CHAPTER V
SUMMARY AND CONCLUSIONS

Birth control and contraception have attracted the attention of scientists all over the world. The researches were directed towards the motivational aspect in birth control. This type of research brought to fore the reasons cited for non-use of a given method. Zelnik and Kantner(1978) report that objection by partner, fear of contraception and the belief that contraception impinged on pleasure of sex were some of the factors that deterred the use of contraception. N.N. Wig and K. Menon(1969) report that the users of birth control methods often complain of physical, psychological and psycho-sexual problems which they attribute to the use of birth control methods. Sundari(1989) has identified the physical and psychological problems which are associated with the use of birth control methods in women. Since the research studies in this area have concentrated their attention on the physical and psychological problems arising out of the use of the birth control methods, the investigator felt a study of the psycho-sexual adjustment problems associated with the use of birth control methods would be useful. She further felt that such a study should be undertaken because of the complex relationship that exists between sex and birth control.

Since sex is a concept that is influenced greatly by cultural factors and differences, it was decided to have a cross-cultural study. Besides the Indian culture, an apparently contrasting culture of America was chosen for this purpose. Since the ‘attitude to sex’ and the health problems consequent to the use of birth control methods also exert a strong influence on the
sexual adjustment problems, they were also included as important variables for the study. A number of personal variables considered to be relevant were also made part of the study.

A sexual adjustment questionnaire and a sexual attitude questionnaire were developed and a pilot study was undertaken to standardise the questionnaires. The standardised questionnaire was used for the final study. A total sample of 405 was collected. 208 cases were collected from India and 197 cases were collected from the United States of America. Care was taken to ensure that in both the samples the subjects were in the age group of 20 to 40. The data was analysed using suitable statistical techniques. The statistical results were subjected to quantitative and qualitative discussions. The conclusions drawn from these discussions are listed in the following paragraphs.

The factor of prime interest of this study viz., the impact of birth control methods on the sexual adjustment problems brings to fore the following interesting facts. In the Indian sample, the methods of condom, abortion and tubectomy have created the maximum sexual adjustment problems while the methods of vasectomy and self-control have created least sexual adjustment problems. (c.f. Table 15-B). The presence of a significant difference between the various mean adjustment scores of users of different birth control methods is further reinforced by the results of the analysis of variance. (c.f. Table 15-C). The above findings that abortion and tubectomy create sexual adjustment problems are in line with the findings of Babikian (1966) who reports that abortion and tubectomy often create psychological barriers in the form of guilt, anxiety and loss of desire which create sexual adjustment problems. Condoms as Masters and Johnson (1970) report.
create sexual problems because of the hindrance that it brings on the natural act of love. The method of Vasectomy and self control, on the other hand, have created less sexual problems. The publicity that vasectomy receives from the Indian mass media appears to have caused the elimination of fears and doubts associated with the use of vasectomy. Self control is generally adopted by couples only after they had assessed the hazards of other methods and so it ensures less sexual problems.

Considering the American sample, one notes (c.f. Table 16-B) that the methods of tubectomy, diaphragm and abortion have created greater sexual problems than the other methods. The methods of Pills and self control have created the least problems. The social conditions in the American society make divorce and remarriages common. Hence the permanent birth control methods do raise psychological problems for them. Tubectomy creates problems for these women who know that their marriages are not secured bonds for life time. Diaphragm is often regarded as a nuisance in the act of love and hence causes sexual adjustment problems. Abortion is not yet completely legalised in America. This creates a sense of anxiety in the user which create sexual adjustment problems. The presence of a significant difference between the mean adjustment scores of the users of different methods was further reinforced by the results of the analysis of variance. (c.f. Table 16-C).

Thus our first hypothesis that there lies a significant difference in the intensity and kinds of problems experienced by users of different birth control methods under either culture stood proved. The following table highlights it.
Table  Methods Vs Sexual Adjustment problems

Conclusion

Most problematic      Least problematic

Indian sample  Condoms    Vasectomy
               Abortion    Self control
               Tubectomy

American sample  Tubectomy  Pills
               Abortion    Self control
               Diaphragm

The impact of the method used on the sexual adjustment problems during the various stages of the sexual response cycle was then analysed. In the arousal stage of the sexual response cycle, the method of condom followed by Abortion has created more problems for the Indian sample. (c.f. Table 17-A). Babikian(1966) points out that abortion creates psychological barrier in the users because of the operation itself and the social stigma associated with it. This, he avers, reduces sexual desire. Condoms, according to Masters and Johnson(1970), hinder the natural act of love and reduce arousal. Our study also indicates same results. The methods of loop, pills, tubectomy and vasectomy do not create much problems during arousal as there is no interruption in the sex act because of the use of these methods. The presence of a significant difference between the mean adjustment scores of the users of different methods during the arousal stage for the Indian sample was confirmed by the Analysis of Variance.(c.f. 17-B).
In the American sample, the methods of Abortion, Tubectomy and Pills have created greater sexual adjustment problems during the arousal stage. Abortion could reduce the desire for sex because of the psychological problems often associated with their use (Babikian 1966). Tubectomy, according to Margaret Sanger (1966), reduces desire for sex because of the psychological problems that it creates because of the permanent loss of ability to procreate. Pills, Nilsson A. and Jacobson L. say, reduce desire because of the physiological side effects created by their prolonged use. The methods of Loop and Self control have created the least problems in the Arousal stage. The fact that their use does not create any hindrance to the sex act could be the reason. The presence of the significant difference between the mean adjustment scores of the users of various methods during the arousal stage for the American sample was confirmed by the Analysis of variance (c.f. table 17-D).

Thus our second hypothesis that there lies a significant difference in the sexual arousal experienced by the users of different birth control methods stands proved.

Considering the plateau stage one notes that in the Indian sample, the methods of Abortion, condoms and loop have not been conducive to the maintenance of arousal. While the methods of vasectomy and pills have created the least amount of problems in the plateau stage (c.f. table 18-a). Masters and Johnson 1970 and Dr. Narayan Reddy 1989 have found that the presence of a foreign body in the sex act as in the use of loops and condoms causes problems in the maintenance of arousal. The results of this study is in line with the above findings. According to Babikian (1969), abortion causes problems in the maintenance of arousal and
psychological basis. The methods of vasectomy pills and self
control have created lesser problems in the plateau stage for
the Indian sample (c.f. Table 18-a). The presence of a significant
difference in the mean sexual adjustment scores of the different
method users in the plateau stage for the Indian sample is
confirmed by the results of the analysis of variance shown in
Table 18-b.

In the American sample one notes that the methods
of diaphragm and loop have not been conducive to the maintenance
of arousal (c.f. Table 18-c). Masters and Johnson (1972) point out
that applying the spermicide and putting on the diaphragm creates
problems in maintenance of arousal, while the use of loop, as per
the findings of Dr. Narayan Reddy (1989), if not fitted properly,
causes pain during intercourse and so is not conducive to the
maintenance of arousal. The results of our study are in line with
the above findings. The presence of a significant difference in
the maintenance of arousal of different method users for the
American sample is confirmed by the results of the analysis of
variance (c.f. Table 18-d).

Thus our third hypothesis that there will be a significant
difference in the maintenance of arousal experienced by the users
of different birth control methods is confirmed for both the
Indian and American sample.

Considering the orgasmic experience stage of the sexual
response cycle, condoms and abortion are not found to be
conducive to the orgasmic experience of the Indian sample. (c.f.
Table 19-A). Masters and Johnson (1972) indicate that the presence
of a foreign body coupled with artificiality in the act makes it
difficult to achieve orgasm after the use of condoms. Abortion,
according to Babikian (1969), causes problems on a psychological level which in turn affects sex. The results of our study go well with these findings. The presence of a significant difference between the mean adjustment scores of users of different methods was confirmed by the analysis of variance for the Indian sample (c.f. Table 19-B).

In the American sample, the methods of Tubectomy, diaphragm and condoms have not been found conducive to orgasmic experience (c.f. 19-C). Margaret Sanger (1966) points out that some women complain of a decrease in their ability to have orgasm after tubectomy. Masters and Johnson (1972) indicate that condoms reduce the ability to experience orgasm because of hindrance caused by them in the sex act. Diaphragm, say Ziegler et al. (1965), is not conducive to experience orgasm, as it involves advance preparation. The findings of our study also indicate the above. The presence of a significant difference between the mean adjustment scores of the users of different methods was confirmed by an analysis of variance (c.f. Table 19-D).

Thus our fourth hypothesis that there will be a significant difference in the orgasm experienced by the users of different birth control methods is confirmed for both the Indian and American sample.

Considering the satisfaction stage of the sexual response cycle, the methods of abortion and condoms were not found to be conducive in the satisfaction stage of sexual response cycle for the Indian sample (c.f. Table 20-A). In the American sample, Tubectomy and Diaphragm were not found conducive in the satisfaction stage (c.f. Table 20-C). Abortion and condom, according to Masters and Johnson (1972) and Brown (1984), cause
disturbance in the normal flow of sexual response cycle and lower satisfaction. Margaret Sanger (1966) states that Tubectomy reduces sexual satisfaction in some women. The findings of our study are in accordance with these.

The presence of significant difference between the mean sexual adjustment scores of users of different birth control methods for both the Indian sample and the American sample was confirmed by analyses of variance. (c.f. Tables 20-B and Table 20-D).

Thus our fifth hypothesis that there will be a significant difference in the satisfaction experienced by the users of different birth control methods is confirmed for both the Indian and American sample.

The highlights of the findings of our study with regard to the sexual response cycle are summarised in the following table.

<table>
<thead>
<tr>
<th>Sexual response cycle</th>
<th>Conclusion</th>
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<tr>
<td>Most problematic</td>
<td>Least problematic</td>
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<table>
<thead>
<tr>
<th>AROUSAL STAGE</th>
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<td>Indian sample</td>
<td>Condom</td>
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<td>Abortion</td>
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<td>American sample</td>
<td>Abortion</td>
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<td>Tubectomy</td>
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<th>PLATEAU STAGE</th>
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<tr>
<td>Indian sample</td>
<td>Condom</td>
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<td></td>
<td>Abortion</td>
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</table>
American sample
Diaphragm
Loop
Pills

ORGASM STAGE

Indian sample
Condom
Abortion
Vasectomy
American sample
Loop
Tubectomy
Self control
Diaphragm
Loop
Condoms

SATISFACTION STAGE

Indian sample
Condom
Abortion
Pills
Vasectomy
American sample
Diaphragm
Loop
Tubectomy
Self control

The influence of culture, besides the inherent nature of each method, on the sexual adjustment problems at each stage of the sexual response cycle stands out distinctly. The methods of Abortion and condoms were found to have created most sexual adjustment problems for the Indian sample. (c.f. Table 21-A). As far as the American sample is concerned, the methods of Diaphragm and Tubectomy have been found to be least conducive to sexual adjustment. (c.f. Table 21-A). The presence of a significant difference between the mean adjustment scores for the Indian and the American samples was confirmed by analyses of variance. (c.f. Table 21-B). Thus our sixth hypothesis that the extent of sexual adjustment problems will vary significantly between the users of birth control methods belonging to the two cultures under study stands proved.
During the arousal stage of the sexual response cycle for an Indian sample, the methods of Abortion and Condoms were found to be most problematic. However, for the American sample, it was the methods of Abortion and Tubectomy which were found to have created most problems during the arousal stage. (c.f. Tables 17-A and 17-C). The presence of a significant difference in the mean adjustment scores of the users of different methods was confirmed by the analysis of variance for both the samples. (c.f. Tables 21-A).

With regard to the Plateau stage, it was found that the methods of Abortion and Condom have created most problems for the Indian sample, while for the American sample, it was the methods of Diaphragm and Loop which were most problematic. (c.f. Table 18-A and 18-C). The presence of a significant difference in the mean adjustment scores for the plateau stage of the two samples was indicated by the results of the analysis of variance. (c.f. Table 21-D).

In the orgasmic stage of the sexual response cycle, the methods of Abortion and Condoms were found to be least conducive for the Indian sample, while for the American sample, Tubectomy and Diaphragm were found to be least conducive. (Table 19-A and 19-C). The existence of a significant difference in the mean adjustment scores of the two samples in the orgasm stage was further highlighted by the analysis of variance. (c.f. Table 21-E).

Considering the Resolution stage, the methods of Abortion and Condoms were found to have created most problems for the Indian sample, while for the American sample, the methods of diaphragm and Tubectomy were found to have created most problems. (c.f. 20-A and 20-C). The presence of a significant
difference in the mean adjustment scores of the two samples in
the resolution phase was confirmed by the analysis of
variance. (c.f. Table 21-F).

Thus our sixth hypothesis that the extent of the sexual
adjustment problems would vary significantly for users of
different birth control methods belonging to the two cultures
under study was further proved.

The differential influence of culture on sexual adjustment
problem is determined by the attitudes to sex that the cultural
groups have. Considering this, our study indicated that the
Indians in our sample were found to have conservative attitude
and approach to sex, while the Americans in our sample were found
to have a much more favourable and open attitude to sex. (c.f.
Table 22-A). Regarding the relationship between Attitude to sex
and Sexual adjustment problems, the people who had high sexual
adjustment problems were found to have an unfavourable attitude
to sex, while those who had low adjustment problems were found
to have a favourable attitude to sex. This was found to be true
for either culture. (c.f. Table 22-F). Thus our seventh hypothesis
that there would be a positive relationship between the attitude
to sex and sexual adjustment problems of the users of different
birth control methods stands proved.

The impact of health problems affecting the users of birth
control methods on sexual adjustment problems was found to be as
follows. The sex lives of the Indians in the sample were found to
have been affected by back pain, tiredness, sickness, white
discharge, guilt feelings, anxiety, infection of private parts,
swelling of private parts, weight loss and palpitations and
sweating. (c.f. Table 23-3). The sex lives of the Americans in the
sample were found to have been affected by white discharge, anxiety, guilt feelings, infection of private parts, swelling of private parts and weight gain. (c.f. Table 23-B). In the Indian sample, the methods of Abortion and Tubectomy followed by Loop, Condoms and Pills were found to have been associated with maximum health problems. (c.f. Table 23-D). In the American sample, the methods of Abortion and Pills were found to have been associated with maximum health problems. (c.f. Table 23-D). In the Indian sample, tiredness, back pain, white discharge, swelling of genitals, infection of genitals and sickness were found not conducive to sexual adjustment in all the four stages of sexual response cycle. (c.f. Table 23-I). In the American sample weight gain, white discharge, infection of genitals, swelling of genitals and guilt feelings were found to have affected the first three stages of the sexual response cycle. (c.f. Table 23-J). The presence of significant difference in the mean adjustment scores of users affected by various health problems for either sample was confirmed by the analyses of variance. (c.f. Tables 23-G and 23-H). Thus our eighth hypothesis that health problems affecting the users of the birth control methods will have a significant impact on the sexual adjustment problems stands proved.

Considering the same other personal variables, factors like Age, Sex, Education, Occupation and Health record were found to have association with sexual adjustment problems. (c.f. Table 29-A). Thus our ninth hypothesis that sexual adjustment problems are influenced by personal variables like age, sex, education, occupation and health record stands vindicated.

Considering the factors like age at which knowledge and experience of sex was obtained, age at which knowledge and
experience of contraceptive was gained, frequency of sexual
contact and duration of contraceptive use and their impact on
sexual adjustment problems, it was found that they had an
association. (Table 36-A). Thus our tenth hypothesis that the
sexual history of the users of the birth control methods, will
have an influence on the sexual adjustment problems stands
vindicated.

The qualitative discussions led us to the following
conclusions. Birth control methods create sexual adjustment
problems that could be classified on the basis of four stages of
the sexual response cycle. Generally, after the use of birth
control methods, low arousal, loss of sexual desire, problems in
maintenance of arousal, problems in experiencing orgasm and low
sexual satisfaction seem to trouble the users of birth control
methods. These are in accordance with the findings of Masters and
Johnson (1965), Wig (1979), Udrey and Morris, Ziegler F.J. (1970),

The users of the eight methods of birth control under study
complain of the following specific problems:

Pills users complained of low desire, arousal dissipating
fast, problems in maintaining arousal, longer time needed to get
aroused, sex becoming a boring act, sex not being pleasurable and
satisfactory and craving for sexual satisfaction. These are in
line with the findings of Bancroft (1978) and David, Alice
Anne (1978).

Diaphragm users reported the following sexual problems: low
desire for sex, longer time needed to get aroused, sex becoming a
boring act, painful intercourse, intercourse leading to itching
and swelling of genitals, irritation of genitals and
unsatisfactory orgasm. This is in line with the findings of Masters and Johnson (1965).

Loop users complained of painful sex, itching and irritation of genitals, low sexual satisfaction and incomplete orgasm. These are in accordance with the findings of the studies of Masters and Johnson (1968) and Dr. Narayan Reddy (1969).

Condom users felt that low arousal, inability to maintain arousal, longer time needed to get aroused, low satisfaction, craving for sexual satisfaction and incomplete and dissatisfactory orgasm are their sexual adjustment problems.

Tubectomy users stated that after tubectomy, low desire, problems in maintaining arousal, low sexual satisfaction and incomplete and dissatisfactory orgasm affected their sex life. This is in line with the findings of Margaret Sanger (1964).

After Vasectomy, people felt that low sexual satisfaction, low sexual desire, incomplete and dissatisfactory orgasm, craving for sexual satisfaction for both self and partner are the predominant problems affecting their sex life. These are in accordance with the findings of Ferber, Lewt, Tutov (1967) and Ziegler F.J. (1970).

The Abortion group felt that low desire, fast dissipating arousal, longer time needed to get aroused, unsatisfactory sex, incomplete and dissatisfactory orgasm, craving for sexual satisfaction trouble their sexual life. This is in line with the findings of Masters and Johnson (1970) and Babikian (1966).

To conclude, it can be said without doubt that it is the method used that is primarily responsible for the various sexual adjustment problems caused after the use of a birth control method and the intensity, kind and magnitude of the problems.
depends on the method selected. Cultural factors also contributed
to the significant difference that exists in the extent of sexual
adjustment problems experienced by the users of different methods
belonging to the two cultures. Attitude to sex does have an
influence on the sexual adjustment problems, though its influence
is not significant. There is a significant relationship between
type of health problems, the method used and the sexual
adjustment problems. Qualitatively speaking, the users of the
eight birth control methods under study complain of specific
problems pertaining to the four stages of sexual response cycle.
Thus we can conclude that birth control methods do exert a very
important impact on sexual adjustment problems.

SUGGESTIONS FOR FURTHER STUDY

Even though there were both females and males in the sample
collected, the present study did not make any specific comparison
as to which method is popular among males and females and why.
One reason is that the number of males in the sample was very few
compared to the females in the sample. Further, since the primary
aim was to establish the effects of the methods per se on the
sexual adjustment problems and hence many methods were to be
compared, this type of comparative analysis between the
preferences of male and female population could not be attempted.
It is hence suggested that work on these lines can be carried
forward.

It would be a good idea, in that case, to make the couple as
the base unit of the sample. Such a study can throw light on the
sexual adjustment problems in the couple’s personal relationship,
as well.
As a further extension of such a study, it can be undertaken as a time series analysis by collecting data from the couple twice, the second data collection made after a lapse of a period of time. Such a study can throw light on the long term preferences and problems of using a method.
<table>
<thead>
<tr>
<th>Items</th>
<th>Abortion</th>
<th>Condom</th>
<th>Diaphragm Loop</th>
<th>Pills</th>
<th>Vasectomy</th>
<th>Vasectomy</th>
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<tbody>
<tr>
<td>Rank order of problems reported</td>
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<tr>
<td>1. Sexual desire is low</td>
<td>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</td>
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<td>2. Desire for sex is absent</td>
<td>11 10 12 11 10 12 4 4 4 4 12 10 11 10 12 11 12 12 9 10 11</td>
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<td>3. Arousal dissipates fast</td>
<td>2 3 2 3 4 2 3 3 5 5 5 3 2 2 6 5 5 3 2 2 2 3 3</td>
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<td>4. Maintaining arousal is a problem</td>
<td>3 2 3 2 6 3 2 2 1 2 2 2 3 3 7 7 7 1 3 3 4 1 4</td>
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<td>5. More time needed for arousal</td>
<td>4 4 4 4 3 4 4 4 3 3 3 4 4 4 8 9 8 6 5 6 3 4 2</td>
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<td>6. Sex is boring</td>
<td>5 8 7 5 2 5 5 5 2 1 1 5 6 5 1 1 1 4 4 4 5 7 7</td>
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<td>7. Poor arousal leading to marriage discord</td>
<td>8 7 5 7 5 6 6 6 6 6 6 7 8 4 3 3 3 5 6 5 6 3 9</td>
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<td>8. Partner’s reaction putting off arousal</td>
<td>9 5 0 6 9 7 6 8 9 0 0 0 5 5 2 2 2 0 0 7 7 6 6</td>
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<td>9. Arousal leads to sleeplessness</td>
<td>10 9 9 8 7 9 7 7 8 9 9 7 7 4 3 4 6 7 9 8 0 11 10</td>
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<td>10. Sexual urge beyond control</td>
<td>12 11 10 9 9 0 9 10 12 11 10 11 10 4 3 9 0 10 10 11 8 9</td>
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<td>11. Sexual pleasure is a myth</td>
<td>6 6 6 10 12 10 10 10 10 10 0 9 9 10 9 9 8 9 9 9 0</td>
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<td>12. Time spent on foreplay is adequate</td>
<td>7 12 11 12 11 11 11 12 12 12 12 12 12 12 12 12 12 12 12 12 12 82</td>
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<tr>
<td>Items</td>
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<tr>
<td>1. Sex is painful</td>
<td>11 11 11</td>
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<td>12 12 12</td>
<td>10 10</td>
<td>11 11 11</td>
<td>4 4 12 12 12</td>
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<td>2. Sex leads to bleeding</td>
<td>9 9 11 11</td>
<td>11 11 11</td>
<td>12 12 12</td>
<td>10 10</td>
<td>12 12 12</td>
<td>11 11 11 11</td>
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<tr>
<td>3. Sex causes itching of</td>
<td>1 1 1</td>
<td>3 2 2 2</td>
<td>1 1 1</td>
<td>9 9 9</td>
<td>10 12 10</td>
<td>9 12 11 11 10</td>
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<tr>
<td>4. Sex causes swelling of</td>
<td>3 2 3 3 1</td>
<td>3 3 2 1 2</td>
<td>8 7 8 9 9 9 9 9</td>
<td>7 7</td>
<td>of genitals</td>
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<td>5. Sex is a torture</td>
<td>8 10 10 9 9 9</td>
<td>7 7 10 10 7 9</td>
<td>8 8 8 8 10 10</td>
<td>7 9 7</td>
<td></td>
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<tr>
<td>6. Partner's reaction to sex is</td>
<td>2 3 3 2 1 3</td>
<td>4 4 4 4 4 4</td>
<td>1 1 1 1 1 1 8 8 3 1 2 1</td>
<td>discouraging</td>
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<td>7. Sex leads to irritation</td>
<td>5 4 4 4 4 4</td>
<td>2 2 3 3 5 11 11 7 7 7</td>
<td>1 1 1 6 6 6</td>
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<td>8. Sex is repulsive</td>
<td>12 12 12</td>
<td>10 10 10</td>
<td>8 8 8 9 9 5 6 6 5 6 5 5 5 5 8 8 8 8</td>
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<tr>
<td>9. Sex creates tiredness</td>
<td>7 8 8 6 7 7</td>
<td>9 9 9 9 9 6 5 6 5 6 6 6 6 6 5 5 5</td>
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<td>10. There is tension after sex</td>
<td>10 7 7 7 8 8</td>
<td>10 10 7 7 7 2 2 2 2 2 2 7 7 7 2 1 2</td>
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<td>11. Sex is not pleasurable</td>
<td>5 5 5 5 5 5</td>
<td>3 3 3 3 3 3 3</td>
<td>3 2 2 3 3 3</td>
<td></td>
<td></td>
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<tr>
<td>12. Sex is not satisfactory</td>
<td>4 6 6 5 5 5</td>
<td>6 6 5 6 6 4 4 4 3 4 3 2 3 3 4 4 4</td>
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<td>Pills</td>
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1. There is no such thing as orgasm.

2. Achieving orgasm takes a long time.

3. Orgasm is incomplete.

4. There is disparity in achieving orgasm between partners.

5. Orgasm causes pain.

6. Physical health concerns in the way of orgasm.

7. Orgasm makes one weak.

8. Orgasm is not satisfactory.

9. Orgasm is attained quickly and so sex is not enjoyable.

10. Getting orgasm is difficult.

11. By practice orgasm can be achieved.

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<td>6. Sex is a nightmare</td>
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<td>7. I am unable to satisfy my partner</td>
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