rather than by 'chance' is an issue with numerous social and economic implications for a world with limited resources. An understanding of the frequency of sexual problems associated with birth control may be gained by the data shown in Table A which summarizes some of the sexual
problems discovered in the surveys conducted in a family planning clinic in Los Angeles, U.S.A. and an infertility clinic in London.

<table>
<thead>
<tr>
<th>SEXUAL PROBLEM</th>
<th>PERCENTAGE OF OCCURRENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WOMEN</strong></td>
<td></td>
</tr>
<tr>
<td>Infrequent orgasm or difficulty</td>
<td>35</td>
</tr>
<tr>
<td>in achieving orgasm</td>
<td></td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>23</td>
</tr>
<tr>
<td>No orgasm</td>
<td>10</td>
</tr>
<tr>
<td>Vaginismus</td>
<td>10 11</td>
</tr>
<tr>
<td><strong>MEN</strong></td>
<td></td>
</tr>
<tr>
<td>Impotence</td>
<td>9</td>
</tr>
<tr>
<td>Premature ejaculation</td>
<td>20</td>
</tr>
<tr>
<td>Retarded ejaculation</td>
<td>4 - 5</td>
</tr>
<tr>
<td><strong>MEN AND WOMEN</strong></td>
<td></td>
</tr>
<tr>
<td>Loss of libido</td>
<td>15</td>
</tr>
</tbody>
</table>

(Data from Golden, Golden, Price and Heinrich)

**Tubectomy:** As per the findings of Masters and Johnson (1972) female sterilization procedures are free of adverse affects on sex life. They found that occasionally women, after tubectomy, develop diminished libido and depressed sexual arousability on a psychological basis. However they indicated that decreased libido and loss of arousability is seen in women for whom tubectomy was
not their willing choice or in women who discover at some point after the operation that they want another pregnancy or that they do not feel the same way about sex, knowing that their reproductive capacity has been negated. A survey conducted in France in 1982 to assess 'the medico-psychological aspects of sterilization' by the Institute of U Bordeaux II Centre Caraere Service Universitaire de Psychiatrie, France also found the same outcome as masters and Johnson.

However, Nass, Libby and Fisher (1984) feel that women may associate femininity and youth to fertility and this may pose problems after surgery. Margaret Sanger (1966) states that some women, after sterilization, report a decrease in sexual desire as well as a decrease in vaginal lubrication, a loss of sensitivity in vulva and decreased ability to have orgasms.

Vasectomy: Vasectomy does not seem to interfere with sexual function on a psychological basis except in rare cases where complications such as hemorrhage, infection, or surgical error produce permanent testicular damage. Following vasectomy the sensation of ejaculation is not impaired. But in some men, concerns about the effects of vasectomy on sex life may lead to difficulty on a psychogenic basis. Men who regard the vasectomy as a form of castration or who equate masculinity with the ability to reproduce may have difficulties with erection or ejaculation after vasectomy. Adverse psychological and sexual sequelae have been noted by Ziegler F.J. (1970) in men with hypochondriasis, concerns about masculinity and persisting sexual
difficulties. In one study by Farber, Lewit and Tietze (1967), it was concluded that the strongest contradiction to vasectomy is disagreement with one's female partner over its advisability.

In an investigation by Russel (1961) into the impact of vasectomy on 151 men who underwent the operation, 17.9% reported an increase in sexual appetite, 74.2% showed no change and 7.9% reported a diminished sexual desire. Another study conducted in the University of Sri Lanka, Faculty of Medicine, by Dias (1983) on 200 soldiers who had undergone vasectomy indicated that 56% of the soldiers reported some change in their sexual behaviour after vasectomy. A decreased frequency of intercourse was reported by 15%, a decreased sexual desire by 19%, changes in sexual behaviour during intercourse by 33% and 7% of them reported that their female partners had noticed a change in sexual behaviour after the operation.

Abortion: There are no reliable data currently available delineating the effects of postcoital methods of contraception on sexuality. There are a number of studies, according to Babikian (1967), that stress that abortion performed in a medical setting produced little problems. They indicate that when the sexual problems arise, it is most frequently because of lack of support and understanding on the part of the male partner responsible for that pregnancy, fear of subsequent pregnancy and conflict over pregnancy. It is often the unwanted pregnancy, rather than the abortion itself, is the cause of psycho-sexual problems.
Friedman, Greenspan and Mittleman (1974) dispute the notion that abortion leads to orgasmic failure. They maintain that this symptom seldom occurs as a direct result of a medical termination of pregnancy. Anxiety over the potential for another unplanned pregnancy is prevalent when sexual activity is resumed, especially in couples who experienced conception while employing a method of contraception in a responsible way. Any such sexual problems even though present before abortion may become prominent because of the abortion experience. Masters and Johnson (1970) say that if abortions are not done properly, it could cause dyspareunia.

Intra-Uterine Device (IUD): The Intra-Uterine Device shares with the Pill the advantage of high effectiveness in preventing pregnancy and is independent from sexual activity so that sexual spontaneity or mood is not impaired by attention to contraceptive needs. The IUD may interfere with sex by causing dyspareunia for the women due to improper positioning or pelvic inflammatory diseases. Sometimes male dyspareunia in the male partner is associated with the tail or string attached to the IUD that protrudes from the cervix into the vagina irritating the penis during coital thrusting. Abdominal pain or profuse menstrual flow for prolonged duration, both commonly associated with the use of IUDs, may have detrimental effect on sexual interaction as well. Masters and Johnson (1970) report intravaginal chemical contraceptive materials like Loop can cause itching or burning, leading to dyspareunia during or shortly after intercourse.
Reddy (1989) reports that improper cutting of the threads in the loop causes pain and discomfort during sexual intercourse.

**Diaphragm:** Sexual difficulties associated with the use of Diaphragm are related primarily to matters of convenience. For example, either partner may experience loss of arousal while time is being taken to insert the device. Some may find it unaesthetic. The Diaphragm may cause dyspareunia in some women, according to Masters and Johnson (1965).

**Pills:** A large research literature is available on the female sexuality caused by the Pills. It is true that oral contraceptive may have a decided effect on female sexuality of a particular woman. Bragonier, Cambrell, Bernard and Sandra (1976) find that there are as many women using pills who experience enhanced sexuality, as there are women who experience decreased libido and impaired sexual function. Some sociological surveys find that women who take oral contraceptives have higher coital frequency than other women. (Westoff, Bumpass and Ryder 1969). On the other hand many studies have found that a certain percentage of women report loss of sexual desire. (David, Alice and Anne 1978).

Masters and Johnson (1969) report that a reduction in women's sex drive and difficulty to achieve orgasm occur after concurrent use of pills for 18 to 36 months due to normal hormonal balance getting disturbed. The same is reported by Trainer (1965). A study by Bancroft (1987) in Scotland showed that women taking the triphasic pills showed more loss of sexual feelings.
Udry and Morris(1970) suggest that oral contraceptives abolish the depression in coital rates, characteristic of the second half of the menstrual cycle in women not using these drugs. However, Herzberg(1971) reports that coital rates of women on the pills remained roughly constant with time. Rice Warly(1962), Guttmacher(1967), Nisso1(1967), Ringrose(1965) and Aranda Rosell(1963) indicate an increase in arousal and desire with the use of pills. Nilsson A, Jacobson L and Ingemanson(1967) reported that women on pills suffer a reduction of desire.

William H. James(1971) concludes on the basis of these conflicting reports that pills are associated with two opposing and roughly equal effects on coital rates. First for a small proportion of women, the coital rate declines, possibly as a result of pharmacological consequence. Secondly, in another proportion of women, the coital rate increases as a psychological consequence of using a reliable form of birth control.

Udry and Morris(1968) suggest that estrogen increases and progesterone decreases the probability of sexual activity in human beings. Grant and Mears(1967) found that highly progesteronic condition caused 34% of the subjects to complain of depression and loss of libido. Greenblatt(1952) suggests that progesterone in large doses has a sedative effect on female sexual behaviour.

Copulons: James Leslie Mcllory(1967) reports that some men object to the use of condoms because it somewhat dulls pleasurable sensations. Also its use interferes with the natural process of
mounting sexual tension, as sex play is interrupted to put the condom on. Brown (1984) reports that some clients feel applying condoms interrupts love play, breaks the mood and reduces spontaneity; some others reported that use of condoms resulted in loss of erection and delayed ejaculation at times. Masters and Johnson (1970) state that many men are unhappy with the lack of tactile sensation in the penis while using a condom and some men have difficulty in maintaining erection.

Coitus Interrupts: Masters and Johnson (1970) reports that Coitus Interrupts has obvious disadvantages that pertain to the degree of vigilance that must be exercised to avoid intravaginal ejaculation. This technique may be highly frustrating to women as well as men, especially when the male partner suddenly removes the penis from the vagina, just as the female partner is nearing orgasm. James L.M. (1965) states that coitus interrupts cannot allow for 'sex' to be enjoyed in a relaxed mood by either partner.

5. REVIEW OF STUDIES ON ATTITUDE TO SEX

Attitude to 'sex' and 'sexuality', both for and against, have been highly emotional and often secretive ones because of the nature of the issues involved.

"Sex isn't the best thing in the world or the worst thing in the world, but there is nothing quite like it".

- Comedian W.C.Fields

"Sex should be pursued for pleasure and procreation".

- Sigmund Freud
"Procreation in marriage is the only excuse for sex and engaging in it for any other cause is sinful."

- St. Augustine

"Sex is natural and desirable. The person who feels that the sexual impulse is bad or vulgar is an absurdity in the universe."

- Havelock Ellis

From the above statements, it can be seen that 'sex', an important part of human behaviour, has been alternatively condemned and glorified by different scholars. No other aspect of human behaviour has been subjected to so many regulations as 'sex', due to the attitudes associated with it. Historically speaking, sexual attitudes have varied with time and place. For more than 2000 years, religion was the principal force in shaping sexual thoughts. Most social historians agree that Christianity gave the Western world a distinctly troubled view on 'sex'. Instead of being a natural pleasure to be enjoyed under certain limits, 'sex' became a shameful indulgence. On the one hand it was considered necessary for procreation, while on the other hand it was considered shameful.

However, in the twentieth century, with the advent of 'sexology' as a science, there has been a drastic change in the attitudes to sex. In a sexual revolution, there has been a broadening or abandoning of attitudes to sex. Sex has been transformed from a private secret to a subject of public debate. Topics that might have made a gynecologist blush in 1950's are
freely discussed on television and radio. Words such as 'orgasm' and 'intercourse', once the exclusive vocabulary of doctors and researchers, appear on the covers of magazines displayed for every member of the families to read. These outward signs announce a profound change in the public view of sex. It is no longer a duty distastefully accepted by women and guiltily enjoyed by men, but a natural activity to be undertaken in many forms by all ages for pleasure as well as procreation.

However, in India, over the centuries there has been a change in the attitudes to sex in the opposite direction. From the high times of Vatsayayana's 'Kamasutra', 'sex' has come down to the low times of a taboo. With religion and superstition still exerting their influence on the relatively large uneducated population and also the so-called educated ones, a topic such as 'sex' is still a taboo for many. 'Sex' is taken to be too personal and private. It is a very sensitive area that even in the intimate marriage relationship, there is hardly any place for sexual language. Even today one finds the parents embarrassed when there is some act of 'sex' (which are not as explicit as in Western television shows or films) displayed on the television.

Some of the common attitudes to sex are:

1. Sex is a sin
2. Masturbation is wrong
3. Sex is only for procreation
4. Sex makes one weak
5. Sex is a 'taboo'
But the attitudes to sex is slowly changing for the better in India. Young couples now realize the importance of contraception in their lives and are able to accept that sex should be indulged in for the pleasures too.

6. CONCLUSION

Though the current era of contraception has had a major impact on sexual behaviour by eliminating the fear of unwanted pregnancy, these very contraceptives have led to new problems. Couples often complain of various problems ranging from mild discomfort, physical problems, psychosexual problems to severe physical and psychological damage which they attribute to the use of birth control methods.

Various studies have tried to prove and disprove these problems associated with the use of birth control methods. It has been found that of the various reasons cited for the non-use of contraception, the belief that 'contraception impinges on the pleasures of sex' is a major factor (Zeinik and Kantner 1978). Different contraceptives are said to cause different sexual problems like loss of libido to inability to achieve orgasm or ejaculation. With population on the increase, indicating that Family Planning programmes are not very successful, the investigator felt that getting a feedback from the users of birth control methods on how the use of birth control methods affected their 'sex life' would be appropriate to understand the failure in the Family Planning programme.